

Liquor License New Manager Application

(Managers/Assistant Managers Shall Be at Least 21 Years of Age)

Name of Liquor Licensee Seeking to Employ a New Manager/Assistant Manager: _____

Date Proposed New Manager/Assistant Manager Commenced Duties: _____ Position Title: _____

Address of Business: _____

Name of New Manager/Assistant Manager: Last: _____ First: _____ M.I.: _____

Current Address of New Manager/Assistant Manager: _____

Mobile Phone Number: _____ Driver's License Number: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: Yes No

Naturalization (if applicable) Date: _____ Place: _____

Sex: M F Race: _____ Height: _____ Hair Color: _____ Eye Color: _____

1. Has the proposed new manager/assistant manager ever sold, delivered, or given away any alcoholic liquor in violation of any state law or city ordinance, to a person under the minimum age required to purchase or possess liquor?
Yes No If yes, please detail the circumstances below or attach a separate sheet:

2. Has the proposed new manager/assistant manager ever been convicted of a felony or Class A misdemeanor?
Yes No If yes, please detail the circumstances below or attach a separate sheet:

3. Please list the proposed new manager's/assistant manager's addresses for the ten (10) year period prior to the date of this application or attach a separate sheet listing full addresses.

4. Has the proposed new manager/assistant manager ever been known at any time by any other name or names?

Yes No If yes, please list those names below:

5. The proposed new manager/assistant manager and the licensee, by their signatures below, affirm that the proposed new manager/assistant manager will not in the future violate any laws of the State of Illinois, or of the United States, or any ordinances of the City, controlling the retail sale of alcoholic liquor and the conduct of his/her place of business.

6. The proposed new manager/assistant manager further affirms by his/her signature below that the information provided in this application is true and correct to the best of his/her knowledge.

Date: _____

Signature (Proposed New Manager/Assistant Manager)

AUTHORIZED AGENT/OFFICER OF LICENSEE SIGNATURE:

Signature

Title of Authorized Agent/Officer of Licensee

(Seal)

Subscribed and Sworn to before me this

_____ day of _____ 20 ____

Notary Public

(Notary Seal)

Return Completed Application to: City Clerk; City of Wheaton
P.O. Box 727
303 W. Wesley St.
Wheaton, IL 60187-0727
Ph: 630-260-2012 Fax: 630-260-2017

New managers and assistant managers must arrange for liquor license fingerprinting at the Wheaton Police Department (900 W. Liberty Drive) by calling 630-260-4867. **Please indicate you need liquor license fingerprinting when you make the appointment.** A \$100 fee, payable to the City of Wheaton, is due at the time of fingerprinting for state and federal charges associated with processing the fingerprints.

New Managers and assistant managers must provide, within 6 months of start date, documentation to the City of having completed an Alcohol Training Course.