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

JANUARY 1, 2023 TO
DECEMBER 31, 2023

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_____