

APPLICATION FOR VILLAGE OF CHEBANSE LIQUOR LICENSE

The undersigned hereby make(s) application for the issuance of a Village retailer's license for the sale of alcoholic liquor for the term beginning May 1, 20__ and ending April 30, 20 ____, and hereby certifies to the following facts:

- Applicants full name: _____
(If partnership or corporation, give names of ALL owners)

Name under which business is to be conducted: _____

Name how it should appear on the Liquor License: _____

Location of place of business for which license is sought:

(EXACT ADDRESS BY STREET AND NUMBER)

State Principal kinds of business: _____

- Class of license applied for:
- | | | |
|---------|--------------------------|---|
| Class A | <input type="checkbox"/> | (Retailers license to sell alcoholic liquor in packages or by drink for Consumption on or off the premises where sold.) |
| Class B | <input type="checkbox"/> | (licensee to sell alcoholic liquors in original packages for consumption off The licensed premises only in retail business stores.) |
| Class C | <input type="checkbox"/> | (Licensee to sell beer and wine only for consumption on the premises where Sold with the purchase of a meal.) |

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?

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

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

If so, **attach a copy.**

Is applicant licensed as a food dispenser? _____

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? _____

Is any law enforcing public official, mayor, trustee, member of a Village commission, or any president or member of a county board directly interested in the business for which this license is sought? _____

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? _____

Is the applicant or any affiliate, associate, subsidiary, officer, director or any other agent engaged in the manufacturer of alcoholic liquors? _____

If so, at what locations? _____

Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? _____. If so at what locations? _____

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

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

NAME

ADDRESS

INDIVIDUAL APPLICANT:

- a) Name _____
- b) Date of Birth _____
- c) Residence Address _____
- d) Telephone Number _____
- e) Place of Birth _____
- f) Are you a citizen of the United States? _____
- g) If a naturalized citizen, when naturalized? (month/day/year) _____
- h) Have you ever been convicted of any felony under any Federal or State Law?
Yes _____ No _____
- i) If "Yes", give date and offense _____
- j) 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? Yes _____ No _____
- k) If "YES" give dates and state offense _____
- l) Have you ever been convicted of a violation of a Federal or State Liquor law since February 1, 1934? Yes _____ No _____
- m) If "Yes" gives dates and state offense _____
- n) Has any license previously issued to you by local authorities, State or Federal been revoked, suspended or fined? Yes _____ No _____
- o) If "Yes" give dates and explanation _____

CO-PARTNERSHIP/CORPORATE APPLICANT

- a) Name of partner, or corporate officers and directors and shareholders, if any:
(Attach a separate sheet if necessary)

- b) Date of Birth _____
- c) Residence Address _____
- d) Telephone Number _____
- e) Place of Birth _____
- f) Are you a citizen of the United States? _____
- g) If a naturalized citizen, when naturalized? (month/day/year) _____
- h) Have you ever been convicted of any felony under any Federal or State Law?
Yes _____ No _____
- i) If "Yes" give date and offense _____
- j) 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?
- k) If "Yes" give dates and state offense _____
- l) Have you ever been convicted of a violation of a Federal or State Liquor law since February 1, 1934? Yes _____ No _____
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- n) Has any license previously issued to you by local authorities, State or Federal been revoked, suspended or fined? Yes _____ No _____
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STATE OF ILLINOIS)
) SS
County of Iroquois/Kankakee)

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the Village of Chebanse 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

Subscribe and sworn to _____
Before me this _____ day of _____, 20____

Signature of Notary Public