

PIF

Aurora, Illinois Personal Information Form



Incomplete forms will not be accepted.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl.

Managers and all parties holding a five percent (5%) or greater interest in the place of business, partnership, or corporation must complete this background form:

Corporation/Partnership Name:

Business Name:

Position Title:

PERSONAL INFORMATION

First Name:

Last Name:

Middle Initial:

Relationship:

Sole Owner Partner Corp Officer Site Manager Director Other:

% of Stock Ownership:

Current Residential Address:

Suite/Apt.:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

E-mail:

Date of Birth (MM/DD/YYYY):

Place of Birth (City, State and Country):

Are you a citizen of the United States? Yes No, I am a citizen of:

Naturalized Citizen:

Naturalization Information:

Yes No

Date:

City:

State:

County:

RESIDENCE/ADDRESS HISTORY (list your present or most recent residence first)

1. Address:

City:

State:

Zip:

2. Address:

City:

State:

Zip:

3. Address:

City:

State:

Zip:

EMPLOYMENT HISTORY (list your present or most recent employer first)

1. Name of Employer/Business:

Position:

Start Date:

End Date:

Address (City, State, Zip):

Telephone:

Reason for Leaving:

Business hold a Liquor License?

Yes No

2. Name of Employer/Business:

Position:

Start Date:

End Date:

Address (City, State, Zip):

Telephone:

Reason for Leaving:

Business hold a Liquor License?

Yes No

3. Name of Employer/Business:

Position:

Start Date:

End Date:

Address (City, State, Zip):

Telephone:

Reason for Leaving:

Business hold a Liquor License?

Yes No

ADDITIONAL INFORMATION:

A. If you are a Manager or an on-premises owner, are you BASSET (Beverage Alcohol Sellers and Servers Education and Training) certified?
• If yes, please attach a copy of your BASSET certification. N/A
• If no, when do you expect to complete BASSET certification: Yes No

B. Do you hold any law enforcement office? Yes No
• If yes, state the title and agency? _____

C. Have you ever been convicted of violating a Local City Code, in any jurisdiction? Yes No

D. Have you ever forfeited an appearance bond for any Federal, State, or Local violations? Yes No

E. Have you ever been arrested for any violation related to alcohol possession or consumption, at any time?
 Yes No
If yes, please set forth all details regarding same, and the final disposition of the charge.

F. Have you been an employee or officer/owner of a corporation who within the past 10 years had a liquor license in any other jurisdiction?
 Yes No
If Yes, set forth all details regarding same (business name, address, date held and liquor license # and state).

G. Have you been an employee or officer/owner of a corporation who within the past 10 years had a liquor license revoked or suspended by the local, state or federal government?
 Yes No
If Yes, set forth all details regarding same (business name, address, date held, reason for action and liquor license # and state).

H. Have you ever been found guilty of a felony of misdemeanor, including but not limited to any gambling offense? Yes No

I. Have you been an employee or officer/owner of a corporation that had applied for a liquor license that was denied by a local, state or federal government? Yes No

If you have answered "Yes" to (C), (D), (E), (F), (H), or (I) attach a summary of explanation which include date and place of forfeiture, convictions, suspension and/or revocation. This must include all findings of guilty whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

AFFADAVIT:

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 City of Aurora of any change in the business officers (managers, owners, partners, corporate members) and also in change of information pertinent to this application.

I further authorize the City of Aurora and/or its agents to conduct a thorough and complete investigation into my background.

Signature: _____ Date: _____

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include by not limited to civil, criminal and latent fingerprint databases. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Signature: _____ Date: _____