



10 S. Municipal Drive
Sugar Grove, IL 60554
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phone 630-466-4507
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PERSONAL INFORMATION FORM LIQUOR LICENSE APPLICATION

In order for your liquor license application to be processed quickly and thoroughly, it is necessary that this form be completed in full. Please fill in all blanks.

A FALSE OR MISLEADING ANSWER MAY RESULT IN DENIAL OF YOUR APPLICATION FOR A LIQUOR LICENSE.

ALL INFORMATION MUST BE PRINTED OR TYPED LEGIBLY.

BUSINESS NAME _____

BUSINESS ADDRESS _____ PHONE NO _____

APPLICANT NAME _____

HOME PHONE _____ CELL _____

CURRENT HOME ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NO (include copy) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX _____ EYE COLOR _____ HAIR COLOR _____

CITIZEN? YES NO IF NO, PLACE & DATE OF CITIZENSHIP _____

HAVE YOU EVER BEEN FINGERPRINTED? YES NO

IF YES, WHY? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN ARRESTED? YES NO

IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE CHARGE LOCATION DISPOSITION

HAVE YOU EVER MADE APPLICATION FOR ANY LICENSE(S) IN THE VILLAGE OF SUGAR GROVE OTHER THAN THE ONE FOR WHICH THIS LICENSE IS BEING SOUGHT? YES NO

IF YES, WHAT WAS THE DISPOSITION OF THE ABOVE APPLICATION?

HAVE YOU EVER HAD A LICENSE REVOKED? YES NO IF YES, EXPLAIN

HAVE YOU HELD OR DO YOU PRESENTLY HOLD A LICENSE WITH SUGAR GROVE? YES NO

IF YES, LIST PLACE OF BUSINESS, TYPE OF LICENSE AND PERIOD OF TIME LICENSE

HELD: FROM/TO _____ BUSINESS _____ TYPE OF LICENSE _____

AFFIDAVIT

I, _____
HAVE PERSONALLY READ AND ANSWERED EACH AND EVERY QUESTION IN THIS LICENSE APPLICATION AND I DO SOLEMNLY SWEAR THAT EACH AND EVERY ANSWER IS FULL, TRUE, COMPLETE, AND CORRECT IN EVERY RESPECT. I UNDERSTAND THAT IF THIS APPLICATION CONTAINS ANY FALSE OR MISLEADING INFORMATION OF ANY MATERIAL FACT, IT IS GROUNDS FOR DENIAL OF A LICENSE.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE VILLAGE OF SUGAR GROVE OF ANY CHANGE IN THE BUSINESS OFFICERS (MANAGERS, OWNERS, PARTNERS, AND CORPORATE MEMBERS) AND ALSO IN ANY CHANGE OF INFORMATION PERTINENT TO THIS APPLICATION.

I FURTHER AUTHORIZE THE VILLAGE OF SUGAR GROVE AND/OR ITS AGENTS TO CONDUCT A THOROUGH AND COMPLETE INVESTIGATION INTO MY BACKGROUND.

SIGNATURE

DATE