



CITY OF DANVILLE
 17 W. Main St., Danville, IL 61832
 City Clerk's Office, (217) 431-2304

Please allow 3-5 business days for processing of Manager's Form.

MANAGER'S FORM - LIQUOR LICENSE APPLICATIONS

Please Print:

Business/Establishment Name: _____

Name: _____
First Middle Last List any aliases (including maiden name)

*Home Address: _____

***Manager must reside within the Corporate City Limits of Danville**

Phone: _____ Social Security No: XXX-XX-____

Date of Birth: _____ Place of Birth: _____

Are you a Citizen of the United States? Yes No

If you are a naturalized citizen, please give date and place of naturalization.

Have you ever been convicted of a felony? Yes No

If so, give particulars, including date and offense: _____

Have you ever been convicted of a violation of a Federal or State liquor law?

Yes No If so, give particulars, including date and offense: _____

Date: _____

Signature: _____

*Must be signed in front of Notary Public

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

 Notary Public

(Notary Seal)





CONSENT SIGNATURE AUTHORIZATION

I, _____, do hereby consent to allow the Danville Police Department to
Print Name Here
conduct a background investigation and further authorize the release of criminal history records, which
may be relevant to my being considered for a liquor manager.

Date

Signature

(City Use Only)

Date Received: _____ By: _____

Passed Background Check: _____ Yes _____ No Date: _____ By: _____

Approved by: _____ Date: _____
Mayor/Liquor Commissioner