

**SECTION 5  
LOCAL MANAGER INFORMATION**

*THIS SECTION MUST BE COMPLETED BY EACH INDIVIDUAL HAVING SUPERVISORY OR MANAGEMENT RESPONSIBILITY OVER THE CONDUCT OF BUSINESS AT THE PREMISES FOR WHICH A LIQUOR LICENSE IS BEING SOUGHT. ADD ADDITIONAL SHEETS AS NECESSARY.*

APPLICANT:		
NAME OF LOCAL MANAGER:	TITLE:	
DATE OF HIRE BY APPLICANT:		
HOME ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
BIRTHDATE:	PLACE OF BIRTH:	SOCIAL SECURITY #
DRIVER'S LICENSE/STATE ID #	STATE ISSUED:	

**BACKGROUND INFORMATION**

*ALL QUESTIONS MUST BE ANSWERED. FOR QUESTIONS ANSWERED "YES" PLEASE PROVIDE DETAILED DOCUMENTATION. INDIVIDUALS COMPLETING THIS FORM MUST BE FINGERPRINTED BY ACCURATE BIOMETRICS. PLEASE SEE ATTACHED FORM.*

HAVE YOU EVER BEEN CONVICTED OF:	
1. A FELONY UNDER ANY STATE OR FEDERAL LAW?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. KEEPING A PLACE OF PROSTITUTION OR PROMOTING PROSTITUTION?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. KEEPING A PLACE OF JUVENILE PROSTITUTION OR PROMOTING JUVENILE PROSTITUTION?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. PANDERING OR ANY CRIME OR MISDEMEANOR OPPOSED TO DECENCY AND MORALITY?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION UNDER A STATE OR FEDERAL LIQUOR LAW?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. ANY GAMBLING OFFENSE?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDE A DETAILED EXPLANATION AND DETAILED DOCUMENTATION FOR ALL "YES" ANSWERS:	
HAVE YOU EVER HAD ANY LIQUOR LICENSE SUSPENDED OR REVOKED? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION:	
HAS THE APPLICANT EVER BEEN ISSUED A FEDERAL WAGERING STAMP? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION:	
ARE YOU LICENSED AS A MANUFACTURER OF BEER BY ANY AUTHORITY AND HAVE ANY DIRECT OR INDIRECT INTEREST IN A PERSON/ENTITY LICENSED IN ILLINOIS AS A DISTRIBUTOR OR IMPORTING DISTRIBUTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU LICENSED AS A DISTRIBUTOR OR IMPORTING DISTRIBUTOR IN ILLINOIS AND HAVE ANY DIRECT OR INDIRECT INTEREST IN A PERSON/ENTITY LICENSED AS A MANUFACTURER OF BEER BY ANY AUTHORITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**ADDITIONAL INFORMATION**

ARE YOU BASSET (BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING) CERTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU COMPLETED A FINGERPRINT CHECK WITH THE VLLAGE OF ROSEMONT WITHIN THE PAST YEAR? <i>IF YES, PLEASE CONTACT THE HEALTH &amp; LICENSE DEPT. TO ENSURE A COPY IS ON FILE.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU FAMILIARIZE YOURSELF WITH ALL THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE VILLAGE OF ROSEMONT, PERTAINING TO THE SALE OF ALCOHOLIC LIQUOR AND ABIDE BY THEM?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**AFFIDAVIT FOR SECTION 5**

I, \_\_\_\_\_, THE UNDERSIGNED, AFTER FIRST BEING DULY SWORN AND UNDER OATH DO HEREBY SWEAR/AFFIRM UNDER THE PENALTY OF PERJURY THAT I AM OF GOOD REPUTE, CHARACTER AND STANDING, THAT I HAVE REVIEWED AND COMPLETED THE ANSWERS TO THE QUESTIONS ASKED IN THIS SECTION 5 AND THAT MY ANSWERS INDICATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT ANY UNTRUE, MISLEADING OR INCORRECT ANSWER GIVEN IS SUFFICIENT CAUSE FOR REFUSAL TO GRANT, OR THE REVOCATION OF, ANY LIQUOR LICENSE GRANTED PURSUANT TO SUCH APPLICATION.

I FURTHER GIVE MY PERMISSION TO THE VILLAGE OF ROSEMONT TO CONDUCT A BACKGROUND INVESTIGATION, WHICH MAY INCLUDE FINGERPRINTING, AS REQUIRED BY THE FOREGOING APPLICATION.

\_\_\_\_\_  
SIGNATURE TITLE/POSITION DATE

\_\_\_\_\_  
[PRINTED NAME]

SUBSCRIBED TO AND SWORN TO BEFORE ME

\_\_\_\_\_  
NOTARY SIGNATURE

THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

STATE OF \_\_\_\_\_; COUNTY OF \_\_\_\_\_

[NOTARY SEAL]



Phone: 773-685-5699  
Fax: 773-685-5433  
www.accuratebiometrics.com

# Fingerprint Applicant Form

Please Provide The Following Information (Please Print Clearly).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: ( State or Country if outside USA): \_\_\_\_\_

ORI-\_\_\_\_\_

\_\_\_\_\_  
(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN# \_\_\_\_\_ Date Printed \_\_\_\_\_