Misty Buscher
MAYOR

OFFICE OF BUSINESS LICENSING
LIQUOR COMMISSION CITY OF SPRINGFIELD ILLINOIS

TODD M. OLIVER
Division Manager

Rm. 108 Municipal Center East
800 E Monroe Street
Springfield, IL 62701
Phone: (217) 788-8411 & 788-8426
Fax: (217) 789-2397

Re: Background / Financial Stability Investigation Questionnaire

Enclosed you will find the required application for the "Background/ Financial Stability Investigation Questionnaire." This must be filed along with a non-refundable fee of $70.00. Checks / Money orders should be made payable to the City of Springfield and returned to Municipal Center East, 800 East Monroe Room 108, Springfield, Illinois 62701 along with the completed background application.

This application must be completed in full (every line item) and your signature notarized. Page 7 is the "Authorization for the Release of Personal Information" and it needs to be completely filled out and witnessed.

The person(s) required to have a background check done are as follows: the individual(s) who's name will appear as the license holder; all partners, (including limited and general) in the case of a partnership or limited partnership; all officers, directors, and stockholders of more than 5% in the case of corporation.

Licensees must be legal residents of the City of Springfield, except in the case of limited partnerships and corporate licenses. In this event, the business must have a manager who is a legal resident of the City of Springfield, who must submit to a background check.

Please be aware that a background check is normally a rather lengthy process; so submit this questionnaire with this in mind.

*Fingerprints are required as part of the check; an appointment will be set up with the Business Licensing Department in Room 108 of the Municipal Building East located at 800 East Monroe Street, Springfield, Illinois, to review your application collect all fee's and give the applicant further direction if needed on getting electronic finger prints done. If you reside outside of the Springfield area, you may mail your background application to the above address. **Please include a copy of your State I.D. or State Drivers license** for identification purposes. We will need the completed background application and fee before we can perform the check.

Lastly, you have a right to challenge the results of your background investigation with the Illinois State Police. For more information, please refer to the informational document titled "Right of Access and Review Procedure" attached hereto.

Please contact me if you have any questions at (217) 788-8426.

Sincerely,

Todd M. Oliver
Division Manager, Business Licensing / Liquor Commission

SPRINGFIELD LOCAL LIQUOR CONTROL COMMISSION

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BACKGROUND INVESTIGATION QUESTIONNAIRE

Misty Buscher Mayor and Liquor Commissioner

1.97

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:_____

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Local or State Licensing Authority Involved:_____
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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:_____

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Police agency involved:_____
Offense:_____Disposition:_____
Day/Month/Year:_____ Sentence:_____

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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:_____

ILLINOIS STATE POLICE

Division of Justice Services

JB Pritzker
Governor

Brendan F. Kelly
Director

RIGHT OF ACCESS AND REVIEW PROCEDURE

Pursuant to Illinois Administrative Rule Title 20 Chapter II Part 1210, effective July 1, 2015, an individual may retain a copy of their Illinois criminal history record obtained through the right of Access and Review process. The individual must submit a set of fingerprints to the Illinois State Police (ISP), Bureau of Identification (BOI) in the form and manner prescribed by the ISP. An individual may submit the request through a local law enforcement agency, correctional facility (if incarcerated), or an Illinois licensed live scan fingerprint vendor. The Illinois State Police does not charge a fee for this service. However, the entity providing the fingerprint service may charge a processing fee.

The ISP will return a copy of the Illinois criminal history transcript record along with a Record Challenge form to the address provided with the Access and Review submission. The ISP will send the response to the local law enforcement agency or correctional facility for pick up by the individual if no requester address is included in the submission.

Individuals may challenge their record and request corrections by completing and submitting the Record Challenge form. The ISP will respond in writing to the record challenge. Additional information or instructions on challenging Illinois criminal history record information is located on the ISP web site at http://www.isp.state.il.us/crimhistory/viewingchrircds.cfm.

The ISP, BOI does not maintain arrest case reports or statements taken by other arresting agencies. Requests for this type of information should be directed to the investigating police department or the circuit clerk of the county where the case was heard.

Any person wishing to review their Federal Bureau of Investigation criminal history record should access the instructions provided via the internet at http://www.fbi.gov/hq/cjisd/cjis.htm.

Questions related to Illinois Access and Review procedures can be directed to the BOI Customer Support Unit staff via email at: BOI_Customer_Support@illinois.gov.

Bureau of Identification
260 North Chicago Street . Joliet, IL 60432-4075
(815) 740-5160 . Fax (815) 740-4401
www.illinois.gov . www.isp.state.il.us