



## LIQUOR LICENSE APPLICANT BACKGROUND AUTHORIZATION

I authorize and empower the Village of Arlington Heights and its representatives, any consumer reporting agency, or other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation and other relevant information, through correspondence or personal interviews with neighbors, friends or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I am aware and understand that my fingerprints will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Upon written request, I understand that said organization will provide me with information regarding the scope of the investigation if one is made.

I release the Village from any liability for damages resulting from conducting the background investigation.

I certify that I have read this authorization form and understand its meaning and purpose.

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Name and Address of Restaurant or Store	
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Signature	Date
<hr/>	<hr/>
Print Name	* Date of Birth
<hr/>	<hr/>
Address	* Sex & * Race
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City, State, Zip	Driver's License # & State of Issuance

\* Sex, Race and Date of Birth are personal identifiers that will not be used in the licensing decision.