



AFFIDAVIT

The information provided in the renewal application is true and correct to the best of my knowledge. The information provided in the original liquor license application is true and correct to the best of my knowledge. I understand that any changes require a new application to be completed in entirety.

I, the undersigned applicant or authorized agent thereof, swear and affirm that the matters stated in the forgoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of inducing the City of O'Fallon to issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for. The information provided above are true and correct to the best of my knowledge.

The undersigned further covenants and agrees that any misrepresentations made by the applicant herein, or any violation of the terms and conditions of this application or any of the laws, statutes, ordinances, rules, regulations and covenants above described, shall be just cause for revocation of the license herein applied for by the Local Liquor Control Commissioner, after a hearing on said matter.

\_\_\_\_\_  
Signature of applicant or authorized agent

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date signed

State of Illinois  
County of St. Clair

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

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

OFFICE USE ONLY

Approved by City Clerk's Office

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

\_\_\_\_\_  
City Clerk