



**MANAGER'S APPLICATION TO SELL ALCOHOLIC LIQUOR AT RETAIL**

1. Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_
5. Date, City and State of Birth: \_\_\_\_\_
6. U. S. Citizen? Yes No If Naturalized, give date and place of Naturalization \_\_\_\_\_
7. Name of three (3) character references (no relatives):
  - 1) \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
  - 2) \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
  - 3) \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
8. **Name of Business Establishment** where you intend to sell alcoholic liquor:  
\_\_\_\_\_ Phone: \_\_\_\_\_
9. Have you previously managed a business involved in the sale of alcoholic liquor? Yes No List:  
\_\_\_\_\_
10. Have you ever been convicted of a felony? Yes No

11. Have you ever managed a related business where the license to sell liquor was suspended or revoked? Yes No

12. Have you ever been convicted of violating a state or federal statute regarding manufacturing, possession or sale of alcoholic liquor? Yes No

13. Have you ever been convicted of a gambling offense? Yes No City and State of Conviction:

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14. Do you possess a state or federal license for gambling or a gambling device? Yes No

**If "Yes" is answered to questions 10 through 14 of the above, attach information as to the nature of the offense, place, date and final disposition.**

15. List your previous employers for the past five (5) years: (be specific) ATTACH SEPARATE LIST IF NECESSARY.

1) Business Name and Address: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2) Business Name and Address: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AFFIDAVIT**

**STATE OF ILLINOIS            )**  
**COUNTY OF WHITESIDE    ) ss.**

**I swear (affirm) that I will not violate any of the ordinances of the City of Sterling or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein.**

**I further swear (affirm) that the statements contained in this application are true and correct to the best of my knowledge and belief.**

**I hereby authorize the release of information that may qualify or disqualify me for the issuance of this requested license.**

**I will hold harmless and not liable, any supplier of such information that is given to the City of Sterling or its agent for the purpose of this license application.**

**I understand and agree that any deliberate falsification of this information is grounds for non-issuance and/or suspension of said license.**

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Liquor Control Board Use Only

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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

\_\_\_\_\_  
Liquor Commissioner

Revised 2/1/03