

## APPLICATION FOR CITY LIQUOR RETAILER'S LICENSE

TO: Mayor  
City of Carlinville  
550 N. Broad St.  
Carlinville, IL 62626

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? \_\_\_\_\_  
If so, are premises:  
A) Maintained and held out to the public as a place where meals are actually and regularly served? \_\_\_\_\_  
B) Provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food? \_\_\_\_\_
- 6) Does applicant own premises for which this license is sought? \_\_\_\_\_
- 7) Has applicant a lease on such premises covering the full period for which the license is sought? \_\_\_\_\_ If so, attach copy.
- 8) Is applicant licensed as a food dispenser? \_\_\_\_\_
- 9) 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? \_\_\_\_\_
- 10) Is any law enforcing public official, mayor, alderman, member of the city council or commission, or any president or member of a county board directly interested in the business for which this license is sought? \_\_\_\_\_
- 11) Has any manufacturer, importing distributor or 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? \_\_\_\_\_

- 12) 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? \_\_\_\_\_
- 13) Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? \_\_\_\_\_  
 \_\_\_\_\_  
 If so, at what location or locations? \_\_\_\_\_
- 14) Will the business be conducted by a manager or agent? \_\_\_\_\_  
 If so, give name and residence address of such manager or agent:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
- 15) 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:**

- 16) 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 paragraph (G)? \_\_\_\_\_
- 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 reasons therefor and date(s) \_\_\_\_\_

**Co-partnership/Corporate Applicant:**

- 17) A) Name of partner, or corporate officers and directors and shareholders, if any: (attached separate sheet if necessary)  
Date of birth \_\_\_\_\_  
Month/Day/Year
- B) Residence address \_\_\_\_\_  
(City and State)  
Telephone number \_\_\_\_\_
- C) Place of birth \_\_\_\_\_  
Month/Day/Year
- 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 paragraph (G)? \_\_\_\_\_
- 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 reasons therefor and date(s) \_\_\_\_\_

**APPENDIX IV**

**AFFIDAVIT**

**STATE OF ILLINOIS     )**  
**)**     **SS**  
**COUNTY OF MACOUPIN )**

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the City of Carlinville 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.

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Applicant)