



# **LICENSE COMMITTEE OF THE LASALLE COUNTY BOARD**

707 East Etna Road  
Ottawa, IL 61350

Phone: 815-434-8242  
FAX: 815-434-8250

**Please print clearly or type**

## **CLEARANCE CHECK FORM**

PHONE NUMBER \_\_\_\_\_ **(Day time)** \_\_\_\_\_ **(Evening)** \_\_\_\_\_

NAME \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Present Occupation \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Phone number for above contact \_\_\_\_\_

Present Name of Tavern or One Day Event Name being Applied for:

Phone Number of Tavern / Fund Raiser Group \_\_\_\_\_

Address of above \_\_\_\_\_

**Is the above address the mailing address: YES NO**

**If no, Mailing Address** \_\_\_\_\_

Name Change YES NO New Name \_\_\_\_\_

Former Occupations:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Comments: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_