

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State whether any previous license from any State, City, or other Local Subdivision of the Federal Government has ever been revoked?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

\_\_\_\_\_  
(Address)  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
(Last) (First) (MI)

\_\_\_\_\_  
(Address)  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
(Last) (First) (MI)

\_\_\_\_\_  
(Address)  
Social Security No. \_\_\_\_\_ 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:

\_\_\_\_\_  
(Signature)

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

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

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. X X X

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

Address: \_\_\_\_\_

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

**B. Business Manager**

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

Address: \_\_\_\_\_

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