



Naperville Police Department

Liquor Applicant Fingerprint Information Card

Name (Last, First, MI)																				
Alias/Maiden																				
Subject's Address: Street																				
City, State & Zip																				
Date of Birth																				
Gender	MALE [FEMALE																			
Race	<input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLAND <input type="checkbox"/> AMERICAN INDIAN HISPANIC																			
Height	Feet Inches																			
Weight																				
Hair Color																				
Eye Color																				
Place of Birth																				
Drivers License Number	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>		-				-					-								
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Photo Available	NO																			
FBI Response Needed	YES																			
Establishment Name																				
Country of Citizenship																				
Business Name and Address																				
	Naperville, IL Zip:																			
Occupation (Position)																				
FOR INVESTIGATION PURPOSES:																				
Business Phone	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>				-				-											
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Applicants Daytime Phone	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>				-				-											
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FOR OFFICE USE ONLY:																				
ORI#	IL0221400																			
AGENCY NCIC#	IL022140L																			
FBI Response Needed	YES																			
Purpose of Fingerprint	LIQ																			
Send to FBI	Yes																			
COST CENTER	1751																			

2. Besides the liquor license you are currently applying for, are you employed or retained by any person who owns other businesses dealing the sale, manufacture, or distribution of alcohol? _____ Name of business and location, if applicable _____

3. Besides the liquor license you are currently applying for, have you or any of your family members in the past ten years been involved in direct ownership of any business dealing with the sale, manufacture, or distribution of alcohol? _____ Name of business and location, if applicable.

4. Do you have ownership or working involvement with any other business or association involved directly or indirectly with alcohol, gambling, or adult entertainment? _____ Name of business and location, if application. _____

5. Have you ever been arrested or ticketed for any alcohol related offense in Illinois, or any other state (or country, if applicable)? _____

6. If you responded yes to question number 5, please list the date, location of the offense, and the court disposition. _____

7. Have you ever been convicted or placed under supervision for a misdemeanor or felony offense in Illinois or any other state (or country, if applicable)? _____

8. If you answered yes to question number 7, please list the date of offense, location of occurrence, and court disposition. Note: Arrests for certain offenses do not necessarily preclude you from receiving a liquor license with the City of Naperville _____

9. Besides your current application for a liquor license for a business in Naperville, Illinois have ever applied for a liquor license in another municipality within the state of Illinois? _____ If yes, please explain circumstances. _____

10. If you have held, or currently hold or have been a party to the application and issuance of a liquor license, has that license ever been suspended or revoked by the governing municipality or state?_____ If yes, please explain circumstances. _____

By my signature below, I acknowledge that the processing of fingerprints can take up to 60 days and that during that time my employment is conditioned upon a satisfactory police report.

Signature

Date

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Consent

By signing below, I acknowledge and 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 but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. 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.

Applicant Name (printed):

Applicant Name (signature):

Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.