

Winneb	ago County Individual
or Parti	ners Caterers Liquor
License	

Class _		

or]	Partners Catero	ers Liquor			
Lic	ense				
To 1	the Liquor Contro	ol Commiss	ioner of the C	ounty of Winnebago, S	tate of Illinois:
sale				uance of a County Caterer,, ar	
1.	Corporate Number	er:			
	Proposed Premise	Business Na	me:		
2.	Incorporation Da	te:			
	What State:				
	Process Agent: _				
3.	Objects of Incorp	oration, as se	t forth in charte	r:	
		(If insuffici	ient space, pleas	e attach a separate sheet)	
4.	corporation, as inc	dicated with t	heir respective i	e all individuals holding 5% residence addresses, giving and social security number	street number, city and
	(If insu	fficient space	, please attach s	eparate sheet(s) to the appl	ication)
	President:	Name		Residence Address	City
		State	Zip Code	Date of Birth	Social Security No.
	Vice-President: _	Name		Residence Address	City
		State	Zip Code	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	Zip Code	Date of Birth	Social Security No.

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

5.	Is ap	oplicant licensed as a food dispenser?
		, give number of licenses:
6.		s the applicant currently hold a license to sell alcoholic liquor issued by the County or any rentity?
	If so	, list the name(s) of the entity(ies) and the year the license(s) was (were) initially granted.
7.	this cred dire	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 it in the ordinary course of business for a period not to exceed 90 days), or is such a person ctly or indirectly interested in the ownership, conduct or operation of the place of business? erior decorations and signs mentioned in Question 13 exempted.)
8.	nam and	ept 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 name 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;
	Е.	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 corporation.

(If insufficient space, attach separate sheet)

_	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



A.	Name		Res	idence Address	
If so,	give name,	address, etc.	Phone N	Number:	
Will t	he busines	s be conducted	by a manager or ag	gent?	
If so,	give name	of licensee and	state reasons for a	nd date of revocation:	
(appli stockł	icant) or to holders ow	any officer, maing in the agg	anager, or director regate more than fi	of said corporation, or ve percent (5%) of the	any stockholder or stock of such
Has a	nv license	previously issu	ed by State. Federa	l or local authorities to	the corporation

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 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	of the	Unite	the ordinances of the County of Winnebago or the ates of America, in the conduct of the place of tained in this application are true and correct to the
			President
			Secretary
Subscribed and Sworn to before me			
this day of			
·			
Notary Public or County Clerk			
1.0ml j I ubile of County Citin			