



**FORM REQUIRED:** For the current spouse of any individual owning 5% or more, either directly or indirectly, of the business entity applying for a business license.

**INSTRUCTIONS:** Provide the requested information below. If more room is needed to complete any of the following sections, include an attachment. This form must be signed by the spouse whose information is provided on this form.

**PERSONAL INFORMATION** ▶ PROVIDE THE FOLLOWING PERSONAL INFORMATION

[SPOUSE] FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME (IF APPLICABLE)	SUFFIX
[SPOUSE] SSN OR ITIN	DATE OF BIRTH (MM/DD/YYYY) / /	EMPLOYER	OCCUPATION	TITLE
[APPLICANT] FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME (IF APPLICABLE)	SUFFIX
[APPLICANT] SSN OR ITIN	DATE OF BIRTH (MM/DD/YYYY) / /	BUSINESS LOCATION ADDRESS	FLOOR	

**PROHIBITED ACTIVITIES** ▶ REVIEW THE FOLLOWING PROHIBITED CRIMINAL CONVICTIONS

1. Any felony under federal or state law;
2. Keeping a house of prostitution;
3. Any violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor, or the forfeiture of bond to appear in court to answer charges for any such violation;
4. Any violation of any federal or state law concerning the manufacture, possession or sale of cannabis, narcotics or other controlled substances, or the forfeiture of bond to appear in court to answer charges for such violation;
5. Any gambling offense; or
6. Being the sole proprietor, partner, corporate officer, limited liability company member, manager or shareholder owning more than five percent of a revoked liquor licensee.

**LEGAL AFFIDAVIT** ▶ CHECK ONE OF THE TWO FOLLOWING STATEMENTS THAT BEST DESCRIBES YOUR CRIMINAL BACKGROUND

- No, I have never been convicted of any of the crimes listed above.
- Yes, I have been convicted of one or more of the crimes listed above, and they are as follows:

Type of Offense	Conviction Date	Penalty/Sentence	Jurisdiction (State & County)
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

**ACKNOWLEDGEMENT** ▶ REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

PRINTED NAME OF APPLICANT'S SPOUSE	SIGNATURE OF APPLICANT'S SPOUSE <b>X</b>	DATE
------------------------------------	---	------