LIQUOR LICENSE ON-SITE MANAGER INFORMATION

DRINKING ESTABLISHMENT (DE) AND DRINKING ESTABLISMENT RESTAURANT (DE/R)

This form MUST be completed and submitted with Liquor License application for approval

SECTION 1 – LICENSEE INFORMATION **New Application** **Renew Application** **Add/Delete Employee(s)**

Licensee	**City License # (Account # on Application)**	**License Expiration Date**
Licensee DBA Name	**Location Address**	**City, State, Zip**
Telephone Number	**E-mail Address**	

Licensee required to attend Safe Bar Class? Yes____No____N/A If Yes, date attended _____
(If Licensee is an individual)

SECTION 2 – ON-SITE MANAGER INFORMATION

Last name	First name/MI	Date of Birth	Last 4 of SSN	Date of hire	Date attended Safe Bar class	Adding/Deleting

Under penalty of perjury, I hereby certify that the information in this document is true and correct.

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Licensee/Applicant/Manager **Title** **Date**

(06/21)