



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. _____

AFFIDAVIT OF MANAGER OF LIQUOR ESTABLISHMENT:

NAME OF ESTABLISHMENT _____

ESTABLISHMENT ADDRESS _____ ZIP CODE _____

THE UNDERSIGNED, ON OATH STATES AND AVERS AS FOLLOWS:

- 1) That the matters and things set out in this statement are true.
- 2) That I am Manager of the business operated under the above indicated liquor license and of the premises covered thereby.
- 3) That I am a resident of the City of Decatur, Illinois and a citizen of the United States. **A COPY OF A VALID ILLINOIS DRIVER LICENSE OR STATE ID MUST BE PROVIDED.**
- 4) That I have not been convicted of a felony under any Federal or State law, convicted of keeping a place of prostitution or keeping a place of juvenile prostitution, or convicted of pandering or other crime or misdemeanor opposed to decency and morality, such that I am ineligible to receive a license under the provisions of the Illinois Liquor Control Act of 1934, as amended; and am otherwise eligible for a liquor license under said Act were I 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