

City of Fairview Heights Liquor License Application MANAGER FORM

This form must be completed by **the manager of the business**. Please answer **ALL** questions. This application will not be accepted unless all questions are answered. Attach separate sheets if needed. Manager must live in the Metropolitan Area.

Full Name: _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): Home: _____ Business: _____

Sex: _____ Male _____ Female U.S. Citizen? _____ YES _____ NO Date of Birth: _____

Place of Birth (City & State): _____

Driver's License State: _____ Driver's License Number: _____ Last Four of SSN: _____

You must attach a copy of your driver's license to this form.

All Places of Employment (past 10 years)

List all previous arrests (dates, locations, and charges):

Are you an alcoholic or have you received treatment for alcoholism or a drinking problem, or have you been involved in any incident involving the police, including traffic, in which you were intoxicated? _____ YES _____ NO

Have you been involved in any battery, assault, fight or public disorder: _____ YES _____ NO

List any other business you have ever had ownership in which held a liquor license (dates & location):

List all persons having any financial interest in the business for which you are making this application:

List all previous addresses (past 5 years):

SIGNED: _____ **DATE:** _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

(Notary Seal)

Date: _____

Approved:

Mark T. Kupsky, Mayor, **Liquor
Commissioner**

Steve Johnson, **Chief of Police**