

QUALIFICATION OF OFFICER, STOCKHOLDER AND MANAGER OR AGENT

(Complete this form for each officer, stockholder, manager and/or agent)

1. Applicant's Name _____
Residence Address _____
Telephone Number _____ Cell Phone Number _____
Email Address _____
Date of Birth _____ Social Security Number _____
Driver's License: State _____ Number _____ Issued _____ Expires _____
If you are a resident of the City of Jacksonville, how long have you been a resident? _____
Are you a citizen of the United States? _____
If a naturalized citizen, when naturalized? _____
Have you ever been convicted of any felony under a Federal or State law? _____
If so, give date and state offense _____
Have you ever been convicted of being the keeper of a house of ill fame (or are you now keeping such house) or pandering or other crime or misdemeanor opposed to decency and morality? _____
Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____
If so, give dates _____
Have you ever permitted an appearance bond forfeiture for any of the violations mentioned above? _____
Have you made application for a similar license for premises other than described in this application? _____
If so, give date, location of premises and disposition of application _____
Has any license previously issued to you by State, Federal or local authorities been revoked? _____
If so, state reasons therefor and date of revocation _____
2. Name under which business is to be conducted _____
3. Address of place of business _____

AFFIDAVIT

STATE OF ILLINOIS)

SS)

COUNTY OF MORGAN)

I (We) swear I (we) will not violate any of the ordinances of the City of Jacksonville or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

Applicant's Signature

Subscribed and Sworn to before me this _____ day of _____, _____

(Official Use Only)
Applicant(s) cleared through the Jacksonville Police Dept:

Notary Public
(SEAL)

Signature JPD Officer Date
License: _____ Approved _____ Disapproved