



STEPHENSON COUNTY LIQUOR CONTROL COMMISSION
50 W. DOUGLAS ST. – 5TH FLOOR, FREEPORT, IL 61032

MANAGER INFORMATION FORM

BUSINESS INFORMATION

Business Name:

Business Address:

Street Number and Name

Unit Number

City

State/Province/Region

Postal/ZIP Code

Business Phone:

MANAGER'S INFORMATION

Name:

Date of Birth:

Current Address:

Street Number and Name

Unit Number

City

State/Province/Region

Postal/ZIP Code

Home Phone:

Cell Phone:

Driver's License No.:

DL State:

Email Address:

AFFIDAVIT

The undersigned swears that the said corporation in whose name this application is made will not violate any of the Laws of the State of Illinois or 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 his/her knowledge and belief.**

ACKNOWLEDGEMENT

By checking this box, I acknowledge that I have read and agree to the above statements

Type Full Name: