

LIQUOR LICENSE APPLICATION
Department of Licensing and Collections

MANAGER/AGENT DESIGNEE

NOTE: The City Liquor Commissioner must be notified of any change in Manager or Agent with full information as required in section 3-49 (1)

Manager/Agent Name: _____

Home Address: _____

City, State, Zip: _____

Cell Phone: _____ Alternate Phone: _____

Driver's License Number: _____

Date of Birth: _____ Place of Birth: _____

Are you a United States Citizen? Yes No

If a Naturalized Citizen,

When naturalized? Month: _____ Day: _____ Year: _____

Where naturalized? City: _____ State: _____

Have you ever been convicted of any gambling offense or felony under any federal or state law? Yes No

If so, provide date and offense:

Do you possess a current federal wagering stamp or gambling stamp? Yes No

Have you ever been convicted of a federal or state liquor law violation? Yes No

If so, provide date(s):

Have you made applications for a similar license for premises other than described in this application? Yes No

If so, provide date, location of premises and disposition of application:

Has any license previously issued to you by state, federal or local authorities been revoked, suspended or fined? Yes No

If so, state reasons therefore and date(s):

Are you or any of the officers, partners and/or shareholders currently delinquent in payments to the Illinois Department of Revenue, the City of Waukegan or any other governmental entity? Yes No

NOTE: If you answered "Yes" to any of the items listed above, please attach explanation.