UNION COUNTY ALCOHOL LICENSING BACKGROUND CHECK CONSENT FORM

Administrative/Investigative Fee Received with Application for Alcoholic Beverage License:			
	Amount	Date	Ву

All applicants for an <u>Alcoholic Beverage License</u> must complete this form.

Agency Requesting History: Union County Sheriff's Office and the Union County Alcohol Board

Name of Applicant:

(Individual, association, company, enterprise, firm, franchise, general partnership, joint-stock company, agency, syndicate, trust, receiver, joint venture, limited liability company, limited liability partnership, partnership, society, sole proprietorship, trust or any type of incorporated or unincorporated organization applying for the Alcoholic Beverage License)

(Print) Full Name of person making application:

(include any former names, maiden name, aliases, or nicknames, of the applicant; or, if applicant is not a natural person, the principal officer, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in the Applicant Business who is the subject of this background investigation Report)

Address:Street	City	/State	Zip Code
Home Phone Number:	SS	#	
Sex: Race:			Weight
Hair:Eye:	City & State of Birt	h:	
Relationship to Applicant for A	Icoholic Beverage Li	cense:	
Sole Proprietor		Managing Agent	
A person holding a five perc	cent (5%) interest o	more in the applicant b	usiness
Other Explain:			
The undersigned does hereby signed, conduct a background dersigned which may be in the and report the findings to th Board in connection with the a	l investigation, inclu e files of any state, f le Union County Co	ding criminal history re ederal or local criminal a mmissioners Office and	cord, pertaining to the un agency in the United State the Union County Alcoho
Signature of Applicant	Or Sig	nature of Requesting Perso	n
Signed in the presence of:			
Notary Public	Dat	e	
My Commission Expires:			

Notary Seal Form #3 2/8/2013