



WINNEBAGO COUNTY
LIQUOR LICENSE INDIVIDUAL
OR PARTNERS APPLICATION

Class

To the Liquor Control Commissioner of the County of Winnebago, State of Illinois:

The undersigned hereby makes application for the issuance of a County Retailer's License for the sale of alcoholic liquor for the term ending _____, _____, and hereby certifies to the following:

1. (a) Name of Applicant: _____

Residence Address City State Zip Code

Date of Birth Social Security Number

(b) Names of all partners: (If none, so state) _____

Name Residence Address

City & State Zip Code Date of Birth Social Security No.

Name Residence Address

City & State Zip Code Date of Birth Social Security No.

Name Residence Address

City & State Zip Code Date of Birth Social Security No.

Name **Residence Address**

City & State **Zip Code** **Date of Birth** **Social Security No.**

(c) **Actual name under which premises for which this license is sought, will be doing business:**
_____ **Assumed Name #** _____

(d) **Actual name and address of any business and type of business thereof, which is presently owned, operated or managed, by applicant and all partners, if any** _____

2. Location of place of business for which license is sought:

(a) _____
Exact Address by Street and Number **Zip Code**

(b) _____
Full description of location, place or premises, specify floor, room, etc.

3. State principal kind of business _____

4. 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 food?** _____

5. Owner of premises: _____

6. If not owned by applicant:

(a) **Name and Address of Lessor:** _____

(b) Lease Term: _____

(c) If Lessor is incorporated:

1. President of Corporation _____
2. Secretary of Corporation _____
3. Treasurer of Corporation _____
4. Principal Stockholder of Corporation _____

7. Is applicant licensed as a food dispenser? _____

8. Except for the names and addresses of corporate officials of bonafide lending institutions, list the name and address of any person or persons, the name and address of any trust as well as the name and address of any said trust's officers, and the name and address of any corporation as well as the name and address of any officer thereof;

- (a) who have advanced money, loans or credit to the applicant or to any of the partners of the applicant, for business or personal purposes, during the past two years, or;
- (b) who have advanced money, loans or credit to the applicant or to any of the partners of the applicant for the financing of this venture, or;
- (c) who have offered or promised to advance money, loans or credit to the applicant or any partner of the applicant for the financing of this venture, or;
- (d) from whom the applicant or any of the partners of the applicant intend to accept money, loans or credit for the financing of this venture, or;
- (e) who co-signed or acted as surety for the applicant or any of the partners of the applicant, for personal or business reasons, during the past two years, or;
- (f) who has any business interest of any kind, including loans, securities or contracts, overt or covert, with the applicant or any of the partners of the applicant, connected with the business venture sought to be initiated by the issuance of the license sought by the applicant. _____

(If insufficient space, attach separate sheet)

9. List the name of any official, elected or appointed, of any public entity or any employee of any official, elected or appointed, of any public entity, or any employee of any public entity, who has any title or interest of any kind, pecuniary or otherwise, directly or indirectly, in the business for which this license is sought.

10. Has any manufacturer, distributor or importing distributor directly or indirectly furnished, loaned or rented any interior decorations other than signs for inside or outside use (except signs existing prior to February 1, 1934), costing in the aggregate more than \$100.00 in any one calendar year for use in or about premises for which license is sought? _____

11. 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, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Interior decorations and signs mentioned in question 10 exempted) _____

12. Is the applicant engaged in the manufacture of alcoholic liquors? _____
If so, at what locations? _____

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

14. Will the business be conducted by a manager or agent? _____
If so, give name, address, etc.:

Name		Residence Address	
City & State	Zip Code	Date of Birth	Social Security No.

15. Do you hold any other current business licenses issued by any public entity, wherever situated? _____
If so, what type of license do you currently hold and what is the address of the licensed premises? _____

16a. Applicant's date of birth: _____
Month Day Year
Applicant's telephone number: _____
Place of birth: _____
Are you a citizen of the United States? _____

If naturalized citizen, when naturalized? _____
Month Day Year

Where naturalized? _____
City State

Court in which (or law under which) naturalized? _____

Have you ever been convicted of any felony under any Federal or State Law? _____

If so, give date and state of offense: _____

Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime misdemeanor opposed to decency and morality? _____

If so, give name of person so convicted, giving dates and stating offense: _____

Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____

If so, give dates: _____

Have you ever permitted an appearance bond forfeiture for any of the violations aforementioned?

Have you made application for a similar license for premises other than described in this application? _____

If so, give date, location of premises and disposition of application _____

Has any license previously issued to you by State, Federal or local authorities been revoked?

If so, state reasons therefore and date of revocation: _____

16b. Name of partner _____ Phone number _____

Date of birth: _____
Month Day Year

Place of birth: _____

Are you a citizen of the United States? _____

If naturalized citizen, when naturalized? _____

Month

Day

Year

Where naturalized? _____

City

State

Court in which (or law under which) naturalized _____

Have you ever been convicted of any felony under any Federal or State law? _____

If so, give date and state offense _____

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? _____

If so, give dates and state offense: _____

Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____

If so, give dates _____

Have you ever permitted an appearance bond forfeiture for any of the violations aforementioned? _____

Have you made application for a similar other license for premises other than described in this application? _____

If so, give dates, location of premises and disposition of application: _____

Has any license previously issued to you by State, Federal or local authorities been revoked? _____

If so, state reasons therefore and date of revocation: _____

If more than one partner, provide identical information requested in 16b on a separate sheet of paper and attach hereto.

17. In accordance with Sec. 3-18 of the Winnebago County Code, using a separate sheet of paper, list all employees. List all employee's names, ages, dates of birth, addresses, condition of health, length of residence in Winnebago County and position held.

NOTE: In order to ensure that this information is accurate and current, the County Clerk must be notified in writing of any employees' termination of employment; and any new employees hired, manager or agent included.

18. Maiden name of spouse of applicant: _____

19. Maiden name of spouse of each partner: _____

20. How long have you been a resident of Winnebago County? _____

AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF WINNEBAGO) ss.

I (we) swear (affirm) that I (we) will not violate any of the ordinances of the County of Winnebago or the laws of the State of Illinois or any of 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 all partners)

Subscribed and Sworn to before me

this _____ day of
_____, _____.

Notary Public or County Clerk