



APPLICATION FOR CITY RETAILER'S LIQUOR LICENSE

SINGLE OWNER

PARTNERSHIP

The Applicant acknowledges that he is in no way authorized to sell or transfer any license granted and agrees to surrender said license to the City should he cease retail liquor sales for any reason.

To the Local Liquor Commissioner of the City of Sterling:

The undersigned hereby makes application for a Class _____ liquor license in the City of Sterling for the sales of alcoholic liquors at retail; and in connection herewith submits the following information:

1. Name of Applicant _____
2. Home Address _____ Email Address _____
3. Home Phone _____ Business Phone _____
4. Date of Birth _____ Social Security Number _____
5. City and State of Birth _____
6. Driver's License Number _____ State _____
7. U. S. Citizen? Yes No If naturalized, give date and place of naturalization _____

8. Name three (3) character references not associated with present business
 - 1) _____ Address _____
Home Phone _____ Business Phone _____
 - 2) _____ Address _____
Home Phone _____ Business Phone _____
 - 3) _____ Address _____
Home Phone _____ Business Phone _____
9. **Name of Business** _____
Address _____ Phone Number _____

10. Length of time in this business (year started) _____

11. Length of time in retail liquor business (year started) _____

12. Have you or any member of your immediate family made application for similar license of this premises? Yes No If so, what was the disposition of the application? _____

13. Have you ever been convicted of a felony under the law or been disqualified to receive a license by reason of any matter or thing contained in the state statutes of any state or city ordinance of any city? Yes No Location: _____

14. Have you received or borrowed money or anything else of value or will you receive or borrow money or anything else of value (other than merchandising credit in the ordinary course of business for a period not to exceed ninety (90) days), directly or indirectly from any manufacturer, importing distributor or distributor or be a party in any way directly or indirectly to any violation by a manufacturer, distributor or importing distributor? Yes No

15. Has a previous license granted by any state or subdivision thereof or by the federal government ever been revoked or suspended? Yes No If so, explain reason: _____

16. Is the location of applicant's business for which license is sought within 100 feet, property line to property line, except institutions of higher learning, of any school, hospital, home for aged, or any military or naval station, or 100 feet, building to building from a church? Yes No

17. 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 or indirectly interested in the business, including having a monetary interest, for which license is sought? Yes No

18. Will the business be conducted by a manager? Yes No
If so, Give name and address of such manager, who is a resident of the City of Sterling

(A separate application must be completed by the manager.)

19. Do you hold any other current license issued by the City of Sterling? Yes No If so, what type of license do you currently hold and what is the address of the licensed premises? _____

20. Have you or any member of your immediate family made application for a similar other (liquor) license for premises other than described in this application? Yes No If so, give date, location of premises and disposition of application. _____

21. Has any license previously issued to you or any member of your immediate family by any state, federal or local authorities been revoked or suspended? Yes No If so, state reasons thereof and date of revocation or suspension, and location. _____

22. Will you familiarize yourself with all laws of the United States, State of Illinois, and ordinances of the City of Sterling, pertaining to the sale of alcoholic liquor and abide by them? Yes No

23. Will you maintain the entire premises in a clean and sanitary manner, free from conditions which might cause accidents? Yes No

24. Will you attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the Police Department as any such events take place? Yes No

25. 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 or morality? Yes No If so, state date(s) or location(s) of offense(s): _____

26. Have you, or in the case of a partnership, any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? Yes No

27. Have you or any member of your immediate family or your manager ever been a member of a corporation convicted of any violation of any law pertaining to alcoholic liquor? Yes No Explain: _____

28. Have you ever permitted any appearance bond forfeiture for any of the violations mentioned above? Yes No Location: _____

29. Does applicant own premises for which this license is sought? Yes No

30. Does applicant have a lease on such premises covering the full period or which license is sought? Yes No If so, give name and address of Lessor: _____

Period covered by lease: From _____ to _____

Attach lease to this application.

32. Attach list of partners or those responsible for the operation of the establishment to be licensed.

AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF WHITESIDE) ss.

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

I (we) further swear (affirm) that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

I (we) hereby authorize the release of information that may qualify or disqualify me (us) for the issuance of this requested license.

I (we) will hold harmless and not liable, any supplier of such information that is given to the City of Sterling or its agent for the purpose of this license application.

I (we) understand and agree that any deliberate falsification of this information is grounds for non-issuance and/or suspension of said license.

Signature of Applicant

Signature of Applicant

Subscribed and sworn before me on this _____ day of _____, 20____.

Notary Public

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Attachments:

Partner List _____

Copy of Lease _____

Manager's application _____

Dram Shop Insurance _____

Expiration date _____

No Bond Required.