

CITY OF HERRIN
LIQUOR LICENSE APPLICATION

I. APPLICANT/BUSINESS INFORMATION

Name of Applicant: _____

Phone Number: _____

Home Address: _____

Business Address: _____

Business Ownership: ☐ Sole Proprietorship ☐ Partnership
 ☐ Corporation ☐ Other (Specify)

If a Corporation, attach copy of Articles of Incorporation; if a partnership and operating under an assumed name, attach Certificate of Business name).

If the Applicant is a corporation, please list names, address and telephone numbers of officers and directors.

Principal Owners: Name, address, and telephone number of all persons owning 10% or more of business and percent owned.

Place of Birth: _____

Are you a citizen of the United States? ☐ YES ☐ NO

If a naturalized citizen, when naturalized? _____ / _____ / _____
 MONTH DATE YEAR

II. LOCATION/DESCRIPTION

A. Location of business for which license is sought: _____

B. Approximate square feet of premises for which license is sought: _____
(Attach drawing of licensed premises)

III. CLASS OF LICENSE FOR WHICH APPLICATION IS MADE _____

(If serving food, please provide copy of certificate authorizing services of food)

IV. ARE LICENSED PREMISES APPLICANT OWNED? YES NO

If the applicant does not own premises for which license is sought, please provide copy of lease on such premises covering period for which license is sought.

A. Name/Address of Lessor _____

B. Period covered by Lease: _____ to _____

V. BUSINESS WILL BE CONDUCTED BY MANAGER/AGENT? YES NO

If YES, please provide the full name, address, telephone number and date of birth of the manager:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

VI. DO YOU HOLD ANY OTHER LICENSES ISSUED BY THE CITY OF HERRIN?

 YES **NO**

If the answer is YES, provide the name of address of the licensed premise.

Name: _____

Address: _____

VII. LICENSE INFORMATION

A. Has the Applicant/Manager held other liquor licenses in the State of Illinois?

___YES ___NO

If the answer is YES, please provide the following information:

Name of Licensed Premise:

Address of Licensed Premise:

Status of License:

___CURRENT

___REVOKED

B. Has the State of Illinois or political subdivision thereof ever revoked a liquor license held by the Applicant/Manager?

___YES ___NO

If the answer is YES, please provide the following information:

Name and location of the licensed premise:

Reason for revocation of license:

C. Has the applicant/manager, whether an individual, partner, or officer/director of the corporation, been convicted of a felony?

___YES ___NO

If so, state the person's name and the crime of which he was convicted:

D. Have you ever made application for a liquor license other than described in this application?

___YES ___NO

If the answer is YES, provide the following information:

Name and location where application was made:

If license was granted or denied, and if denied, provide reason for denial:_____

(If this application is made for a partnership, corporation, or associated, it shall be signed by at least two members of the partnership or the President and Secretary of the Corporation.)

DATE: _____

NAME

Signature and Title

NAME

Signature and Title

*Proof of dram shop insurance within the statutory requirements will be required before a license is issued.

I understand and agree that a criminal history will be obtained by the City prior to the issuance of any license.

Email Address: _____

Name: _____

Date of Birth: _____

Signature

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DESCRIPTION OF PREMISES

(Provide drawing of premises to be licensed, including dimensions/square feet of building and identify specific area where alcohol will be served).