



FORM REQUIRED: For any individual undergoing a background check in relation to a City of Chicago business license.

INSTRUCTIONS: Provide the information requested below. This form must be signed by the individual whose information is provided, and **A PHOTOCOPY OF CURRENT GOVERNMENT-ISSUED PHOTO ID MUST ALSO BE INCLUDED FOR THE INDIVIDUAL.**

PERSONAL INFORMATION ► PROVIDE THE FOLLOWING PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		MAIDEN NAME (IF APPLICABLE)		SUFFIX	
CURRENT RESIDENTIAL STREET ADDRESS				SUITE/APT	CITY			STATE	ZIP CODE
HOME PHONE () ()		WORK PHONE () ()		MOBILE PHONE () ()		EMAIL ADDRESS			
SSN OR ITIN - -		PLACE OF BIRTH		AGE	DATE OF BIRTH / /		JOB TITLE	RELATIONSHIP TO APPLICANT	
HEIGHT FT IN	WEIGHT LBS	HAIR COLOR		EYE COLOR	SEX		DRIVER'S LICENSE OR STATE ID NUMBER		
HAVE YOU EVER BEEN FINGERPRINTED FOR A CHICAGO BUSINESS LICENSE? ►				<input type="checkbox"/> NO	<input type="checkbox"/> YES*	* IF YES, PROVIDE YEAR FINGERPRINTED ►			

MARITAL HISTORY ► PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR MARITAL HISTORY

CURRENT MARITAL STATUS ►		<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> MARRIED*	<input type="checkbox"/> DIVORCED*	* IF MARRIED/DIVORCED, PROVIDE SPOUSE/EX-SPOUSE NAME BELOW:			
[SPOUSE OR EX-SPOUSE] FIRST NAME		MIDDLE NAME		CURRENT LAST NAME		MAIDEN NAME/MARRIED NAME		SUFFIX	
NOTE: IF YOU ARE APPLYING FOR A LIQUOR LICENSE AND YOU OWN 5% OR MORE INTEREST, EITHER DIRECTLY OR INDIRECTLY, IN THE APPLICANT ENTITY, THEN YOUR CURRENT SPOUSE MUST COMPLETE A SPOUSAL AFFIDAVIT (SPA) FORM AND PROVIDE A PHOTOCOPY OF CURRENT GOVERNMENT ISSUED PHOTO ID.									

CRIMINAL HISTORY ► PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CRIMINAL HISTORY (INCLUDE AN ATTACHMENT, IF NECESSARY)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ►		<input type="checkbox"/> NO	<input type="checkbox"/> YES*	* IF YES, PROVIDE ALL CRIMINAL CONVICTIONS BELOW:					
TYPE OF OFFENSE		CONVICTION DATE		PENALTY/SENTENCE			JURISDICTION (STATE & COUNTY)		
		/ /							
		/ /							

EMPLOYMENT HISTORY ► PROVIDE YOUR COMPLETE EMPLOYMENT HISTORY FOR THE **PAST 5 YEARS** (INCLUDE AN ATTACHMENT, IF NECESSARY)

EMPLOYER NAME (MOST RECENT)			IMMEDIATE SUPERVISOR			EMPLOYER'S PHONE () ()		
EMPLOYER'S STREET ADDRESS			SUITE	CITY		STATE	ZIP CODE	
JOB TITLE		TYPE OF WORK			EMPLOYED FROM / /		EMPLOYED TO / /	
EMPLOYER NAME (SECOND MOST RECENT)			IMMEDIATE SUPERVISOR			EMPLOYER'S PHONE () ()		
EMPLOYER'S STREET ADDRESS			SUITE	CITY		STATE	ZIP CODE	
JOB TITLE		TYPE OF WORK			EMPLOYED FROM / /		EMPLOYED TO / /	

ACKNOWLEDGEMENT ► REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

PRINTED NAME OF APPLICANT		SIGNATURE OF APPLICANT		DATE	
		X			