



# CITY OF DECATUR, ILLINOIS

City Clerk

#1 Gary K. Anderson Plaza

Decatur, IL 62523-1106

Phone: 217-424-2708

Fax: 217-450-2297

LICENSE NO. \_\_\_\_\_

## AFFIDAVIT OF SHAREHOLDER/DIRECTOR/OFFICER/PARTNER

NAME OF CORPORATION \_\_\_\_\_

D/B/A \_\_\_\_\_

THE UNDERSIGNED, ON OATH STATES AND AVERS AS FOLLOWS:

- 1) That the matters and things set out in this statement are true.
- 2) That I am a stockholder or director owning more than five percent (5%) of the share of the named corporation, or director or officer of the named corporation.
- 3) That I have not been convicted of a felony under any Federal or State law, convicted of keeping a place of prostitution or keeping a place of juvenile prostitution, or convicted of pandering or other crime or misdemeanor opposed to decency and morality, such that I am ineligible to receive a license under the provisions of the Illinois Liquor Control Act of 1934, as amended; and am otherwise eligible for a liquor license as an individual except for the requirement of residence within the City of Decatur.
- 4) That I am qualified, as required by law and ordinance, for issuance of a liquor license.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(Please Print)

MAIDEN NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Signature must be notarized before returning form to City Clerk.**

STATE OF ILLINOIS )

)SS

COUNTY OF MACON)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_

NOTARY PUBLIC