



SPRINGFIELD LOCAL LIQUOR CONTROL COMMISSION

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BACKGROUND INVESTIGATION QUESTIONNAIRE

James O. Langfelder Mayor and Liquor Commissioner



Return to City Liquor Commission, Municipal Center East, 800 East Monroe Room 108, Springfield, IL 62701  
For guidance in completion of this form, call (217)788-8411  
\$70.00 fee **must** accompany the filing of this form

- Please read the entire form thoroughly before answering.
- This form must be notarized before returning.
- **Knowing failure to answer any and all questions fully and truthfully will be considered grounds to deny approval of your background and refuse the license or permit requested.**
- **Failure to complete all information asked of you (every space) will delay this investigation and will delay the processing of a new license application and may affect a current liquor license.**

For office Use: Background connected to what license:

1. Is this Background Investigation for a Licensee (or License Applicant) or a Manager? [Mark one below]  
\_\_\_\_\_ Licensee or License Applicant  
\_\_\_\_\_ Manager Applicant  
\_\_\_\_\_ Both, a Licensee and Manager

2. Business name, address and phone number of license applicant or license holder: \_\_\_\_\_

3. Applicant's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name and/or Aliases: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

\*Sex: \_\_\_\_\_ \*Race: \_\_\_\_\_ Citizenship \_\_\_\_\_ USA \_\_\_\_\_ OTHER Explain: \_\_\_\_\_

\* The City of Springfield has no interest in the sex or race of applicants; this information is strictly used as identifiers for criminal history background checks.

4. FAMILY RELATIONSHIPS:[Mark the one that identifies you]

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced

If applicable, supply:

Spouses Name: \_\_\_\_\_ Married since \_\_\_\_\_

Former Spouse's Name(s): \_\_\_\_\_ Dates of Marriage

\_\_\_\_\_ to

\_\_\_\_\_ to

5. Are you or any member of your family employed as a law enforcement officer or by any governmental agency? \_\_\_ Yes \_\_\_ No  
If yes, explain in detail: \_\_\_\_\_

6. **RESIDENCES:** List ***each and every*** current and former place(s) of your residence, ***for the past eight years*** (current city of residence first).

\_\_\_\_ to Present: Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone; Home: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_ to \_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone; Home: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_ to \_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone; Home: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_ to \_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone; Home: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_ to \_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone; Home: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_ to \_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone; Home: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_ to \_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone; Home: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_ to \_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone; Home: \_\_\_\_\_ Business: \_\_\_\_\_

7. **EMPLOYMENT:** List below *ALL of the employers* that you have worked for on a full time, part time or seasonal basis for the *last ten years*, whichever is shorter. Begin with your present employer and work backwards until you finish. Also fill in periods of unemployment, showing dates, reasons for unemployment and the means used to support yourself. Military Service and periods of schooling must be included. Enter this data in the appropriate sections as if a separate employer.

\_\_\_\_\_ to Present:      Job Title: \_\_\_\_\_  
                                    Employer: \_\_\_\_\_  
                                    Emp. Address: \_\_\_\_\_  
                                    Emp. Telephone: \_\_\_\_\_  
                                    Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_:      Job Title: \_\_\_\_\_  
                                    Employer: \_\_\_\_\_  
                                    Emp. Address: \_\_\_\_\_  
                                    Emp. Telephone: \_\_\_\_\_  
                                    Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_:      Job Title: \_\_\_\_\_  
                                    Employer: \_\_\_\_\_  
                                    Emp. Address: \_\_\_\_\_  
                                    Emp. Telephone: \_\_\_\_\_  
                                    Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_:      Job Title: \_\_\_\_\_  
                                    Employer: \_\_\_\_\_  
                                    Emp. Address: \_\_\_\_\_  
                                    Emp. Telephone: \_\_\_\_\_  
                                    Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_:      Job Title: \_\_\_\_\_  
                                    Employer: \_\_\_\_\_  
                                    Emp. Address: \_\_\_\_\_  
                                    Emp. Telephone: \_\_\_\_\_  
                                    Specific reason for leaving: \_\_\_\_\_

8. **LICENSE INFORMATION:** List *any liquor license which is now held* or which is held in your name, or by any partnership, limited partnership or corporation in which you participate in **ANY MANNER**. Attach additional sheets as needed.

Licensee: \_\_\_\_\_ Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Local Licensing Authority: \_\_\_\_\_ Local License #: \_\_\_\_\_ State License #:  
License continually held since: \_\_\_\_\_ Relationship to this licensee: \_\_\_\_\_

Licensee: \_\_\_\_\_ Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Local Licensing Authority: \_\_\_\_\_ Local License #: \_\_\_\_\_ State License #:  
License continually held since: \_\_\_\_\_ Relationship to this licensee: \_\_\_\_\_

Licensee: \_\_\_\_\_ Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Local Licensing Authority: \_\_\_\_\_ Local License #: \_\_\_\_\_ State License #:  
License continually held since: \_\_\_\_\_ Relationship to this licensee: \_\_\_\_\_

\*\*Attach additional sheet if necessary.

