



VILLAGE OF PARK FOREST
LIQUOR LICENSE APPLICATION
BACKGROUND CHECK RELEASE FORM

The intent of this authorization is to give my consent to the Village of Park Forest and the Police Department to conduct a background check concerning myself. This information shall remain confidential within the Village of Park Forest. I authorize the investigation of criminal background reports and the authorization to investigate my other places of business and employment. I authorize that this release may be used for future background checks deemed applicable by the Village of Park Forest.

I certify that the facts set forth are true and complete to the best of my knowledge.

Clearly Print:

First Name, Middle Name, and Last Name

Driver's License #

Current Home Address

City, State and Zip

Address (if above is less than 5 years)

City/State/Zip Code

Date of Birth (month/day/year)

Contact Phone Number

Applicant Signature

Date

Village Staff Requesting Information: _____

Reason this background check is being completed: _____

Employment History

Please list your business and employment history for the last six years as it pertains to the ownership, management and/or as an employee regarding the sales and/or serving of alcoholic beverages.

Current or most recent business name _____

What was your business capacity? As an owner, manager, or employee? _____

Address, City, State, Zip _____

Telephone Number of Location _____ Date Started _____ Date Left _____

Reason for Leaving _____ Name & Title of Supervisor _____

Your Title _____ Duties _____

Previous employment or business _____

What was your business capacity? As an owner, manager, or employee? _____

Address, City, State, Zip _____

Telephone Number of Location _____ Date Started _____ Date Left _____

Reason for Leaving _____ Name & Title of Supervisor _____

Your Title _____ Duties _____

Previous employment or business _____

What was your business capacity? As an owner, manager, or employee? _____

Address, City, State, Zip _____

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