



MANAGING OFFICER BACKGROUND CHECK APPLICATION
LIBERTY, MISSOURI

Instructions: Print legibly. A background investigation will be conducted and you may have to allow time for an accurate investigation to be completed.

Name: (First) (Middle) (Last)

Address: Apt# City, State, & Zip: Phone:

Maiden Name: Other Name Used:

Date of Birth: Age: Place of Birth:

Race: Sex: Height: Weight: Hair: Eyes:

Social Security Number: Drivers License No/State: /

Emergency Contact: Relationship to you:

Address: Phone:

List past addresses for the last five (5) years, with number (1) the most recent:

1. 3.

2. 4.

Previous Employer: (Name of Business) (Address) Phone:

Business requesting the liquor license: (Name of Business) Opening Date:

Have you had a liquor license in Liberty? Yes No When? Employer?

Have you been convicted of a crime that was classified as a felony when the charge was drug or alcohol related within two years of the application date? Yes No,

Have you been convicted of a crime that was classified as a misdemeanor when the charge was drug or alcohol related within two years of the application date? Yes No,

If you answered yes to the question about felony or misdemeanor convictions, complete the following:

Date of Conviction: City/Count/State where convicted: Charge:

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I certify that the answers given by me to the questions and statements on this application are true and correct without consequential omissions of any kind whatsoever. I agree that the City of Liberty shall not be liable in any respect if my license is terminated or disapproved because of falsity of statement, answers, or omissions made by me in this application.

Date: Signature of Applicant: