



Fingerprinting Completed? Yes or No

Name

Date of Birth

Sex

Race

Social Security #

Address, State, Zip

Home Telephone

Email

1. Have you ever:

	Yes or No	If so, give particulars of the offense:	Offense Date
A: Been convicted of any felony under Federal or State law?		_____	
B: Been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor, opposed to decency and morality?		_____	
C: Been convicted of a violation of any Federal or State liquor law since February 1, 1934?		_____	
D: Permitted any appearance bond forfeiture for any of the violations mentioned above?		_____	

2. Have you made application for a similar license for this period for any premises in the State of Illinois other than those described above? Provide separate listing if necessary.

Date of App

Yes or No If so, give date and location of the premises and disposition of the other application:

3. Has any license issued to you by State, Federal, or local authorities been revoked?

Yes or No

If so, give the name of licensee :

Particulars and date of revocation

4. Are you a resident of Champaign County?

Yes or No

If you are not a resident of Champaign County are you regularly present at the licensed premises for a minimum of thirty (30) hours each week?

Yes or No

5. Name of the business you are managing

Please print a copy of this completed form. This form must then be signed and verified under oath by the manager of the establishment. The person signing the form must be age twenty-one (21) or older.

All managers must also be fingerprinted at the Urbana Police Department for a State Police and Federal background check. You may contact the Urbana Police Department at 217.384.2320 to schedule an appointment to have fingerprints taken for completing the background check.

Affidavit

STATE OF ILLINOIS)
) SS.
COUNTY OF CHAMPAIGN)

I swear that I will not violate any of the ordinances of the City of Urbana, or the laws of the State of Illinois, or the laws of the United States of America, in the conduct of the place of business described herein. I swear that the above information, including any changes made in pen and ink, is true and accurate, and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Signature of Manager

SUBSCRIBED and SWORN to before me this _____ day of _____ A.D., 20____.

Notary Public

My Commission expires:
