



Freeport Police Department

Chief Matthew Summers

320 West Exchange Street

Freeport, Illinois 61032

Phone (815) 235-8222 Facsimile (815) 235-8235



LIQUOR LICENSE REQUIREMENTS

ALL APPLICANTS:

Under Freeport City Ordinance 806.09, part of the criteria involves a criminal background check that will be conducted on the applicant. In order for the Freeport Police Department to conduct a criminal background check, the applicant will need to be fingerprinted at the Freeport Police Department.

The applicant will need to complete and submit to the Freeport Police Department the attached form with a cashier's check, money order or business check (**NO PERSONAL CHECKS**) for the State's processing fee of **\$51.25**, made payable to:

City of Freeport Police Department

When returning the completed application with the applicable fee, **please notify the Police Department representative that you need to be fingerprinted for a LIQUOR license application**.

Thank you.

806.09 PERSONS INELIGIBLE FOR LICENSES.

No license of any class shall be issued to, or renewed for:

- (c) A person who has been convicted of a felony under any Federal or State law, unless the Commission determines that such person has been sufficiently rehabilitated to warrant the public trust after considering matters set forth in such person's application and the Commission's investigation. The burden of proof of sufficient rehabilitation shall be on the applicant;
- (d) A person who has been convicted of any crime or misdemeanor opposed to decency or morality;

Complete listing of Ordinance 806 – Alcoholic Liquor Sales – may be found on the City of Freeport website under Codified Ordinances.

FREEPORT LIQUOR COMMISSION LIQUOR LICENSE APPLICATION

APPLICANT BACKGROUND CHECK INFORMATION

Date:		<input type="radio"/> Resident Manager		<input type="radio"/> Financial Stake Holder	
Business Name:		Business Address:			
Applicant LAST Name:		FIRST Name:		Middle Initial:	
Street Address:		City/State:		ZIP:	
SSN:		DLN/State:			
Maiden Name:		Place of Birth:			
Date of Birth:		Sex:	Height:	Weight:	
Home Phone:	Work Phone:		Occupation		
Employer's Name:		Employer's Address:			
Applicant's previous addresses (past 5 years):					

APPLICANT HISTORY

Have you ever held a liquor license in any other city or state? <input type="radio"/> Yes <input type="radio"/> No	
If YES, give location(s): _____ _____	
Have you ever been denied a liquor license in another city or state? <input type="radio"/> Yes <input type="radio"/> No	
If YES, give location(s): _____ _____	
Have you ever been convicted of any misdemeanor or felony criminal offense, including any serious traffic charges? <input type="radio"/> Yes <input type="radio"/> No	
If YES, list the charges, location of arrest, and disposition of the arrest: _____ _____	

I, THE UNDERSIGNED APPLICANT, SWEAR OR AFFIRM THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT TO FALSIFY INFORMATION IS GROUNDS FOR THIS APPLICATION TO BE DENIED.

Signature

Date

*** POLICE DEPARTMENT USE ONLY ***

Please initial and date when each step is completed

Fingerprints:	Address Verification:	
Chief of Police:	Criminal History:	DCN #:

Submit to: Freeport Police Department, 320 W. Exchange St., Freeport, IL 61032