

___ APPROVED

___ DISAPPROVED

BUSINESS PHONE: _____

HOME PHONE: _____

APPLICATION FOR LICENSE UNDER THE LIQUOR CONTROL
ORDINANCE OF THE CITY OF MARION

LICENSE NUMBER:

The undersigned, _____

(Applicant)

(Business Name)

hereby applies to the Liquor Control Commissioner of the City of Marion, Illinois for _____

(Insert Alcoholic Liquor Retailers or Beer

Retailers or Club Alcoholic Liquor Retailers)

license and says:

1a. If an individual: Driver's License #: _____

My name is: _____ Social Security #: _____

My date of birth is: _____

My address is: _____

1b. If a partnership:

The names, ages, and address of all persons entitled to share in the profits are:

NAME DOB DL# ADDRESS

1c. If a corporation:

The name is: _____

The date and State of incorporation are: _____

The names, titles, and address of all officers, trustees, or directors are: (Attach separate sheet if needed)

NAME DOB DL# ADDRESS

Is a majority interest of the stock of the applicant owned by one person or his/her nominee? Y/N (Circle one)

If the answer is, "yes," state the name and address of such person

1d. If an unincorporated club or association:

The type of organization is: _____

The names and address of all officers, trustees, or directors are: (Attach separate sheet if needed)

NAME TITLE ADDRESS

2. The citizenship and place of birth of applicants are:

NAME TITLE ADDRESS

If any applicant is a naturalized citizen of the U.S. his/her name, place and date of naturalization is:

NAME TITLE ADDRESS

3. The character of the business (if a corporation, the objects for which it was formed) of each applicant, is:

NAME CHARACTER OF BUSINESS OR OBJECTS

4. The length of time applicant has been in such business is: _____ YEARS

NAME OF APPLICANT

LENGTH OF TIME

5. The place where (with description of the premises) the business under license applied for will be operated is:

6. Has applicant ever made an application similar to this one for a similar license or other license on premises other than that described in this application? _____ YES _____ NO
If the answer is, "yes," state the disposition of such application: _____
7. Has the applicant or any one of the applicants ever been convicted of a felony? _____ YES _____ NO
8. Has any previous liquor license by the federal government or any state or subdivision thereof issued to any one of the applicants ever been revoked? _____ YES _____ NO
9. The applicant will not violate any of the laws of the State of Illinois or of the United States or the Ordinances of said City of Marion, Illinois in the conduct of his/her place of business under any license granted on this application.
10. The applicant, nor any one of the applicants, has received or borrowed money or anything else of value and will not receive nor borrow money or anything else of value (other than merchandising credit in the ordinary course of business for a period not to exceed ninety (90) days directly or indirectly from any manufacturer or distributor or the representative of any manufacturer or distributor of alcoholic liquor.
11. Consent and privilege of the applicant is hereby granted to the Liquor Control Commissioner of the City of Marion, Illinois and any person designated by him, and all police officers of said City to enter into, inspect, and examine the premises for which a license shall be issued on this application at any time after the issuance of said license.
12. **Attach a copy of your Liquor Insurance Liability certificate to this application.**

Applicant

Applicant

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(If the application is for a partnership it shall be signed by at least two (2) of the partners and if it is for a corporation or an association it shall be signed by the president and secretary of such corporation or association.)

State of Illinois }
 } SS.
County of Williamson }

Applicant
being first duly sworn on oath, depose and say that the matters of fact set out in the foregoing application by them signed and the answers to all questions in said application contained are true.

Applicant

Applicant

Applicant

Applicant

Applicant

Subscribed and sworn to before me this _____ day of _____, A.D. 20____

(Seal)

Notary Public