UNION COUNTY ALCOHOL LICENSING

BACKGROUND CHECK CONSENT FORM

Administrative/Investigative Fee Received with Application for Alcoholic Beverage License: _____

Amount Date By

All applicants for an Alcoholic Beverage License 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:**_____**Date of Birth**_____**Height:**_____**Weight**_____

Hair:_____**Eye:**_____**City & State of Birth:**_____

Relationship to Applicant for Alcoholic Beverage License:

☐ **Sole Proprietor** ☐ **Managing Agent**

☐ **A person holding a five percent (5%) interest or more in the applicant business**

☐ **Other Explain:**_____

The undersigned does hereby authorize the Union County Sheriff's Office to fingerprint the undersigned, conduct a background investigation, including criminal history record, pertaining to the undersigned which may be in the files of any state, federal or local criminal agency in the United States and report the findings to the Union County Commissioners Office and the Union County Alcohol Board in connection with the application for an alcoholic beverage license in Union County.

_____ Or _____

Signature of Applicant Signature of Requesting Person

Signed in the presence of:

_____ _____

Notary Public Date

My Commission Expires:

_____

Notary Seal

Form #3 2/8/2013