WAIVER TO ALLOW A BACKGROUND CHECK FOR THE PURPOSE OF THE POSSIBLE ISSUANCE OF A LIQUOR LICENSE BY THE CITY OF MATTOON

From: _____ Date: _____
　　　　　　　　(print full name)

TO:　　　The Local Liquor Control Commissioner, City of Mattoon, Illinois

1.　　Having made application for liquor license with the City of Mattoon I do hereby voluntarily without duress, coercion, threats, promise of reward, or immunity, authorize the City of Mattoon, to make a records check through any and all local, county, state or federal law enforcement agencies to determine my past criminal and traffic violations record. Also, to release the said information, if any, to the Local Liquor Control Commissioner and who he deems necessary in his process to determine if a liquor license should be issued

2.　　I do hereby voluntarily supply to the City of Mattoon, Illinois the information on the attached page with which to make the necessary records checks.

3.　　I do hereby release and forever hold harmless the City of Mattoon, Illinois, its agents, employees, and affiliates.

_____
　　　　Signature of Applicant

_____
　　　　Full Address (Street, City, State, & Zip)

AFFIDAVIT

I (we) affirm that I (we) will not violate any of the laws of the State of Illinois and of the United States of America, and of the City of Mattoon, in the information provided in this waiver and that the statements contained in this waiver are true and correct to the best of my (our) knowledge and belief.

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

_____
Signature of Notary Public
　　　　　　　　　　　　　　　　　　　　　　　(Seal)

For confidential use by the City of Mattoon, Illinois

Personal History

Full Name: _____

Aliases: _____

Present Home Address (Street, City, State, Zip)

_____

How long at present address: _____ Home Phone: _____

Previous Home Address: _____ How long ago? _____

The following information is required for background check.
(If not provided the liquor license cannot be provided.)

Date of Birth: _____

Social Security Number: _____-_____-_____

Driver's License. Number: _____State: _____

Your Occupation: _____

Military Service Branch: _____ Service from: _____ to: _____

Present Employer: _____

Full Address: _____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Spouse deceased

Three Personal References

1. Name: _____

   Full Address: _____

   Phone: _____

2. Name: _____

   Full Address: _____

   Phone: _____

3. Name: _____

   Full Address: _____

   Phone: _____