



CITY OF DECATUR, ILLINOIS

City Clerk

#1 Gary K. Anderson Plaza

Decatur, IL 62523-1106

Phone: 217-424-2708

PARTNERSHIP APPLICATION FOR ALCOHOLIC LIQUOR LICENSE:

ANNUAL FEE: \$2,200.00 - Class A, B, C, D, E, G, H, I, J, K, L, M & O

ANNUAL FEE: \$1,400.00 - Class N

ANNUAL FEE: \$725.00 - Class F

ANNUAL FEE: \$6,000.00 – Class P

PROCESSING FEE: \$100.00 (New and/or Transfer)

LICENSE EXPIRES: JUNE 30

CLASS OF LIQUOR LICENSE APPLIED FOR _____

DESCRIPTION OF BUSINESS _____

DOES BUSINESS HAVE A DRIVE-THRU/WALK UP WINDOW? YES _____ NO _____

NAME OF BUSINESS _____

LOCAL BUSINESS ADDRESS _____ ZIP CODE _____

BUSINESS TELEPHONE NUMBER _____

A. NAME OF PARTNER _____ **DATE OF BIRTH** _____

HOME ADDRESS _____ ZIP CODE _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

B. NAME OF PARTNER _____ **DATE OF BIRTH** _____

HOME ADDRESS _____ ZIP CODE _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

(Please use separate sheet for additional partners.)

MANAGER OF LICENSED PREMISES:

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ ZIP CODE _____

(MUST RESIDE WITHIN DECATUR CITY LIMITS & PROVIDE COPY OF VALID ILLINOIS DRIVER'S LICENSE OR STATE ID) Illinois Liquor Control Act of 1934, Sec. 5/6-2, Person Ineligible to be

Licensed: A person who is not a resident of any City in which the premises covered by license are located.

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

OWNER OF RECORD OF PREMISES TO BE LICENSED:

NAME _____

ADDRESS (INCLUDE CITY & ZIP CODE) _____

TELEPHONE NUMBER _____

AFFIDAVIT OF PARTNERSHIP APPLICANT

ON OATH, I HEREBY STATE AND AVER, THAT:

- 1) The facts asserted in the foregoing application for a liquor license are true, on information and belief.
- 2) The undersigned partner in the business, has authority to bind the partnership.
- 3) No law enforcing public official, Mayor or member of the City Council is interested in any way directly in the partnership or the business to be licensed.
- 4) That I am qualified, as required by law and ordinance, for issuance of a liquor license.
- 5) The manager's affidavit and affidavits of all partners of said partnership are attached.
- 6) The partnership is not indebted to the State of Illinois or the City of Decatur, Illinois.
- 7) The partnership has not had its liquor license revoked for cause.
- 8) 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.

Print Name: _____

Title: _____

Signature

Signature must be notarized **before** returning this form to the City Clerk's office.

Date

STATE OF ILLINOIS)
)SS

COUNTY OF MACON)

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, _____

(SEAL)

NOTARY PUBLIC

DATE APPROVED_____

SIGNATURE OF LIQUOR COMMISSIONER_____