



# City of West Peoria

2506 West Rohmann Avenue  
West Peoria, Illinois 61604-5031  
Telephone: 309/674-1993  
Fax: 309/674-6010

Date: \_\_\_\_\_

**LIQUOR LICENSE  
CHANGE FORM  
CITY OF WEST PEORIA**  
*(Please Print in Ink or Type Only)*

1. Liquor License Establishment

- a. Name: \_\_\_\_\_
- b. Owner/s: \_\_\_\_\_
- c. Address: \_\_\_\_\_
- d. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Change:

**NEW**: Manager/Agent/Officer/Partner (circle one)

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Effective date: \_\_\_\_\_

**REMOVE**: Manager/Agent/Officer/Partner (circle one)

- Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

3. Is the NEW member a citizen of the United States: \_\_\_ Yes \_\_\_ No

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. If a naturalized citizen, when and where naturalized:

\_\_\_\_\_

6. Has the NEW member ever been convicted of any felony under any Federal or State law?  
Yes \_\_\_ No \_\_\_ *If yes, give date(s) and state offense(s):*

\_\_\_\_\_ *Offense* \_\_\_\_\_ *Date*

\_\_\_\_\_ *Offense* \_\_\_\_\_ *Date*

**(Continue on Next Page)**

