APPLICATION OF LIQUOR MANAGER

City of Moline

Attach a COLOR copy of a Drivers License or State Issued Identification Card

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
LENGTH OF CURRENT RESIDENCE	DRIVERS LICENSE NUMBER	STATE ISSUED	DATE OF BIRTH	
TITLE/POSITION	SOCIAL SECURITY NUMBER	CELL PHONE	GENDER	HOURS PER WEEK
EMAIL ADDRESS		NAMES FORMERLY KNOWN AS		

Eligibility Information regarding the above named:

- ◻ Yes ◻ No Citizen of the United States?
- ◻ Yes ◻ No Resident of the County of Rock Island?
- ◻ Yes ◻ No Ever been convicted of a felony under Federal Law or the laws of any State in the United States?
- ◻ Yes ◻ No Ever been arrested for a felony, posted bail and then forfeited said bail under Federal Law or the laws of any State in the United States?
- ◻ Yes ◻ No Ever been convicted of any crime or misdemeanor involving moral turpitude?
- ◻ Yes ◻ No Ever had a liquor license revoked for cause under the laws of any State in the United States or any of their political subdivisions?

Do you have a business or personal relationship with any of the following:

- ◻ Yes ◻ No Mayor of the City of Moline?
- ◻ Yes ◻ No A City Council member of the City of Moline?
- ◻ Yes ◻ No A City Attorney of the City of Moline?
- ◻ Yes ◻ No A Police Officer of the City of Moline?
- ◻ Yes ◻ No A Building Official of the City of Moline?
- ◻ Yes ◻ No A Zoning Administrator of the City of Moline?

Contact (309-524-2140) Moline Police Department, 1630 8th Avenue, to make arrangements for fingerprints and photographs

AFFIDAVIT OF LIQUOR MANAGER

STATE OF ILLINOIS)
) SS
COUNTY OF ROCK ISLAND)

I, the undersigned being first duly sworn upon my oath state and depose as follows:

1. I understand that the foregoing information is set forth so that the aforementioned might obtain/maintain a liquor license in the City of Moline.

2. That under the State Laws of the State of Illinois, the answers to questions are material to the question of whether or not the establishment is entitled under the law to obtain a liquor license in the State of Illinois.

3. That I understand that making a false affidavit constitutes perjury where a false answer is made knowingly to a material question.

4. That I have personally prepared the answers to the above questions.

5. That I have reread them, and find them to be wholly true, and I/we wholly understand them.

_____
Printed Name of Applicant

_____
Signature of Applicant

_____
Date

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

_____
Notary Public

CITY OF MOLINE
AUTHORIZATION FOR RELEASE
OF PERSONAL INFORMATION

<u>Please make additional copies to complete for each owner, officer, shareholder, partner or liquor manager</u>

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Moline Police Department, whether the said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do herby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Moline from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear/affirm that all information in or supplementing this application are complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for revocation if discovered subsequent to licensing.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Personal Information".

_____

Signature of Applicant

_____

Date