## CITY OF SOUTH BELOIT, ILLINOIS Application for Registration as Employee Retail Liquor

JANUARY 1, 2024 TO DECEMBER 31, 2024

South	Beloit, Illinois,		<u>.</u>						
PLE.	ASE CIRCLE ONE:		Fee: \$30.00						
of So	ng a Retail Liquor Lic uth Beloit, Illinois, as								
<u>PLE</u> 2	Applicant's Name:	NT LEGIBLY							
1.	Applicant's Name.	(First)	(Middle Initial)		(Last)				
2.	Present Address:	(First) Street Address	,						
		Street Address	City	State	Zip				
3.									
	Last 6 yrs	Street Address			State	Zip			
4. 5.									
5. 6.	Date of Rirth:								
7.	Age:								
8.	Sex:								
9.	Place of Birth:								
10.	Social Security No:								
11.	Driver's License No. and State:								
12.									
13.	List any conviction	of laws or ordinances you	nave incurred duri	ing the pas	it ten years:				
NOTE: A PHOTO ID OF THE APPLICANT MUST ACCOMPANY THE APPLICATION.  APPLICANT MUST BE 21 YEARS OLD TO SELL, POUR AND/OR BAR TEND.  WAITERS, WAITRESSES, OR OTHER SERVERS MUST BE 18 YEARS OLD OR OLDER  TO CARRY AND DELIVER ALCOHOL FROM BAR TO CUSTOMER'S TABLE OR  SEAT.  Having read and answered all of the statements, I swear that the answers given are true and correct in  every way and I understand that this application will be denied and any license previously granted will  be revoked upon the giving of a false or incomplete answer to any question.									
	Signature	e of Applicant							
		EMPLOYER CERTIFIC	CATION STATE	<u>MENT</u> :					
I,		hereby certify that as (cor			of				
	(Name) completed a backgro	(cor ound check on the applica	p officer/partner/r ant and that all in	manager) nformatior	(Establish related to				
			Signatui	re	Date	e			
Licens		 :							
	oved by the City Counci day of	l of South Beloit, Illinois							