APPLICATION
FOR
CITY OF NOKOMIS
LIQUOR LICENSE

To Be Filed With
The
City Clerk

License No. _____
Date Issued _____
Expires _____
Checked By _____

Approved By _____
Date _____
Amount _____

( ) Cash ( ) Bank Draft
( ) Cashier's ( ) Money Order
( ) Certified Check
( ) _____

This application properly completed and signed must be filed with the City Clerk and must be accompanied by a remittance in the proper amount, made payable to the City of Nokomis.

The undersigned individual or partnership herby makes application for a LIQUOR LICENSE and submits the following information:

1. Applicant: _____
   (GIVE NAME OF INDIVIDUAL OR NAMES OF PARTNERS – TYPE OR PRINT CLEARLY)
2. Trade, Partnership or Assumed Name _____
   TYPE OR PRINT NAME CLEARLY *TELEPHONE*
3. Location of above place of business (NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE MUST BE GIVEN) _____
   _____
   CITY/TOWN/OR VILLAGE *ZIP CODE* *RURAL ROUTE AND POST OFFICE*
4. Has your Assumed Name been filed with the County Clerk? _____
5. Are alcoholic liquors stored but not sold at any location other than the one given above? _____
   If "yes", give location: _____
   NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE, CITY
6. Check principal kind of business:
   ( ) Restaurant ( ) Grocery ( ) Hotel
   ( ) Tavern ( ) Amusement Place ( ) Country Club ( ) Other
   ( ) Package Store ( ) Department Store ( ) Social Club
7. Give number of your Current Liquor License for this location _____
   A. In whose name or names is your license issued? _____
   _____
   B. Date license issued _____ Date license expires _____
   Month Day Year *Month Day Year*
8. Give name and address of owner of premises: _____
   When does your lease expire? _____
   Month Day Year
9. Give the date you first made application for a Liquor License for any location in Illinois _____
   Month Day Year
   A. Disposition of application: _____
   B. Give address _____
   NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE, CITY
10. Give date you began liquor business at this location _____
    Month Day Year
11. Give date partnership was formed under name given on Line 1: _____
    Month Day Year
12. Has a Liquor License been revoked at this location within the past year? _____
13. Is this business located within 100 feet of any church, school, hospital, home for the aged or indigent, 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 business started? _____
    Month Day Year
14. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money, or anything else of value, except as specifically permitted in the Act, or any credit, (Other than merchandising credit in the ordinary course of business as specifically permitted in the Act), or is such a person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____
    If answer is "yes", give particulars _____

15. Name _____ Sex _____
    A. Residence Address _____
    (NUMBER AND STREET OR RURAL ROUTE)
    _____
    (NAME OF CITY, COUNTY AND STATE)
    B. Place of Birth: _____
    Date of Birth: _____
    C. Are you a citizen of the United States? _____
    If a naturalized citizen, time and place of naturalization? _____
    _____

16. Name _____ Sex _____
    A. Residence Address _____
    (NUMBER AND STREET OR RURAL ROUTE)
    _____
    (NAME OF CITY, COUNTY AND STATE)
    B. Place of Birth: _____
    Date of Birth: _____
    C. Are you a citizen of the United States? _____
    If a naturalized citizen, time and place of naturalization? _____
    _____

D. Have you ever been convicted of a felony or otherwise disqualified to receive the license applied for by reason of any matter or thing contained in the Illinois Liquor Control Act or the Municipal Liquor Code? ( ) Yes ( ) No
If "yes", name court of conviction:_____

E. Have you ever made application for a liquor license for any other premises?_____
DATE:_____
State disposition of application:_____

Give Address:_____

F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec. 2 (14) Art. VI of the Illinois Liquor Control Act?_____
If so, office held?_____

G. Has any license previously issued to you by any State or local authorities been **SUSPENDED?**___

DATE:_____If so, state reasons therefore:_____

WHERE:_____
(CITY COUNTY STATE)

H. Has any license previously issued to you by any State or local authorities been **REVOKED?**_____
DATE:_____ If so, state reasons therefore:_____

WHERE:_____
(CITY COUNTY STATE)

I. Will you comply with the Local Liquor Code and The Regulations in connection therewith?_____

D. Have you ever been convicted of a felony or otherwise disqualified to receive the license applied for by reason of any matter or thing contained in the Illinois Liquor Control Act or the Municipal Liquor Code? ( ) Yes ( ) No
If "yes", name court of conviction:_____

E. Have you ever made application for a liquor license for any other premises?_____
DATE:_____
State disposition of application:_____

Give Address:_____

F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec. 2 (14) Art. VI of the Illinois Liquor Control Act?_____
If so, office held?_____

G. Has any license previously issued to you by any State or local authorities been **SUSPENDED?**_____

DATE_____ If so, state reasons therefore:_____

WHERE:_____
(CITY COUNTY STATE)

H. Has any license previously issued to you by any State or local authorities been **REVOKED?**_____
DATE:_____ If so, state reasons therefore:_____

WHERE:_____
(CITY COUNTY STATE)

I. Will you comply with the Local Liquor Code and the Regulations in connection therewith?_____

17. Do you possess a current Federal Wagering or Gaming Device Stamp? ( ) Yes ( ) No
Stamp No. _____ Amount $_____
18. Will this business be conducted by a manager or agent? ( ) Yes ( ) No
If answer is "YES", Manager or Agent must give the following information:
A. Name_____ Date of Birth_____
B. Residence Address_____
(STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY COUNTY STATE)
C. Place of birth _____ Are you a citizen of the United States? ( ) Yes ( ) No
D. If a naturalized citizen, time and place of naturalization?_____
E. Have you ever been convicted of any crime as stated in Question 15-D or 16-D above?
( ) Yes ( ) No State Offense:_____
F. Are you or have you ever had an interest in any liquor business at another address? ( ) Yes ( ) No
DATE:_____ If so, state reasons therefore_____
WHERE:_____(CITY COUNTY STATE)
G. Has any license previously issued to you by any State or local authorities been **SUSPENDED?**
( ) Yes ( ) No DATE: _____ If so, state reasons therefore _____
_____ WHERE:_____
(CITY COUNTY STATE)
H. Has any license previously issued to you by any State or local authorities been **REVOKED?**
( ) Yes ( ) No DATE:_____ If so, state reasons therefore_____
_____ WHERE:_____
(CITY COUNTY STATE)

NO LICENSE SHALL BE ISSUED UNLESS ALL THE ABOVE QUESTIONS ARE COMPLETELY ANSWERED

AFFIDAVIT
(PLEASE READ CAREFULLY BEFORE SIGNING)

I (We) do solemnly swear (or affirm) that the statements given above are true and correct to the best of my (our) knowledge and belief; that I (we) will comply with all regulations of Federal, State, and Local Liquor Control Laws; that a copy of an ordinance governing the sale at retail of alcoholic liquors and beverages in this municipality has been furnished to me (us); that I (we) understand the same, and agree to comply with all the provisions set forth therein.
I (We) swear (or affirm) that I (we) will not violate any of the laws of the State of Illinois or 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 and are made for the purpose of inducing the City of Nokomis, Illinois to issue the license herein applied for.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, A.D., 20_____.

APPLICANT(S):

_____

_____

_____
City Clerk

(CITY SEAL)