



# OSWEGO POLICE DEPARTMENT LICENSE QUESTIONNAIRE

- Bodyworks     
  Coin Operated     
  Liquor     
  Mobile Food Vendor - Public  
 Pawn Broker     
  Tattoo     
  Tobacco

### Applicant Information:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Address: House # and Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Numbers \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

1. **Have you ever been issued a license in the State of Illinois?** \_\_\_\_ Yes \_\_\_\_ No  
**What type of license?** \_\_\_\_\_

If yes: City \_\_\_\_\_ State \_\_\_\_\_  
 County \_\_\_\_\_ Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_

2. **Have you ever been issued a license in any other state?** \_\_\_\_ Yes \_\_\_\_ No  
**What type of license?** \_\_\_\_\_

If yes: City \_\_\_\_\_ State \_\_\_\_\_  
 County \_\_\_\_\_ Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_

County \_\_\_\_\_ Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_

3. **Have you ever been charged with an offense that pertained to your license?**  
 \_\_\_\_ Yes \_\_\_\_ No

If yes: Date of Offense \_\_\_\_\_  
 Location of Offense \_\_\_\_\_  
 Court Docket Number \_\_\_\_\_ Disposition \_\_\_\_\_  
 Investigating Agency \_\_\_\_\_  
 Investigating Agency Report Number \_\_\_\_\_  
 Explanation of Facts \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. **Have you ever been charged with any offense?** \_\_\_\_ Yes \_\_\_\_ No  
**What type of license is associated with the offense?** \_\_\_\_\_

If yes: Date of Offense \_\_\_\_\_  
 Location of Offense \_\_\_\_\_  
 Court Docket Number \_\_\_\_\_ Disposition \_\_\_\_\_

Investigating Agency \_\_\_\_\_  
 Investigating Agency Report Number \_\_\_\_\_  
 Explanation of Facts \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Addresses: (List ALL previous addresses that you have lived at for the past 10 years)

House # and Street	City / State	Zip Code	County

Business Name, Address & Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Employers: (List ALL previous employers that you have worked at for the past 10 years)

Business Name	City/State	County	Phone #

**I, \_\_\_\_\_ personally read each and every question and answered each and every question in this background investigation questionnaire.**  
**I do solemnly swear that each and every answer is true, complete and correct in every respect.**  
**I fully understand that failure to accurately complete and return this background investigation questionnaire may be grounds for denial of a tobacco license.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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*If additional room is needed to answer any of the questions in the questionnaire, please do so on a separate sheet of paper.*