



CITY OF DECATUR
 FINANCE DEPARTMENT
 #1 GARY K ANDERSON PLAZA
 DECATUR IL 62523
 LICENSING – (217) 424-2709

FEE: \$100
 License Expires June 30

**PLACE OF AMUSEMENT LICENSE APPLICATION
 PARTNER'S STATEMENT**

PLEASE PRINT

Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Names and Addresses of Partner:

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Have you previously had a Liquor License or a Place of Amusement License revoked for any reason?

Yes _____ No _____ No. If Yes, please explain _____

Have you been convicted of a felony? Yes _____ No _____

THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH DEPOSES AND SAYS:

1. That the matters and things set out in this application are true.
2. That he/she is a partner in the business to be operated under the license applied for hereby.
3. That the above named manager, if any, possesses the same qualifications as are required by law and ordinance of a license.
4. That EACH PARTNER in said business is a resident of the City of Decatur, Illinois; is not indebted to the City of Decatur; and has not been convicted of any offense or violation which would render a person ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended, and is otherwise eligible under said provisions to receive a license; and has not had a license revoked for cause.

Signed _____

Title _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

 NOTARY PUBLIC

(Seal)