

Class _____

License No. _____

**INDIVIDUAL OR PARTNERSHIP 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 APPLICANT: _____

HOME ADDRESS: _____

AGE: _____ PLACE OF BIRTH: _____

Are you a citizen of the United States? _____

If Naturalized Citizen, Date and Place of Naturalization: _____

Are you a resident of Staunton? _____ Length of Time? _____

Illinois State Tax ID No. _____ FEIN No. _____

Social Security No. _____

Nature or Character of Present Business or Employment and Location of Same: _____

Years in Such Business _____

Principal kind of business	() Tavern	\$500	A	() Restaurants	\$400	D	() Other
	() Convenience	\$500	B	() Clubs	\$400	E	
	() Grocery	\$350	C	() Civic	\$20/Day	F	

Apply for Extended Hours _____ \$500 G

Amount of Goods, Wares and Merchandise on hand at time of this application: _____

Owner & location of premises 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

Have you ever made application for similar other license on premises other than those described in this application? _____

If yes, state the disposition and dates of such other application: _____

Have you ever been convicted of a felony, or to your knowledge, or disqualified to receive a license by reason of any law or thing contained in this Ordinance, Laws of any State, United States Government or any governmental or regulatory entity? _____

If yes, please explain: _____

State whether any previous license from any State, City, or other Local Subdivision of the Federal Government has ever been revoked? _____

*** MUST ATTACH COPY OF LIQUOR LIABILITY INSURANCE CERTIFICATE

**IF THIS APPLICATION IS FOR A PARTNERSHIP
IN ADDITION TO THE INFORMATION STATED ABOVE
PLEASE STATE THE FOLLOWING**

Name and Address of other partners:

(Last) (First) (MI)

Social Security No. _____ (Address) Date of Birth _____

(Last) (First) (MI)

Social Security No. _____ (Address) Date of Birth _____

(Last) (First) (MI)

Social Security No. _____ (Address) Date of Birth _____

Are all partners citizens of the United States? _____

If any partner(s) are naturalized citizens, name and place of such naturalization: _____

Are any of the partners residents of Staunton? _____

Length of time _____

Character and Location of business occupation or employment of each of the individual partners: _____

Years in such business and whether the business in each partner's case will continue: _____

Have any of the partners ever made application for similar license on premises other than described in this application? _____

If yes, explain disposition and date of application _____

Have any of the partners ever been convicted of a felony, or are not qualified to receive a license by reason of any matter contained in this Ordinance, the Laws of this State or the United States: _____

If yes, please explain: _____

Has any previous license held by any of the partners or the partnership has ever been revoked by any State, City, or any other governmental or regulatory entity? _____

If yes, please state the nature of the same: _____

I (We) _____

Swear that the above is correct to the best of my (our) knowledge, and I (We) will not violate any law of the State of Illinois or the United States, or any Ordinance of the City of Staunton, Illinois, in the conduct of this business.

If Individual Application, Sign Here:

If Partnership, Sign Here and
have all other partners execute
the remaining lines:

(Signature)

Subscribed and Sworn to before me this _____ day of _____, 20____

(Notary)

My Commission expires _____

(Seal)

If needed

Individual or Partnership Application Information

A. Owners

Name: _____
 (Last) (First) (MI) (Date of Birth)

Address: _____

Phone Number _____ Social Security No. _____

Name _____
 (Last) (First) (MI) (Date of Birth)

Address: _____

Phone Number _____ Social Security No. _____

B. Business Manager

Name: _____
 (Last) (First) (MI) (Date of Birth)

Address: _____

Phone Number _____ Social Security No. _____