

EXHIBIT A

Exhibit A

Application Detail

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Denied



Gender: **Male**

Height: **5'8"**

Weight: **150**

Full Name: **Steven Charles Thomas**

Current Address: **None**

Home Address: [REDACTED]

Place of Birth: **IL**

Race: **White**

Hair Color: **Blond Or Strawberry**

Eye Color: **Blue**

Fingerprint ID #: **LS11058L77544017**

US Citizen: **Yes**

State of Residence: **IL**

847-537-3681

847-721-4935

cnwfan@comcast.net

34610744

Driver's/Operator's License

IL

Addresses

From	To	Address	City	State	Zip	Country
06/1997	Present	477 GLENDALE RD	Buffalo Grove	IL	60089	Cook US

Uploaded Documents

	CCW Training Certificate.jpg
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Criminal History Questions

- No** Have you ever been found guilty of a felony?
- No** Within the past 5 years (preceding the date of this application), have you been convicted or found guilty in this State or any other state of a misdemeanor involving the use or threat of physical or violent to any person?
- No** Within the past 5 years (preceding the date of this application), have you been convicted of a battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed?
- No** Have you ever been convicted of domestic battery (felony or misdemeanor), aggravated domestic battery or a substantially similar offense?
- No** Have you ever been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony?
- No** Are you currently the subject of pending arrest warrants, prosecution, or proceeding for an offense or action that could lead to the disqualification to own or possess a firearm?
- No** Are you currently the subject of an existing Order of Protection or No Contact/No Stalking Order?
- No** Within the past 5 years (preceding the date of this application), have you been in residential or court-ordered treatment for alcoholism, alcohol detoxification, or alcohol treatment?
- No** Within the previous year, have you failed a drug test for a drug for which you did not have a prescription?
- No** Within the past year (preceding the date of this application), have you used or been addicted to any controlled substance or narcotics in violation of state or federal law?
- No** Are you a medical marijuana patient registry card holder?
- No** Within the past 5 years (preceding the date of this application) have you been convicted or found guilty in this State or any other state of 2 or more violations related to driving while under the influence of alcohol, other drug or drugs, intoxicating compound or compounds, or any combination thereof?
- No** Within the past 5 years (preceding the date of this application) have you been a patient in a mental institution or any part of a medical facility for the treatment of mental illness?
- No** Have you ever been adjudicated by a court as a mental defective or ordered by a court, board or authorized entity to an in-patient or out-patient mental health?
- No** Are you intellectually or developmentally disabled?