



Application Type (Check One): New Renewal/Change/Modification Permit #: _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ E-Mail: _____
 Date of Birth: _____ Gender: _____ Social Security # _____
 Driver's License/State ID # _____ State: _____

PALATINE EMPLOYER INFORMATION

Business Name _____ Phone Number: _____
 Address: _____
 Manager Name: _____ Date of Employment: _____
 Job/Position: Owner Manager/Asst. Server Bartender Cashier
 Bouncer/I.D. Checker Other _____

BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED. FOR QUESTIONS ANSWERED YES, PROVIDE DETAILED DOCUMENTATION

	Yes	No
Have you ever been convicted of a felony under the laws of the State of Illinois or any other state or of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been ever convicted of being the keeper of or is keeping a house of ill repute?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of pandering?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has a Palatine Alcoholic Beverage Seller & Server Permit issued to you ever been revoked for a cause?.....	<input type="checkbox"/>	<input type="checkbox"/>

I swear/affirm that the information provided to me in this application is true to the best of my knowledge. I also understand that answering 'Yes' to any of the above questions, may be ground for rejection of this application. I also acknowledge that the Palatine Police Department will conduct a background check pursuant to Chapter 3 of the Palatine Code of Ordinances.

Signature: _____ Date: _____

With this application you must include:

- Copy of BASSET Certificate
- Copy of Driver's License/State ID
- Application Fee - \$23.00 (Payable to: Village of Palatine)

Mail Complete Application to:
 Palatine Police Department
 Records Division
 595 N. Hicks Rd.
 Palatine, IL 60067

Permit # _____

BACKGROUND CHECK (FOR OFFICE USE ONLY)

RMS	Clear	<input type="checkbox"/> Yes	<input type="checkbox"/> No (See attached)	Received <input type="checkbox"/> In Person <input type="checkbox"/> By Mail
CQH	Clear	<input type="checkbox"/> Yes	<input type="checkbox"/> No (See attached)	
FBI	<input type="checkbox"/> None	Clear	<input type="checkbox"/> Yes <input type="checkbox"/> No (See attached)	

Checks Completed by: _____ Date: _____

Approved by: _____ Date: _____

Denied by: _____ Date: _____