



# Village of Downers Grove

## PARTNERSHIP FORM

Applicant: \_\_\_\_\_

By: \_\_\_\_\_

Corporate Title: \_\_\_\_\_

Date: \_\_\_\_\_

The following is a listing of:

- a. All general partners of any Applicant partnership formed pursuant to the Illinois Uniform Partnership Act or similar statute of another state; or
- b. All general partners of any Applicant partnership formed or authorized to transact business as a foreign limited partnership, pursuant to the Illinois Revised Uniform Limited Partnership Act, as now or hereafter amended; or,
- c. All limited partners owning, directly or indirectly, five (5%) or more of the aggregate limited partnership interest of any Applicant partnership formed or authorized to transact business as a foreign limited partnership, pursuant to the Illinois Revised Uniform Limited Partnership Act, as now or hereafter amended; or,
- d. All general or managing partners of any Applicant partnership which is not formed or authorized to transact business as a foreign limited partnership, pursuant to the Illinois Revised Uniform Limited Partnership Act, as now or hereafter amended.

**Note: include the person's full name, address and percent of ownership;  
use additional pages if necessary.**

**Please attach a completed Background Check Waiver for each listed  
partner.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last Four): \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, date/place of naturalization: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

\_\_\_\_\_ General Partner    \_\_\_\_\_ Limited Partner    \_\_\_\_\_ Managing Partner

Ownership Interest: \_\_\_\_\_

Name and address of any other related establishment in which you have held an ownership interest or have operated. Please include the name of the entity issuing the license for the establishment, the license number, the date the license was issued and its date of expiration.

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last Four): \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, date/place of naturalization: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

\_\_\_\_\_ General Partner    \_\_\_\_\_ Limited Partner    \_\_\_\_\_ Managing Partner

Ownership Interest: \_\_\_\_\_

Name and address of any other related establishment in which you have held an ownership interest or have operated. Please include the name of the entity issuing the license for the establishment, the license number, the date the license was issued and its date of expiration.

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last Four): \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, date/place of naturalization: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

\_\_\_\_\_ General Partner    \_\_\_\_\_ Limited Partner    \_\_\_\_\_ Managing Partner

Ownership Interest: \_\_\_\_\_

Name and address of any other related establishment in which you have held an ownership interest or have operated. Please include the name of the entity issuing the license for the establishment, the license number, the date the license was issued and its date of expiration.

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last Four): \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, date/place of naturalization: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

\_\_\_\_\_ General Partner    \_\_\_\_\_ Limited Partner    \_\_\_\_\_ Managing Partner

Ownership Interest: \_\_\_\_\_

Name and address of any other related establishment in which you have held an ownership interest or have operated. Please include the name of the entity issuing the license for the establishment, the license number, the date the license was issued and its date of expiration.

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last Four): \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, date/place of naturalization: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

\_\_\_\_\_ General Partner    \_\_\_\_\_ Limited Partner    \_\_\_\_\_ Managing Partner

Ownership Interest: \_\_\_\_\_

Name and address of any other related establishment in which you have held an ownership interest or have operated. Please include the name of the entity issuing the license for the establishment, the license number, the date the license was issued and its date of expiration.

\_\_\_\_\_

\_\_\_\_\_