

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

JANUARY 1, 2025 TO  
DECEMBER 31, 2025

South Beloit, Illinois, \_\_\_\_\_, 20\_\_\_\_\_.

**PLEASE CIRCLE ONE:**

New          Renewal

Fee: \$30.00

The undersigned hereby makes application for registration as an employee of a business establishment holding a Retail Liquor License from said City under the provisions of Section 6-126 of the City Ordinance of South Beloit, Illinois, as amended.

**PLEASE TYPE OR PRINT LEGIBLY**

1. Applicant's Name: \_\_\_\_\_  
(First)                                  (Middle Initial)                                  (Last)
2. Present Address: \_\_\_\_\_  
Street Address                                  City                                  State                                  Zip
3. Former Address: \_\_\_\_\_  
Last 6 yrs                                  Street Address                                  City                                  State                                  Zip
4. Alias: \_\_\_\_\_
5. Maiden Name: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
7. Age: \_\_\_\_\_
8. Sex: \_\_\_\_\_
9. Place of Birth: \_\_\_\_\_
10. Social Security No: \_\_\_\_\_
11. Driver's License No. and State: \_\_\_\_\_
12. Name & Address of Liquor Establishment re: Employment \_\_\_\_\_
13. List any conviction of laws or ordinances you have incurred during the past 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 of Applicant \_\_\_\_\_

**EMPLOYER CERTIFICATION STATEMENT:**

I, \_\_\_\_\_ hereby certify that as \_\_\_\_\_ of \_\_\_\_\_  
(Name)    (corp officer/partner/manager)    (Establishment)  
have completed a background check on the applicant and that all information related to prior criminal convictions is accurate.

\_\_\_\_\_  
Signature    Date

FOR OFFICE USE ONLY:

License # \_\_\_\_\_  
Approved by the City Council of South Beloit, Illinois  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

