



Village of Third Lake
 87 N Lake Ave.
 Third Lake, IL 60030
 (847) 223-8422
 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)