

Class _____

License No. _____

COMPANY APPLICATION FOR LIQUOR LICENSE

Application is hereby made to the Honorable **Craig Neuhaus, Mayor and Liquor Commissioner** of the **City of Staunton, Illinois**, as amended for a **Class** _____ License for the retail sale of alcoholic liquor, pursuant to Chapter 21 of the Codified Ordinances – Liquor.

Name of Company Applicant: _____

Address of Company Applicant: _____

Tax ID No. _____ **FEIN No.** _____

IL Secretary of State File No. _____

Is Company a **Profit** or **Non-for-Profit** Company? _____

Date and State of Organization _____

If state of organization is other than the State of Illinois, is the company authorized to do business in the State of Illinois _____.

If **Yes**, the date said authorization was obtained _____

State the purpose for which Company was organized, as stated in the Articles of said Company _____

List the Names and Home Addresses of all officers, directors and managers of said Company:

If a majority of the Company is owned by one person, or his nominees or another entity list the name and address of such person(s) or entity:

Years In Such Business _____

Principal kind of business	☐ Tavern	\$500	A	☐ Restaurants	\$400	D	☐ Other
	☐ Convenience	\$500	B	☐ Clubs	\$400	E	
	☐ Grocery	\$350	C	☐ Civic	\$20/Day	F	

Apply for Extended Hours _____ **\$500 G**

State the amount of goods, wares and merchandise on hand at the time application is made: _____

State the **Location (Address)** and **Description of the Premises or Place of Business** and **Owner** which is to be operated under this license: _____

Expiration of Lease (If applicable) _____

Is this business located within ____ ft of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children or any naval or military station? _____

A. If answer to the above is "yes" is your place of business a hotel offering restaurant service, a regularly organized club, a food shop, or other place where the sale of liquor is not the principal business carried on? _____

B. If answer to "A" is "yes" on what date was the business started? _____ Month/Day/Year

State the **approximate date of the opening of the establishment**: _____

State the **name** and **address** of the person who you intend to be the **Manager** or **Operator** of said establishment, if License is issued: _____

Is such Manager a **resident** of the City of Staunton, Illinois? _____

If yes, how long? _____

As to any officer, director, manager or owner, who owns more than five percent (5%) in the aggregate of the ownership interest in said Company, state as follows:

Have any of same ever made application for similar license at a different premises? _____

If yes, the disposition and date of said application: _____

Have any of the above ever **been convicted of a felony** or otherwise **not qualified** to receive a license by reason, by any matter or thing contained in this Ordinance, the laws of this State, or the United States? _____

If yes, please explain: _____

Has any of the above had a previous **license revoked** by any State, United States Government, or any other governmental or regulatory entity? _____

If yes, the reasons therefore _____

Please Attach a Certificate of Good Standing issued by the Illinois Secretary of State Office within the last 90 days for the company and any other entity listed on this application and Copy of Liquor Liability Insurance Certificate

I, _____, being an officer or member of said Company, being first duly sworn, hereby swear that the above information is correct and to the best of my information, knowledge and belief, and I further swear that I will not violate, nor will the Company of which I am an officer or member, violate any law of the State of Illinois, United States, or any Ordinance of the City of Edwardsville in the conducting of this business. I further hereby certify that the company has authorized that I execute this application on its behalf.

(Title)

Subscribed and Sworn to before me this _____ day of _____, 20____

(Notary Public)

My Commission expires on _____

(Seal)

Company Application Information

A. Owners

Name _____
(Last) (First) (MI) (Date of Birth)

Address _____

Phone Number _____ Social Security No. X X X X

Name _____
(Last) (First) (MI) (Date of Birth)

Address _____

Phone _____ Social Security No. X X X X

Name _____
(Last) (First) (MI) (Date of Birth)

Address _____

Phone _____ Social Security No. X X X X

B. Business Manager

Name _____
(Last) (First) (MI) (Date of Birth)

Address _____

Phone Number _____ Social Security No. X X X X