

LIQUOR LICENSE ON-SITE MANAGER INFORMATION
DRINKING ESTABLISHMENT (DE) AND DRINKING ESTABLISHMENT 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	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.

Licensee/Applicant/Manager Title Date