

# BACKGROUND INVESTIGATION



## I. Request for Background Investigation

I, (print your name) \_\_\_\_\_, do hereby request the Sheriff of Cass County, (or a designated deputy) to commence a background investigation on the below signed subject. The sole purpose is to thereby allow for the application of a Cass County Liquor License. I also hereby release any and all information obtained from the investigation be directed to the Cass County Commission for their use in approving or disapproving a liquor license.

SIGNATURE \_\_\_\_\_

## II. Vital Statistics

A. Full Name \_\_\_\_\_

B. Date of Birth \_\_\_\_\_

C. Age \_\_\_\_\_

D. Social Security Number \_\_\_\_\_

E. Height \_\_\_\_\_

F. Weight \_\_\_\_\_

G. Hair Color \_\_\_\_\_

H. Eye Color \_\_\_\_\_

I. Scars, Marks, or Tattoos \_\_\_\_\_

\_\_\_\_\_

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### III. Geographical Information About Applicant

A. Address \_\_\_\_\_

B. City \_\_\_\_\_

C. County \_\_\_\_\_

D. State \_\_\_\_\_

E. Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#### F. List All Address for Past Ten (10) Years

1. Address \_\_\_\_\_

2. City \_\_\_\_\_

3. County \_\_\_\_\_

4. State \_\_\_\_\_

1. Address \_\_\_\_\_

2. City \_\_\_\_\_

3. County \_\_\_\_\_

4. State \_\_\_\_\_

1. Address \_\_\_\_\_

2. City \_\_\_\_\_

3. County \_\_\_\_\_

4. State \_\_\_\_\_

### IV. Liquor Establishment Information

A. Address \_\_\_\_\_

B. Name of Present Owner(s) \_\_\_\_\_

#### 1. If Owner is a Corporation, List All Officers

a. Name \_\_\_\_\_

b. Address \_\_\_\_\_

a. Name \_\_\_\_\_

b. Address \_\_\_\_\_

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a. Name \_\_\_\_\_

b. Address \_\_\_\_\_

a. Name \_\_\_\_\_

b. Address \_\_\_\_\_

C. Trade Name of Establishment \_\_\_\_\_

D. New Name of Establishment (if it is to be changed) \_\_\_\_\_

E. Name Corporation is going to be known as \_\_\_\_\_

## V. Driver's License Information

A. State Driver's License Held \_\_\_\_\_

B. Driver's License Number \_\_\_\_\_

## VI. Criminal Background Information

### A. List All Arrests

1. Charge \_\_\_\_\_

2. City \_\_\_\_\_

3. County \_\_\_\_\_

4. State \_\_\_\_\_

1. Charge \_\_\_\_\_

2. City \_\_\_\_\_

3. County \_\_\_\_\_

4. State \_\_\_\_\_

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## B. List All Convictions, Felonies and Misdemeanors

- 1. Charge \_\_\_\_\_
- 2. City \_\_\_\_\_
- 3. County \_\_\_\_\_
- 4. State \_\_\_\_\_
  
- 1. Charge \_\_\_\_\_
- 2. City \_\_\_\_\_
- 3. County \_\_\_\_\_
- 4. State \_\_\_\_\_
  
- 1. Charge \_\_\_\_\_
- 2. City \_\_\_\_\_
- 3. County \_\_\_\_\_
- 4. State \_\_\_\_\_

## C. Dispositions

- 1. List All Fines Imposed
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
- 2. List All Jail Time Ordered
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
- 3. List All Suspended Sentences
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

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4. List All Deferred Sentences

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

5. List Any Other Court Ordered Punishments

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

VII. List Three (3) References (cannot be relatives)

A. Name \_\_\_\_\_

B. Address \_\_\_\_\_

C. Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

A. Name \_\_\_\_\_

B. Address \_\_\_\_\_

C. Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

A. Name \_\_\_\_\_

B. Address \_\_\_\_\_

C. Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

VIII. Any intentional omission, misrepresentation, or false statements in these documents of any kind will result in the immediate cancellation of any issued liquor license and/or the refusal to issue a new license by the Cass County Commissioners.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_