



Village of Third Lake
 87 N Lake Ave.
 Third Lake, IL 60030
 (847) 23-8422
 www.thirdlakevillage.com

PERSONAL INTEREST FORM

Each person applying for a liquor license AND each manager employed or to be employed at the licenses premises is required to complete this form.

APPLICANT INFORMATION		
Name:		
Home Address:		
Home Phone:	Business Phone:	
Sex:	Date of Birth:	Place of Birth (city/state):
SSN:		
Position in Business:		
Driver's License Number and State of Issuance (attach a copy of license):		

ELIGIBILITY QUESTIONS	
IF ANY QUESTIONS ARE ANSWERED WITH A "YES", ATTACH A FULL WRITTEN EXPLANATION TO THIS DOCUMENT	
<input type="checkbox"/> YES	<input type="checkbox"/> NO Have you ever been convicted of a felony?
<input type="checkbox"/> YES	<input type="checkbox"/> NO Have you ever been convicted of pandering?
<input type="checkbox"/> YES	<input type="checkbox"/> NO Have you ever been convicted of a violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor and/or has the applicant ever forfeited a bond to appear in court to answer charges for an such violation?
<input type="checkbox"/> YES	<input type="checkbox"/> NO Has the applicant ever been convicted of a gambling offense as proscribed by any of subsections (A)(3) through (A)(1) of section 28-1 of, or as proscribed by section 28-1.1 or 28-3 of, the "Criminal Code of 1961," as heretofore or hereafter amended, or as proscribed by any statute replaced by any of the aforesaid statutory provisions?
<input type="checkbox"/> YES	<input type="checkbox"/> NO Has the applicant ever had a previous liquor license revoked?
<input type="checkbox"/> YES	<input type="checkbox"/> NO Is the applicant a law enforcing public official, a member of a local liquor control commission, a mayor, alderman, or member of any city council or commission, a president, trustee or member of any village board of trustees, or any president or member of a county board?
<input type="checkbox"/> YES	<input type="checkbox"/> NO Has a federal gaming device stamp or federal wagering stamp been issued to applicant for the current tax period?
<input type="checkbox"/> YES	<input type="checkbox"/> NO Has the federal wagering stamp or federal gaming stamp been issued for the premises identified in the Business Information section on page 1?
<input type="checkbox"/> YES	<input type="checkbox"/> NO Have you ever made an application with the Illinois Gaming Board for a video gaming license which has been denied?
<input type="checkbox"/> YES	<input type="checkbox"/> NO Have you ever had any previous gaming license revoked?

STATE OF ILLINOIS)
) SS.
 COUNTY OF LAKE)

Applicant Signature: _____

Name of Applicant (print): _____

Subscribed and Sworn to before me this

Title: _____

_____ day of _____, 20____.

Dated: _____

 Notary Public
 (SEAL)