

City of Joliet

Terry D'Arcy, Liquor Commissioner
James O'Connell, Deputy Liquor Commissioner
Kevin Kelley, Deputy Liquor Commissioner
150 West Jefferson Street Joliet, IL 60432-4158 www.joliet.gov

liquorcommission@joliet.gov
PHONE: 815-724-3710 FAX: 815-724-3715

BACKGROUND CHECK FOR LIQUOR/TOBACCO LICENSE

** There is a non-refundable \$75.00 fee. Please make checks payable to the City of Joliet **

Applicant Information I am applying for a:	Liquor License	Manager	Tobacco L	icense	
First Name:	•	-			
					
Address:City:	State:		Zip:		
Phone:	Cell:		Email:		
Date of Birth:	City of Birth:			State:	
Social Security Number:Drivers License Number:U.S. Citizen:YesNo If no, Country or Citizenship:					
U.S. Citizen:YesNo	If no, Country or Cit	izenship:			_
Alien Registration Number: How long at current address:					
How long at current address: _ Previous Address:	Years	_Months			
Previous Address: How long at previous address:	Years	_Months			
Background Information					
Have you ever been arrested? If yes, list convictions: List City/State:					
Date(s):					
Have you ever been denied a L	iquor or Tobacco Lic	ense?Yes	No		
If yes,Liquor License	Tobacco License	Jurisdiction(s):_			<u> </u>
Business Information					
CorporationLLCSole ProprietorshipPartnership					
Name of Organization:d/b/a:					 Address:
O:F		01-1			
City: Business Phone:	Cell	_State: Phone:		ZIP:	
Business i fioric.	0011	1 110110			
Please call 815-724-3704 to schedule an appointment to be fingerprinted.					
I affirm the information provided on this application is true and accurate. I fully authorize the Joliet Police Department to conduct a criminal background check.					
Print Name	Signa	tura:		Data:	