

APPLICATION FOR CITY LIQUOR RETAILER'S LICENSE

The undersigned hereby make(s) application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term beginning _____, 20____, and ending _____, 20____, and hereby certify(ies) to the following facts:

1) Applicant's full name (If a partnership or corporation give names of all owners of more than 5%)

Name under which business is to be conducted: _____

2) Location of place of business for which license is sought:

(A) Exact address by street and number/zip code _____

(B) Full description of location, place or premises, specifying floor, room, etc.

3) State principal kind of business _____

4) Class of license applied for _____

5) Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant? _____

6) Does applicant own premises for which this license is sought? _____

7) Has applicant a lease on such premises covering full period for which the license is sought? _____

8) Is the location of applicant's business for which license is sought within 100 feet property line to property line, of any school, hospital, home for aged or indigent persons, or for veterans, their wives or children, or any military or naval station, or 100 feet building to building from a church? _____

9) Is any law enforcing public official, mayor, alderman, member of the city of council or commission, or any president or member of a county board directly interested in the business for which this license is sought?

10) Has any manufacturer, importing distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____

11) Is the applicant or any affiliate, associate, subsidiary, officer, director or other agent engaged in the manufacture of alcoholic liquors? _____ If so, at what location or locations? _____

12) Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? _____ If so, what location or locations? _____

13) Will the business be conducted by a manager or agent? _____

If so, give name and residence address of such manager or agent

Name _____

Address _____

14) Do you hold any other current business licenses issued by the City? _____

If so, what type of license do you currently hold and what is the address of the licensed premises?

Type _____

Address _____

Individual Applicant:

- 15) (a) Name _____
Date of birth (Month/Day/Year) _____
- (b) Residence address (give street and number) _____
Telephone number _____
- (c) Place of birth _____
- (d) Are you a citizen of the United States? _____
If a naturalized citizen, when naturalized? (Month/Day/Year) _____
Where naturalized? (City and State) _____
Court in which (or law under which) naturalized _____
- (e) Have you ever been convicted of any felony under any Federal or State law? _____
If so, give date and state offense _____
- f) Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality? _____
If so, give dates and state offense _____
- (g) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934?
_____ If so, give dates and state offense _____
- (h) Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in? _____
- (i) Have you made application for other similar license for premises other than described in this application?
_____ If so, give date, location of premises and disposition of application _____
- (j) Has any license previously issued to you by State, Federal or local authorities been revoked, suspended or fined? _____ If so, state the reasons therefor and date(s) _____

Co-partnership/Corporate Applicant:

- 16) (a) Name of partner, or corporate officers and directors and shareholders, if any:
(attach separate sheet if necessary)
Name _____
Date of birth (Month/Day/Year) _____
- (b) Residence address (City and State) _____
Telephone number _____
- (c) Place of birth (Month/Date/Year) _____
- (d) Are you a citizen of the United States? _____
If a naturalized citizen, when naturalized? _____
Where naturalized? (City and State) _____
Court which (or law under which) naturalized _____
- (e) Have you ever been convicted of any felony under Federal or State law? _____
If so, give date and state offense _____
- (f) Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor or opposed to decency and morality? _____

List three (3) references who are not relatives:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the City of Breese or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

(Signature of Applicant)

OFFICIAL USE ONLY

Recommend to approve this _____ day of _____, 20_____.

/s/ _____

Chief of Police

Recommend to disapprove this _____ day of _____, 20_____ for the following reason:

/s/ _____

Chief of Police

APPROVED this _____ day of _____, 20_____.

/s/ _____

Mayor