

**APPLICATION FOR LIQUOR LICENSE
Menard County, Illinois**

1. Name of Applicant: _____

Name of person completing this form if different from above: _____

2. Address of Applicant: _____

a. Contact telephone number: _____

3. Location & legal description of premises for which license is sought: _____

4. Applicant's date of birth: _____

5. Driver's License #: _____

6. Position with business: _____

7. Percentage of ownership in the business: _____

8. Name(s), date of birth, driver's license #, position and percentage of ownership in the business of every partner, corporate officer, director, manager and any person who owns 5% or more of the shares of the business or parent corporation of the business:

Name & Address	Date of Birth	Driver's License #	Position in Business	% Ownership
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a. If a "club" within the meaning of the Ill. Rev. Stat., Ch. 43, Par. 95.24, attach hereto, two (2) copies of a list of names and residences of your members.

b. If a club, are your affairs and management conducted by a board of directors, executive committee or similarly body chosen by the members at their annual meeting? _____

c. Is any member, officer, agent or employee of the club paid any profit from the distribution or sale of

liquor beyond the amount of such salary as may be fixed and voted at any annual meeting by the members or its board of directors or other governing body out of the general revenue of the club? _____

9. Have you ever applied for a state liquor license before? _____

If so, when? _____

Where was the business located? _____

10. Have you ever had a liquor license revoked? _____

If yes, why? _____

11. Have you ever had a liquor license application denied? _____

If yes, why? _____

12. If applicant is a partnership, state date on which partnership was formed: _____

13. If applicant is a corporation, state:

a. Date of incorporation: _____

b. The objects for which the corporation was organized: _____

c. The names and addresses of all corporate officers and directors: _____

d. The State of incorporation: _____

e. If foreign corporation, date became qualified under Illinois Business Corporation Act to transact business in Illinois: _____

14. State your citizenship: _____

a. If a naturalized citizen, state the time & place of naturalization: _____

15. State the character of the business for which the license is sought: _____

16. State your place of birth: _____

17. Have you ever been convicted of gambling or a felony under any State or Federal law? _____

a. If yes, give particulars: _____

18. Have you ever been convicted of the crime of pandering or other crime or misdemeanor involving moral turpitude: _____

- a. If yes, give particulars: _____
19. Have you ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or have forfeited your bond to appear in court to answer charges for any such violation? _____
- a. If yes, give particulars: _____
20. Is applicant, or any person in the business, a public official? _____
- a. If yes, give particulars: _____
21. a. Who is in charge of operating the business? _____
- b. Name of person(s), address(es), & age(s) of person(s) in charge when person in (a) above is not present:

- c. Have person(s) (a) or (b) ever been issued a liquor license which was revoked for any cause? _____
If yes, give particulars: _____
- d. Have person(s) (a) or (b) ever been convicted of gambling or a felony under any State or Federal law?

If yes, give particulars: _____
- e. Have person(s) (a) or (b) ever been convicted of pandering or other crime or misdemeanor involving moral turpitude? _____
If yes, give particulars: _____
- f. Have person(s) (a) or (b) ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor or has forfeited his/her bond to appear in court to answer charges for any such violation? _____
If yes, give particulars: _____
22. What is the location and legal description of the place where it is proposed that you will operate under such license? _____

23. Do you own or will own the premises for which such license is sought? _____
24. Name and address of landlord if premise is leased: _____
25. State the Class or Classes of licenses for which the application is made: _____
26. You are required to attach proof of financial responsibility of the applicant to respond to damages resulting from

the ownership, maintenance or operation of the business for bodily injury, loss of support, or death in an amount not less than \$250,000 per person and \$500,000 per incident. Attach a copy of proof of financial responsibility to the back of this application. This application will be denied if proof of financial responsibility is not attached to the application.

If not, license cannot be issued.

The applicant hereby states that he/she will not violate any law of the State or the United States nor any ordinance of the County in the conduct of his/her place of business and further states that the answers given to the above questions are true and correct.

(Applicant)

State of Illinois

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County of Menard

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Public)