



VILLAGE OF NORRIDGE STATEMENT OF MANAGER

Supplement to Liquor License Application
(Owners acting as managers need not complete this application)

This application is to be filed by all managers of liquor establishments on a yearly basis with the liquor license renewal application. Additionally, this application along with a \$34.75 fee must be submitted by new managers within 10 days of promotion or hiring. As a reminder, an owner or Village approved manager must be on the licensed premises continually during all hours of operation.

MANAGER, ASSISTANT MANAGER, PART-TIME OR TEMPORARY MANAGER: Any person whose full-time, part-time or temporary activities include any of the following: (1) overseeing the operation of a liquor establishment, (2) ordering, receiving or managing liquor inventory; (3) hiring, training or supervising bartenders, servers or sellers of liquor products; (4) paying employees or suppliers; (5) responding to customer complaints related to liquor establishment operations; (6) communicating on behalf of the liquor license holder with the Local Liquor Commissioner, Village Business Office Manager, Village Police Department or other Village agencies and departments. If more than one person performs all or any of the above functions, each such person shall be deemed a manager, assistant manager or temporary manager.

1. Name of Liquor Establishment: _____

2. Address of Liquor Establishment: _____

3. Full name of Manager: _____

4. Home Phone Number: _____ Cell Phone _____

5. Home address: _____
Number, Street, Apt City Zip

6. Email Address: _____

7. Date of Hire or Promotion to Manager Position: _____

8. Have you filed a "Statement of Manager" application for this liquor establishment in the past?
___Yes ___No

If Yes, skip to signature portion on page 2. No fee is due. Page 3 need not be completed. If No, continue with number 8. A \$34.75 fee must accompany this application.

9. Length of time at current home address: _____ (If less than 5 years, please provide address information for a total of 5 years. Attach a separate sheet if necessary.)

Previous Address: _____
Number, Street, Apt City State, Zip

Previous Address: _____
Number, Street, Apt City State, Zip

10. Date of Birth: _____ Place of Birth: _____
(if USA, provide City/State; if not USA, provide country)

11. Are you a citizen of the United States? Yes No

12. If you are a naturalized citizen, when and where were you naturalized? _____



- 13. Have you ever been convicted of any felony under any Federal or State law? Yes No
- 14. Have you ever been convicted of being the keeper of a house of ill fame; of pandering; or other crime or misdemeanor opposed to decency and morality? Yes No
- 15. Have you ever been convicted of a violation of any Federal or State liquor law?
Yes No
- 16. If you have answered Yes to numbers 13, 14, or 15, please attach a statement providing the jurisdiction(s) date(s), the nature of the offense(s) and the disposition of said convictions(s).
- 17. Have any license previously issued to you by the State, Federal, or local authorities been revoked? Yes No
If yes, please attach a statement providing the date(s), licensing authority and reason(s) for revocation.
- 18. Employment History for the last five (5) years (attach additional sheet if necessary):

Employer: _____

Address of Employer: _____
Street Address City/State/Zip

Type of Employment: _____ Dates: _____

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Employer: _____

Address of Employer: _____
Street Address City/State/Zip

Type of Employment: _____ Dates: _____

SIGNATURE/AFFIRMATION (to be signed/affirmed in front of Notary Public)

I, _____, affirm that the information and statements contained in this Statement of Manager Application are true and correct to the best of my knowledge and belief.

 Signature Date _____

Subscribed and Sworn to before me this _____ day of _____, 20__.

 Notary SEAL:



**WAIVER
VILLAGE OF NORRIDGE
STATE OF MANAGER
Supplement to Liquor License Application**

In connection with the application referred to above, I authorize the Village of Norridge to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:

(MAKE COPIES PRIOR TO FILLING OUT! To be completed by all person's listed in Question 3. PLEASE PRINT):

Name in full; spell out completely:	First	Middle	Last
Nicknames Used; N/A if none:			
Current Home Address:			
Current Home Phone Number:	()		
Cell Phone Number:			
Date of Birth:			
Social Security Number:			
Driver's License No. & Issuing State:	No.		State:

Applicant's Signature

Date

State of Illinois
County of Cook

Subscribed and sworn to me this ____
Day of _____, 20__

Notary Public

SEAL: