

Robert J. Lovero



Mayor

A Century of Progress with Pride

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LIQUOR LICENSE INFORMATION SHEET PERSONAL HISTORY

BUSINESS NAME: _____

NAME OF OWNER, MANAGER OR AGENT: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

NAME OF SPOUSE: _____

LIST CHILDREN:

NAME

ADDRESS

<u>NAME</u>	<u>ADDRESS</u>

PAST RESIDENCE: _____

NUMBER OF YEARS AT PAST RESIDENCE: _____

OTHER EMPLOYMENT:

NAME OF COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

(NOTE: COPY OF DRIVERS LICENSE AND/OR ILLINOIS ID REQUIRED)

**STATEMENT OF REFERENCES AS TO CHARACTER OF APPLICANT
FOR ALCOHOLIC LIQUOR DEALERS LICENSE**

APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: _____

CHARACTER REFERENCES

How long have you known the applicant? _____

Is the applicant a citizen of the United States? _____

Is the applicant a person of good repute and moral character? _____

PLEASE PRINT

Name: _____

Address: _____

City & State: _____

Signature: _____

How long have you known the applicant? _____

Is the applicant a citizen of the United States? _____

Is the applicant a person of good repute and moral character? _____

PLEASE PRINT

Name: _____

Address: _____

City & State: _____

Signature: _____

CHARACTER REFERENCES CONT'D

How long have you known the applicant? _____

Is the applicant a citizen of the United States? _____

Is the applicant a person of good repute and moral character? _____

PLEASE PRINT

Name: _____

Address: _____

City & State: _____

Signature: _____

ADDITIONAL APPLICANT INFORMATION

FIREARMS OWNERS IDENTIFICATION CARD NUMBER: _____

GUNS, IF ANY: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

HEIGHT: _____

WEIGHT: _____

HAIR COLOR: _____

COLOR OF EYES: _____

COMPLEXION TYPE: _____

OFFICE USE ONLY

B-NUMBER ISSUED _____

**I, THE UNDERSIGNED, DO HEREBY VERIFY AND CERTIFY THAT THE INFORMATION
GIVEN ON THE LIQUOR APPLICATION, ATTACHED HERETO,
IS TRUE AND ACCURATE.**

APPLICANT'S SIGNATURE

DATE: _____

Subscribed and sworn to before me this _____

day of _____, **20** _____.

SEAL

Notary Public