

NOIS		Cla	ass	
ne Liquor Control Co	ommissioner of the Cou	 nty of Winnebage	o, State o	f Illinois:
	es application for the issuan e term ending			
(a) Name of Applic	eant:			
Residence Address		City	State	Zip Code
Date of Birth		Social Securi	ty Number	
Name	rtners: (If none, so state) Residen	ce Address		
City & State	Zip Code	Date of Birth	So	cial Security N
Name	Residen	ce Address		
City & State	Zip Code	Date of Birth	So	cial Security N
Name	Residen	ce Address		
City & State	Zip Code	Date of Birth	So	cial Security N

Name		Residence Address		
City &	& State	Zip Code	Date of Birth	Social Security No.
(c)	Actual name unde	r which applicant, will be	doing business:	
			Assumed Na	nme #
(d)		nddress of any business ar r managed, by applicant	V 2	, _
Is app	olicant licensed as a	food dispenser?		
(a) (b)	By what public ent	tity		
name and a	and address of any	addresses of corporate operson or persons, the natust's officers, and the natury officer thereof;	me and address of any	trust as well as the nam
(a)		d money, loans or credit ness or personal purpose		
(b)		d money, loans or credit nancing of this venture, o		ny of the partners of the
(c)	who have offered o	or promised to advance n	noney, loans or credit to	the applicant or any

from whom the applicant or any of the partners of the applicant intend to accept money,

who co-signed or acted as surety for the applicant or any of the partners of the applicant,

partner of the applicant for the financing of this venture, or;

for personal or business reasons, during the past two years, or;

loans or credit for the financing of this venture, or;

(d)

(e)

	(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)				
4.	offici any t	the name of any official, elected or appointed, of any public entity or any employee of any ial, elected or appointed, of any public entity, or any employee of any public entity, who has ittle or interest of any kind, pecuniary or otherwise, directly or indirectly, in the business for h this license is sought.				
5.	to pa merc such	any manufacturer, importing distributor or distributor directly or indirectly paid or agreed by for this license, advanced money or anything else of value, or any credit (other than chandising credit in the ordinary course of business for a period not to exceed 90 days), or is person directly or indirectly interested in the ownership, conduct or operation of the place of ness?				
6.		the applicant currently hold a license to sell alcoholic liquor issued by the County or any entity?				
	If so,	list the name (s) of the entity(ies) and the year the license(s) was (were) initially granted				
7.	Is the	Is the applicant engaged in the manufacture of alcoholic liquors?				
	If so,	at what locations?				
8.		e applicant engaged in the business of an importing distributor or distributor of alcoholic ors?				
	If so,	at what location or locations?				

If so, give name, address, etc.:				
Name	Residence Address			
City & State	Date of Bi	Date of Birth Social Security		
Do you hold any other current bu	siness licenses is	sued by any pub	ic entity, w	herever situated?
If so, what type of license do you o	·			-
Applicant's date of birth:	h 1	Day	Year	
Applicant's telephone number: _ Place of birth:				
Are you a citizen of the United Sta				
If naturalized citizen, when natur	alized?			
Where naturalized?		Month	Day	Year
	City	Sta	te	
Court in which (or law under whi	ch) naturalized?			
Have you ever been convicted of a	ny felony under	any Federal or S	State Law?	
If so, give date and state of offense	2:			
Have you ever been convicted of becime misdemeanor opposed to de				
crime impacineanor opposea to a	-			

If so, give date	s:				
Have you ever	Have you ever permitted an appearance bond forfeiture for any of the violations aforementioned?				
Have you mad	e application for a similar	license from a differen	nt governmental e	entity?	
, 0	late, name of entity to whi		· -		
Has any license	e previously issued to you	by State, Federal or lo	cal authorities be	een revoked?	
	sons therefore and date of				
Name of partn	er	Phone number			
Date of birth:	Month	Day	Year		
Place of birth:					
	en of the United States? _				
Are you a citiz		·			
Are you a citiz	en of the United States? _			Year	
Are you a citiz	en of the United States? _citizen, when naturalized?	·			
Are you a citiz If naturalized o Where natural	en of the United States? _citizen, when naturalized?	Month State	Day	Year	
Are you a citiz If naturalized of the where natural court in which	en of the United States? _ citizen, when naturalized? lized? City	Month State curalized	Day	Year	

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 da	tes and state offense:			
•	er been convicted of a violation of a Federal or State liquor law since February 1,			
If so, give da	tes			
Have you ev	er permitted an appearance bond forfeiture for any of the violations aforementioned?			
Have you ma	ade application for a similar other license from a different governmental entity?			
	e dates, name of the entity to which the application was made			
	nse previously issued to you by State, Federal or local authorities been revoked?			
,	easons therefore and date of revocation:			
If more than paper and at	one partner, provide identical information requested in 16b on a separate sheet of tach hereto.			
all employee	ce with Sec. 3-18 of the Winnebago County Code, using a separate sheet of paper, list s. List all employee's names, ages, dates of birth, addresses, condition of health, idence 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.			
How long ha	ve you been a resident of Winnebago County?			

12.

13.

AFFIDAVIT

STATE OF ILLINOIS)	
COUNTY OF WINNEBAGO) ss.	
laws of the State of Illinois or any of the	e laws of the ne stateme	ny of the ordinances of the County of Winnebago or the ne United States of America, in the conduct of the place nts contained in this application are true and correct to
		(Signature of <u>all</u> partners)
Subscribed and Sworn to before me		
this day of		
•		
Notary Public or County Clerk		