



P: 1-866-361-9944
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Fingerprint Applicant Form-Liquor License

Please provide the following information (Please Print Clearly).

Last Name: _____ First Name _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security #: _____

Place of Birth: (State or Country if outside USA): _____

ORI- III12993L

_____ (DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN# _____ Date Printed _____