

**NEW MANAGER/AGENT INFORMATION**

If business is to be conducted by a manager or agent, the following is to be executed by such owner or agent:

(A) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(month) (day) (year)

(B) Residence address \_\_\_\_\_  
(number) (street) (city) (zip)  
Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

(C) Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

(D) Address of present employer \_\_\_\_\_  
(number) (street) (city) (zip)  
Phone Number \_\_\_\_\_ (If not presently employed, information of most recent employer)

(E) Place of Birth \_\_\_\_\_

(F) Are you a citizen of the United States? \_\_\_\_\_ If a natural citizen, when naturalized? \_\_\_\_\_  
(month) (day) (year)  
Where? \_\_\_\_\_

Court in which (or law under which) naturalized \_\_\_\_\_  
(attach a copy of certification of naturalization)

(G) Have you ever been convicted of any felony under Federal or State law? \_\_\_\_\_  
If so, give date and State of offense \_\_\_\_\_  
(date) (state)

(H) Have you ever been arrested for being the keeper of a house of ill fame; or of pandering or other crime,  
misdemeanor or ordinance opposed to decency and morality? \_\_\_\_\_  
If so, give date and State of offense \_\_\_\_\_  
(date) (state)

(I) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? \_\_\_\_\_  
If so, give dates \_\_\_\_\_

(J) Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in (G) or (H)?  
\_\_\_\_\_

(K) Have you made application for a similar other license for premises other than described in this application? \_\_\_\_\_  
If so, give date, location of premises and disposition of application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(L) Has any license previously issued to you by State, Federal or local authorities been revoked? \_\_\_\_\_  
If so, state reasons therefor and date of revocation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submitted by: Business Name:** \_\_\_\_\_

\_\_\_\_\_ address contact person phone number

**YOUR SIGNATURE ATTESTS TO THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**- PLEASE RETURN COMPLETED FORM TO THE VILLAGE CLERK'S OFFICE -**



# ELK GROVE VILLAGE POLICE DEPARTMENT

CHARLES G. WALSH  
Chief of Police



A Nationally Accredited  
Police Agency

## Investigation Authorization

I, the undersigned, hereby authorize the Elk Grove Village Police Department to conduct an investigation into my background concerning personal and financial affairs.

Any information or help you can give is greatly appreciated.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Dated: \_\_\_\_\_





# ELK GROVE VILLAGE POLICE DEPARTMENT

CHARLES G. WALSH  
Chief of Police



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## Employment Investigation Authorization

To:

I hereby authorize the Elk Grove Village Police Department to conduct an investigation into my employment background and do hereby release and hold harmless the Village from any liability for disclosing any and all records and documents pertaining to my employment with that organization.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

