

BACKGROUND CHECK FOR LIQUOR LICENSE

Please Print

DATE: _____

NAME: _____

Maiden Name (if applicable) _____

ADDRESS: _____

Length of time at present address: _____

PREVIOUS ADDRESS: _____

PHONE NUMBER: (home) _____ (cell) _____

SEX _____ **RACE** _____ **DATE OF BIRTH** _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

SIGNATURE: _____