

**CITY OF HARRISBURG, ILLINOIS**

**APPLICATION FOR CLASS \_\_\_\_\_ LIQUOR LICENSE**

STATE OF ILLINOIS   )  
  )  
COUNTY OF SALINE   )

To The Local Liquor Control Commissioner of the City of Harrisburg, Illinois:

The below named applicant(s) hereby makes application under oath for a:

Class \_\_\_\_\_ Liquor License from The City of Harrisburg, Illinois.

1. Applicant's name and address:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

2. Name and address of applicant's business:

Business Name: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

3. Is applicant a United States citizen?

(Yes or No) \_\_\_\_\_

4. If applicable, the date of the filing of the "Assumed Name" of the business with the County Clerk:

Date: \_\_\_\_\_

5. In case of a co-partnership, the date of the formation of the partnership; in case of an Illinois corporation, the date of its incorporation; or in the case of a foreign corporation, the State where it was incorporated and the date of its becoming qualified under the Illinois Business Corporation Act to transact business in the State of Illinois:

Date: \_\_\_\_\_

State: \_\_\_\_\_

6. The legal description and street number of the premises for which the license is sought; and a copy of the instrument or instruments evidencing that the applicant is either the beneficial owner of the premises for which the license is sought or is the lessee of said premises for the full period for which the license is to be issued:

Legal Description: \_\_\_\_\_ (Attach, if necessary)

Street Number: \_\_\_\_\_

7. The name and address of the landlord if the premises are leased:

Name: \_\_\_\_\_

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

8. The date of application for state liquor license and whether same was granted, denied or withdrawn:

Date: \_\_\_\_\_

Granted \_\_\_\_\_ Denied \_\_\_\_\_ Withdrawn \_\_\_\_\_

9. The date of applicant's last application for a local liquor license and the name of the municipality to which such application was made, and whether same was granted, denied or withdrawn:

Date: \_\_\_\_\_

Municipality: \_\_\_\_\_

Granted \_\_\_\_\_ Denied \_\_\_\_\_ Withdrawn \_\_\_\_\_

10. Whether applicant has ever made an application for a liquor license which has been denied, and if so, the reasons therefor:

(Yes or No) \_\_\_\_\_

\_\_\_\_\_

11. Whether applicant has ever had any previous liquor license suspended or revoked, and if so, the reasons therefor:

(Yes or No) \_\_\_\_\_

\_\_\_\_\_

12. Whether applicant has ever been convicted of a gambling offense or felony, and if so, the particulars thereof:

(Yes or No) \_\_\_\_\_

\_\_\_\_\_

13. Whether applicant possesses a current Federal Wagering of Gaming Device Stamp, and if so, the reasons therefor:

(Yes or No) \_\_\_\_\_

\_\_\_\_\_

14. Whether the applicant or any other person, directly or indirectly, having an interest in said business or said premises, is a public official, and if so the particulars thereof:

(Yes or No) \_\_\_\_\_

\_\_\_\_\_

15. Whether, in case of an application for renewal of a license, the applicant has made any political contributions within the past 2 years, and if so, the particulars thereof:

(Yes or No) \_\_\_\_\_

\_\_\_\_\_

16. The applicant's name, sex, date of birth, social security number, position and percentage of ownership in the business; and the name, sex, date of birth, social security number, position and percentage of ownership in the business of every sole owner, partner, corporate officer, director, manager and any person, who owns 5% or more of the shares of the applicant's business entity or parent corporation of the applicant's business entity:

Applicant's name: \_\_\_\_\_

Sex \_\_\_\_\_; Date of birth: \_\_\_\_\_; Social Security Number: \_\_\_\_\_

Position and percentage of ownership: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Attach schedule if needed)

17. That the applicant, or any officer, associate, member, representative or agent of the applicant, has not received or borrowed money or anything else of value and that he will not receive or borrow money or anything else of value (other than merchandising credit in the ordinary course of business as expressly permitted by Ill. Rev. Stat. Chapter 43, Section 122) directly or indirectly from any manufacturer or distributor of alcoholic liquor, and has not been and will not be a party in any way, directly or indirectly, to any violation of a manufacturer or distributor of said statute above cited:

Agreed: \_\_\_\_\_ (Yes only)

If an application is made in behalf of a partnership, it shall be signed and verified by at least two partners; and if by a corporation, it shall be signed by the President and Secretary and verified by the President of said corporation.

Individual: \_\_\_\_\_  
(Signature of Individual Applicant)

Partnership: \_\_\_\_\_, a Partnership

By: \_\_\_\_\_, Co-partner

\_\_\_\_\_, Co-partner

Corporation: \_\_\_\_\_  
(Name of Corporation)

By: \_\_\_\_\_, President

Attest: \_\_\_\_\_, Secretary

I (We) do hereby certify that I (we) have read and know the contents of the above and foregoing application by me (us) and that same are true and correct:

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public