APPLICANT INFORMATION FORM
COUNTY OF KENDALL LIQUOR COMMISSION

Note to Applicant:

In order for your application for a liquor license to be processed as swiftly as possible, it is necessary that you complete the following form. Please fill in all blanks if applicable. If certain blanks do not apply to you, answer "DNA". Please type or use a black ballpoint pen for your answers.

NAME _____ BIRTH DATE _____
Last First Middle

PRESENT RESIDENCE ADDRESS _____
Number & Street City State Zip Code

SINCE _____ HOME TELEPHONE # _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

SEX _____ HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____

PREVIOUS RESIDENCE ADDRESS _____
Number Street City State Zip Code

FROM _____ TO _____

PRESENT EMPLOYER _____ SINCE _____
Name of Firm

_____ POSITION _____
Address

LIST ANY ADDITIONAL EMPLOYER IN THE PAST TEN (10) YEARS ON THE REVERSE SIDE

MARITAL STATUS _____ PLACE OF BIRTH _____

IF NATURALIZED, WHERE AND WHEN _____

NAME OF SPOUSE _____

ARE YOU A HIGH SCHOOL GRADUATE? _____ DATE GRADUATED _____

NAME & LOCATION OF SCHOOL _____

ARE YOU A COLLEGE GRADUATE? _____ DATE: _____

NAME & LOCATION OF SCHOOL _____

HAVE YOU EVER BEEN FINGERPRINTED? _____ IF SO, WHERE & WHEN _____

_____ FOR WHAT REASON? _____

_____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A TRAFFIC CHARGE? _____

LIST BELOW, WHERE AND WHEN ARRESTED AND OUTCOME OF THE ARREST _____

_____

DATE _____ SIGNED _____