



CITY OF DECATUR, ILLINOIS

City Clerk

#1 Gary K. Anderson Plaza

Decatur, IL 62523-1106

Phone: 217-424-2708

Fax: 217-450-2297

LICENSE NO. _____

STATEMENT OF MANAGER OF ESTABLISHMENT WITH LIQUOR LICENSE:

NAME OF ESTABLISHMENT _____

ESTABLISHMENT ADDRESS _____ ZIP CODE _____

THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH DEPOSES AND SAYS:

- 1) That the matters and things set out in this statement are true.
- 2) That the undersigned is Manager of the business operated under the above indicated liquor license and of the premises covered thereby.
- 3) That the undersigned is a resident of the City of Decatur, Illinois and a citizen of the United States. **A COPY OF A VALID ILLINOIS DRIVER LICENSE MUST BE PROVIDED.**
- 4) That the undersigned has not been convicted of any offense or violation which would render the undersigned ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended; and would be eligible for a liquor license under said Act were the undersigned to apply for such license.

MANAGER'S NAME _____ DATE OF BIRTH _____
(Please Print)

MAIDEN NAME _____

HOME ADDRESS _____ ZIP CODE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____

MANAGER'S SIGNATURE _____
Signature must be notarized **before** returning form to City Clerk.

STATE OF ILLINOIS)
)SS
COUNTY OF MACON)

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, _____

(SEAL)

NOTARY PUBLIC