



**City of Breese**

500 N. 1<sup>st</sup> St. · Breese, IL 62230  
618.526.7731 · Fax 618.526.2819

**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 \_\_\_\_\_ and ending \_\_\_\_\_, and hereby certify(ies) to the following facts:

1. Applicant’s full name (if 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(s)? \_\_\_\_\_
12. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? \_\_\_\_\_ If so, what location(s)? \_\_\_\_\_
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 license(s) issued by the City? \_\_\_\_\_  
If so, what type of license(s) do you current hold and what is the address of the licensed premises?  
Type: \_\_\_\_\_  
Address: \_\_\_\_\_

**Individual Applicant:**

15.

- a. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
- b. Residence address: \_\_\_\_\_
- c. Telephone number: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Are you a citizen of the United States? \_\_\_\_\_
  - i. If naturalized citizen, when naturalized? (Month/Day/Year) \_\_\_\_\_
  - ii. Where naturalized? (City and State) \_\_\_\_\_
  - iii. Court in which (or law under which) naturalized: \_\_\_\_\_
- f. Have you ever been convicted of any felony under any Federal or State law? \_\_\_\_\_  
If so, give date(s) and state offense: \_\_\_\_\_
- g. 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 date(s) and state offense: \_\_\_\_\_
- h. Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? \_\_\_\_\_ If so, give date(s) and state offense: \_\_\_\_\_
- i. Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in? \_\_\_\_\_
- j. Have you made application for other similar license for premises other than described in this application? \_\_\_\_\_ If so, give date(s), location of premises and disposition of application: \_\_\_\_\_
- k. 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: \_\_\_\_\_
- b. Residence address: \_\_\_\_\_
- c. Telephone number: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_

- e. Are you a citizen of the United States? \_\_\_\_\_
  - i. If naturalized citizen, when naturalized? (Month/Day/Year) \_\_\_\_\_
  - ii. Where naturalized? (City and State) \_\_\_\_\_
  - iii. Court in which (or law under which) naturalized: \_\_\_\_\_
- f. Have you ever been convicted of any felony under any Federal or State law? \_\_\_\_\_  
 If so, give date(s) and state offense: \_\_\_\_\_  
 \_\_\_\_\_
- g. 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 date(s) and state offense: \_\_\_\_\_  
 \_\_\_\_\_

List three (3) references who are not relatives:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Application

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**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):

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/s/ \_\_\_\_\_  
Chief of Police

APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

/s/ \_\_\_\_\_  
Mayor