

· ·	_	te Catering	Class			
he Liquor Contro	ol Commissi	ioner of the C	ounty of Winnebago, S	tate of Illinois:		
Corporate Number	er:					
Proposed Premise	Business Na	me:				
Incorporation Date:						
What State:						
Process Agent: _						
Objects of Incorp	oration, as se	t forth in charte	r:			
	(If insuffici	ent space, please	e attach a separate sheet)			
corporation, as inc state, zip code, tel	licated with t ephone numb	heir respective r per, date of birth	esidence addresses, giving and social security numbe	street number, city and er:		
	mcient space	, piease attacii se	eparate sneet(s) to the appi	ication)		
President:	Name		Residence Address	City		
	State	Zip Code	Date of Birth	Social Security No.		
Vice-President: _	Name		Residence Address	City		
	Liquo  Liquo  Liquo  Liquo  Liquo  Liquo  Liquor  Liqu	Liquor License  the Liquor Control Commission andersigned hereby makes applicated alcoholic liquor for the term entition alcoholic liquor entition a	he Liquor Control Commissioner of the Coundersigned hereby makes application for the issurf alcoholic liquor for the term ending	Liquor License  he Liquor Control Commissioner of the County of Winnebago, S undersigned hereby makes application for the issuance of a County Caterer of alcoholic liquor for the term ending		

Zip Code

State

**Date of Birth** 

**Social Security No.** 

Secretary:				
	Name		Residence Address	City
	State	Zip Code	Date of Birth	Social Security No.
Treasurer:				
	Name		Residence Address	City
	State	Zip Code	Date of Birth	Social Security No.
Director:				
	Name		Residence Address	City
	State	Zip Code	Date of Birth	Social Security No.
Individual hold	ing 5% or more	e interest in the o	corporation:	
	Name		Residence Address	City
	State	Zip Code	Date of Birth	Social Security No.
Individual hold	ing 5% or more	e interest in the o	corporation:	
	Name		Residence Address	City
	State	Zip Code	Date of Birth	Social Security No.
Individual hold	ing 5% or more	e interest in the o	corporation:	
	Name		Residence Address	City
	State	Zip Code	Date of Birth	Social Security No.
Individual hold	ing 5% or more	e interest in the o	corporation:	
	Name		Residence Address	City
	State	Zin Code	Date of Birth	Social Security No.

(If insufficient space, please attach separate sheet(s) to the application)

Is a	plicant licensed as a food dispenser?					
	o, give number of licenses:what public entity:					
	the applicant currently hold a license to sell alcoholic liquor issued by the County or any entity?					
If s	o, list the name(s) of the entity(ies) and the year the license(s) was (were) initially granted.					
this cre dir	s any manufacturer, importing distributor directly or indirectly paid for or agreed to pay for license, advanced money or anything else of value, or any credit (other than merchandising dit in the ordinary course of business for a period not to exceed 90 days), or is such a person ectly or indirectly interested in the ownership, conduct or operation of the place of business? terior decorations and signs mentioned in Question 13 exempted.)					
nar and	pt for the names and addresses of corporate officials of bonafide lending institutions, list the e and address of any person or persons, the name and address of any trust as well as the name address of any of said trust's officers, and the name and address of any corporation as well as ame and address of any officer thereof:					
A.	Who have advanced money, loans or credit to the applicant corporation or to any of the corporate officers, for business or personal purposes, during the past two years, or;					
В.	Who have advanced money, loans or credit to the applicant corporation, or any of its officers for the financing of this venture, or;					
C.	Who have offered or promised to advance money, loans or credit to the applicant corporation for the financing of this venture, or;					
D.	From whom the applicant corporation or its officers 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 corporation or any of its officers, 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 corporation or any of its officers, 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)

corporation.

_	If so, at what location or locations?
	Is the applicant conducting the business of an importing distributor or distributor of alcoholiquors?
]	If so, at what location or locations?
(	Has any officer, manager or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, ever be convicted of any felony under any Federal or State law?
]	If so, give name and address of person so convicted, stating date and offense:
(	Has any officer, manager, or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, ever be convicted of a violation of any Federal or State liquor law since Feb. 1, 1934?
]	If so, give name of person so convicted and give date:
(	Has any officer, manager, or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, ever be 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 name of person so convicted, giving dates and stating offense:
S	Has the corporation (applicant) or any officer, manager, or director of said corporation, or a stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock such corporation, made application for a similar license for this period for any premises other than those described above?
	If so, give the name of applicant, name of the entity to which the application was made, date a



<b>A.</b>	Name		Resi	dence Address	
If so, g	give name,	address, etc.	Phone N	lumber:	
Will t	he busines	s be conducted		gent?	
If so, §	give name	of licensee and	state reasons for ar	nd date of revocation:	
				ve percent (5%) of the	
	•		•	or local authorities to of said corporation, or	_

18. In accordance with Sec. 3-18 of the Winnebago County Code, list <u>all</u> employees. Using a separate sheet, list <u>all</u> names, age, date of birth, address, condition of health, length of residence in Winnebago County and position held.

NOTE: In order to insure that this information is accurate and current, the County Clerk must

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



## **AFFIDAVIT**

STATE OF ILLINOIS	)		
COUNTY OF WINNEBAGO	) ss.		
laws of the State of Illinois or the laws o	f the United States	ordinances of the County of Winnebago or s of America, in the conduct of the place of ed in this application are true and correct t	
		President	
		Secretary	
Subscribed and Sworn to before me			
this day of			
Notary Public or County Clerk			