



Freeport Police Department

320 West Exchange Street
Freeport, Illinois 61032
Phone (815) 235-8222 Facsimile (815) 235-8235



LIQUOR LICENSE REQUIREMENTS

ALL APPLICANTS:

Under Freeport City Ordinance 806.06, 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.

806.06 PERSONS INELIGIBLE FOR LICENSES.

No license of any class shall be issued to any person to whom issuance of a license is prohibited by Section 6-2 of the Illinois Liquor Control Act (235 ILCS 5/1-1 et seq.), as hereafter in force and as from time to time amended.

(Ord. 2018-12. Passed 3-5-18.)

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



CITY of FREEPORT, ILLINOIS

LIQUOR LICENSE APPLICATION APPLICANT BACKGROUND CHECK INFORMATION

Application must be returned to the Freeport Police Department, 320 W. Exchange St., Freeport, IL, along with a check (**NO PERSONAL CHECKS**), payable to **City of Freeport Police Department** in the amount of **\$51.25**.

- | | |
|---|--|
| REQUIRED at
the Time of
Application: | 1. LiveScan fingerprinting |
| | 2. Copy of VALID driver's license or state issued identification card |
| | 3. Payment of Fee - \$51.25 |

BUSINESS INFORMATION

Date:	<input type="radio"/> Resident Manager <input type="radio"/> Financial Stake Holder	
Business Name:	Phone #:	
Business Street Address:	City/State:	ZIP:

APPLICANT INFORMATION

LAST Name:		FIRST Name:		MIDDLE Initial:	
Street Address:		City/State:		ZIP:	
Phone:		Email Address:			
Maiden Name, if applicable:		SSN:		Place of Birth:	
Date of Birth:	Sex:	Height:	Weight:	Driver's License # and State Issued from:	Driver's License Expiration Date:
Employer's Name:			Work Phone:		Occupation:
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 charge(s), 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 of Applicant

Date

*** POLICE DEPARTMENT USE ONLY ***

Please check each step when completed

Application Received: _____	Fee paid: _____	Fingerprints: _____	Copy/Scan of License: _____
Criminal History: DCN#:	Chief of Police Signature:		