MANAGER APPLICATION

The individual that has been appointed to manage and control the licensed business and premises. Proposed Manager Name Date of Birth SSN Besidential Address Email Phone Please indicate how many hours per week you intend to be on the licensed premises E.CITIZENSHIP/BACKGROUND INFORMATION Rey ou U.S. Citizen?* Yes No *Manager must be a U.S. Citizen If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. Have you ever been convicted of a state, federal, or military crime? Yes No *Manager must be a U.S. Citizen If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below. Date Municipality Charge Disposition C.EMPLOYMENT INFORMATION Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name D.PRIOR DISCIPLINARY ACTION PLAY A	A. MANAGER INF	ORMAT	ION								
Residential Address	The individual th	nat has b	peen appointe	d to manage	and control the	e licensed	business	and premi	ses.		
Email Phone Please indicate how many hours per week you intend to be on the licensed premises B. CITIZENSHIP/BACKGROUND INFORMATION Are you a U.S. Citizen?* Yes O Yes No "Manager must be a U.S. Citizen If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. Have you ever been convicted of a state, federal, or military crime? Yes O Yes No If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below. Date Municipality Charge Date Municipality Charge Date Municipality. Charge C. EMPLOYMENT INFORMATION End Date Position Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Supervisor Name Start Date End Date Position Employer Supervisor Name Imployer Supervisor Name Imployer Date Position Employer Supervisor Name Date Imployency Supervisor Name Imployency	Proposed Manager Name Date						Birth		SSN		
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D. PRIOR DISCIPLINARY ACTION						•	zing the fo	rmat below		NI	
	Start Date En	nd Date	POSI	lion		mployer			Super	rvisor Name	
			1					I			
Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to					.1	с. I:					
disciplinary action? γ_{Yes} No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below.		. `	10								

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate: