

CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

PLEASE READ THE FOLLOWING PARAGRAPHS AND FILL IN THE INFORMATION REQUESTED. ONCE COMPLETED, RETURN THIS AUTHORIZATION, **ALONG WITH THE PROCESSING FEE OF \$25.00** (\$25.00 PER PERSON NOT TO EXCEED A \$60.00 MAXIMUM) MADE PAYABLE TO THE CITY OF CHAMPAIGN AND SEND TO:

City of Champaign
Liquor Commissioner
102 North Neil Street
Champaign, Illinois 61820
(217) 403-8720

I authorize and empower the Liquor Commissioner of the City of Champaign or agent thereof or any other outside service company engaged by said Commissioner for this purpose, now or subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, and criminal history information through correspondence, contact, or personal interviews with law enforcement agencies.

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

City Liquor License No. _____

Licensee _____

Licensee Address _____

Name of Applicant (print) _____

Applicant's Position with Licensee _____

Date of Birth _____

Driver's License Number _____ State _____

Home Address (including city) _____

Home Telephone _____

Signature _____

Date _____

Date sent CPD: _____	Approved: _____ Disapproved: _____	Date returned to Liquor Commissioner: _____
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