9. **List any liquor license** which you have ever held or applied for which lapsed, or was revoked or denied. This question applies to any partnership, limited partnership or corporation in which you participated in **ANY MANNER** or a license held in the name of any immediate family member (i.e. father, mother, son, daughter, brother, sister).

Date of Lapse, Denial or Revocation: \_\_\_\_\_  
Local or State Licensing Authority Involved: \_\_\_\_\_  
Reason for lapse, denial or revocation: \_\_\_\_\_

Date of Lapse, Denial or Revocation: \_\_\_\_\_  
Local or State Licensing Authority Involved: \_\_\_\_\_  
Reason for lapse, denial or revocation: \_\_\_\_\_

Date of Lapse, Denial or Revocation: \_\_\_\_\_  
Local or State Licensing Authority Involved: \_\_\_\_\_  
Reason for lapse, denial or revocation: \_\_\_\_\_

**\*Note: Attach copies of any orders revoking or denying a license.**

**Reminder: A person who knowingly furnishes false or misleading information or falsely answers the statements required of them, shall fail an investigation and shall not be allowed to hold a license, nor be a manager for a licensee.**

**CRIMINAL HISTORY:**

Excluding traffic offenses **not** involving the use or misuse of alcohol since your 17th birthday, have you ever been:

1.) *Arrested for or Convicted of, a City, State or Federal criminal offense of any kind?*

[Mark appropriate space **and** place your initials next to mark]

Yes \_\_\_\_\_ No

2.) *Convicted of any federal or state law concerning the manufacture, possession, or sale of alcoholic liquor, or forfeited his bond to appear in court to answer charges for any such violations?*

[Mark appropriate space **and** place your initials next to mark]

Yes \_\_\_\_\_ No

(Information related to arrests, as opposed to convictions, will not be used solely to disapprove a background clearance.)

Date of Arrest: \_\_\_\_\_ County/State: \_\_\_\_\_  
Police agency involved: \_\_\_\_\_  
Offense: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Day/Month/Year: \_\_\_\_\_ Sentence: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ County/State: \_\_\_\_\_  
Police agency involved: \_\_\_\_\_  
Offense: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Day/Month/Year: \_\_\_\_\_ Sentence: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ County/State: \_\_\_\_\_  
Police agency involved: \_\_\_\_\_  
Offense: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Day/Month/Year: \_\_\_\_\_ Sentence: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ County/State: \_\_\_\_\_  
Police agency involved: \_\_\_\_\_  
Offense: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Day/Month/Year: \_\_\_\_\_ Sentence: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ County/State: \_\_\_\_\_  
Police agency involved: \_\_\_\_\_  
Offense: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Day/Month/Year: \_\_\_\_\_ Sentence: \_\_\_\_\_

**\*\*Additional arrests/convictions must be listed on an attached sheet.**

**AFFIDAVIT**

The undersigned, certify that there are no willful misrepresentations, omissions or false statements made by me in this questionnaire; and all of my answers are true and correct to the best of my knowledge and belief. I understand that this questionnaire is to be considered to be a part of any liquor license application which has been filed to this date. I understand that knowingly false statements, misrepresentations or omissions will result in denial of my application for a license or permission to act as a manager, whichever is applicable.

**AFFIDAVIT**

The undersigned, being duly sworn, hereby attest, under penalty of perjury that I have paid all taxes or other debts owed to the City of Springfield. I understand that the commissioner shall refuse to issue the underlying license or shall deny approval of this background until such time as all taxes and outstanding debts are paid; the commission shall be authorized to suspend or revoke the license if I fail to pay any tax payable to the City or other debt owed to the City by the date it is due.

**THE FOLLOWING MUST BE TAKEN BEFORE A NOTARY PUBLIC.**

\_\_\_\_\_, the undersigned, a legal resident of \_\_\_\_\_, in the city of \_\_\_\_\_, and the state of \_\_\_\_\_, to me personally known, having been sworn before me, declares that he/she is the person described in the foregoing Personal History Questionnaire; and that all the statements contained in said answers are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Applicant's Signature in Full

Date

***NOTARY***

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20 \_\_, at \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_.

(SEAL)

Notary Public

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION  
TO THE SPRINGFIELD LOCAL LIQUOR CONTROL COMMISSION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to a duly authorized agent of the Springfield, Illinois Local Liquor Control Commission whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of criminal arrest records, credit history, employment records, efficiency ratings and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand as an individual, partner, limited partner or general partner applicant (which ever is applicable) that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for a liquor licensee by the City of Springfield.

I understand as a manager (if applicable) any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability to act as manager for a liquor licensee by the City of Springfield.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of the release or collection of such information.

I also understand this authorization to furnish information is executed in consideration of the processing of my application pending before the Liquor Commission.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

\_\_\_\_\_  
\* Witness  
\* (Please note entire background questionnaire is invalid if not signed by a witness of your signature)

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Maiden Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip Code  
\_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

**Name of Person Investigated:** \_\_\_\_\_

**Finding:**

**APPROVED \_\_\_\_\_ DISAPPROVED/Denied**

**BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Reason for Denial:**