



8. Have you advised the Police Department in writing of all changes in officers, directors and managers since your last Application or Renewal Status? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\* If any changes were made please complete the LIQUOR LICENSE RENEWAL STATEMENT DATA SHEET highlighting all changes.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

Subscribed and sworn to me this  
\_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires  
\_\_\_\_\_

**FOR POLICE DEPARTMENT USE ONLY:**

- License Recommended  
 License Not Recommended

**FOR LOCAL LIQUOR COMMISSIONER USE ONLY:**

- License Granted  
 License Denied

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Local Liquor Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**VILLAGE OF WINNETKA LIQUOR LICENSE RENEWAL STATEMENT DATA SHEET**

Date of Renewal: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Name of Person Completing Statement: \_\_\_\_\_

Position: \_\_\_\_\_

**Officer/Owner/Manager Information** – Please provide us with the following information for any changes in status for each officer, owner or manager. If there are no changes please indicate this by signing in the space provided. New managers/owners must undergo background checks. Contact Public Safety Analyst Keri Kaup (847-716-3440) for more information.

**There are no status changes in the positions of Officer/Owner/Manager** \_\_\_\_\_  
(Sign only if there are **no** changes)

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_