

**XIII. BACKGROUND INVESTIGATION – ORGANIZED CRIME BUREAU
ALCOHOLIC BEVERAGE LICENSE APPLICANT**

A. A Background Information Sheet must be completed and submitted with the Alcohol Beverage Application, one sheet for each person(s) listed in Sections 1-A; 1-B; 1-C; IX-E; and/or XHIA, XHIB.

1. Applicant Name _____ Address _____

2. Applicant Last Address _____
Social Security No. _____
3. Driver’s License No. _____
Telephone Numbers: Home _____ Business _____
4. Race _____ Sex _____ Date of Birth _____
5. Applicant Present Employment _____ Address _____
6. Title and/or Position _____
7. Applicant Last Employment _____ Address _____
8. Title and/or Position _____
9. Personal References: (List names, addresses, and telephone numbers)
1. _____
2. _____
3. _____
10. Marital Status _____ If married, give spouse’s full name, full address, occupation, and place of employment: _____

Signature of Applicant

XIV. JUDICIAL HISTORY

- A. If Application is for any of the following classifications:
 PRIVATE CLUB: CLASS I RESTAURANT (FULL MENU)
 PRIVATE CLUB: CLASS II RESTAURANT (SPECIALTY MENU)
 MALT OR BREWED BEVERAGE ON/OFF PREMISES RETAIL

Indicate below if the Applicant, partner or member of partnership, or officers and directors of a corporation, or managers, has ever been convicted for a violation of any Federal, State, or Local Alcoholic Beverage Laws, or forfeited a cash bond to appear in court to answer charges for such violations:

NAME	VIOLATION CHARGED	NAME OF COURT	DATE OF ARREST

STATE OF _____

COUNTY OF _____

SIGNED: _____
Name of Applicant

The Undersigned _____
Name of Applicant or member if Partnership of Association or Name and Title of Officer, if a Corporation

Applicant for license requested herein, hereby swears or affirms that he/she and all parties interested in said Application have read the above questions I through XIV and the answers thereto, all in connection with Application of said Applicant for a Liquor License as indicated in said Application; that he/she and all parties interested in said Application for License fully acknowledged that this attachment is a part of said Application and all statements and facts herein are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

Signature of Applicant

Date Commission Expires