

Class \_\_\_\_\_

License No. \_\_\_\_\_

## **COMPANY APPLICATION FOR LIQUOR LICENSE**

Application is hereby made to the Honorable **Craig Neuhaus, Mayor and Liquor Commissioner** of the **City of Staunton, Illinois**, as amended for a **Class** \_\_\_\_\_ License for the retail sale of alcoholic liquor, pursuant to Chapter 21 of the Codified Ordinances – Liquor.

**Name of Company Applicant:** \_\_\_\_\_

**Address of Company Applicant:** \_\_\_\_\_

**Tax ID No.** \_\_\_\_\_ **FEIN No.** \_\_\_\_\_

**IL Secretary of State File No.** \_\_\_\_\_

Is Company a **Profit** or **Non-for-Profit** Company? \_\_\_\_\_

**Date and State of Organization** \_\_\_\_\_

If state of organization is other than the State of Illinois, is the company authorized to do business in the State of Illinois \_\_\_\_\_.

If **Yes**, the date said authorization was obtained \_\_\_\_\_

State the purpose for which Company was organized, as stated in the Articles of said Company \_\_\_\_\_

**List the Names and Home Addresses of all officers, directors and managers of said Company:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a majority of the Company is owned by one person, or his nominees or another entity list the name and address of such person(s) or entity:

\_\_\_\_\_  
\_\_\_\_\_

**Years In Such Business** \_\_\_\_\_

|                                   |                                      |       |   |                                      |          |   |                                |
|-----------------------------------|--------------------------------------|-------|---|--------------------------------------|----------|---|--------------------------------|
| <b>Principal kind of business</b> | <input type="checkbox"/> Tavern      | \$500 | A | <input type="checkbox"/> Restaurants | \$400    | D | <input type="checkbox"/> Other |
|                                   | <input type="checkbox"/> Convenience | \$500 | B | <input type="checkbox"/> Clubs       | \$400    | E |                                |
|                                   | <input type="checkbox"/> Grocery     | \$350 | C | <input type="checkbox"/> Civic       | \$20/Day | F |                                |

**Apply for Extended Hours** \_\_\_\_\_ **\$500 G**

State the amount of goods, wares and merchandise on hand at the time application is made: \_\_\_\_\_

State the **Location (Address)** and **Description of the Premises or Place of Business** and **Owner** which is to be operated under this license: \_\_\_\_\_

\_\_\_\_\_  
Expiration of Lease (If applicable) \_\_\_\_\_

Is this business located within \_\_\_\_ ft of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children or any naval or military station? \_\_\_\_\_

A. If answer to the above is "yes" is your place of business a hotel offering restaurant service, a regularly organized club, a food shop, or other place where the sale of liquor is not the principal business carried on? \_\_\_\_\_

B. If answer to "A" is "yes" on what date was the business started? \_\_\_\_\_ Month/Day/Year

State the **approximate date of the opening of the establishment**: \_\_\_\_\_

State the **name** and **address** of the person who you intend to be the **Manager** or **Operator** of said establishment, if License is issued: \_\_\_\_\_  
\_\_\_\_\_

Is such Manager a **resident** of the City of Staunton, Illinois? \_\_\_\_\_

If yes, how long? \_\_\_\_\_

As to any officer, director, manager or owner, who owns more than five percent (5%) in the aggregate of the ownership interest in said Company, state as follows:

Have any of same ever made application for similar license at a different premises? \_\_\_\_\_

If yes, the disposition and date of said application: \_\_\_\_\_

Have any of the above ever **been convicted of a felony** or otherwise **not qualified** to receive a license by reason, by any matter or thing contained in this Ordinance, the laws of this State, or the United States? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any of the above had a previous **license revoked** by any State, United States Government, or any other governmental or regulatory entity? \_\_\_\_\_

If yes, the reasons therefore \_\_\_\_\_

**Please Attach a Certificate of Good Standing issued by the Illinois Secretary of State Office within the last 90 days for the company and any other entity listed on this application and Copy of Liquor Liability Insurance Certificate**

I, \_\_\_\_\_, being an officer or member of said Company, being first duly sworn, hereby swear that the above information is correct and to the best of my information, knowledge and belief, and I further swear that I will not violate, nor will the Company of which I am an officer or member, violate any law of the State of Illinois, United States, or any Ordinance of the City of Edwardsville in the conducting of this business. I further hereby certify that the company has authorized that I execute this application on its behalf.

\_\_\_\_\_  
\_\_\_\_\_  
(Title)

**Subscribed and Sworn** to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission expires on \_\_\_\_\_

(Seal)

## Company Application Information

### A. Owners

Name \_\_\_\_\_  
(Last) (First) (MI) (Date of Birth)

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security No. X X X X

Name \_\_\_\_\_  
(Last) (First) (MI) (Date of Birth)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security No. X X X X

Name \_\_\_\_\_  
(Last) (First) (MI) (Date of Birth)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security No. X X X X

### B. Business Manager

Name \_\_\_\_\_  
(Last) (First) (MI) (Date of Birth)

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security No. X X X X