



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
 CORPORATION ONLINE APPLICATION AFFIRMATION**

PLEASE PRINT

Corporation Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Applicant's Name _____ Phone # _____
First MI Last

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

Yes _____ 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:

(Please initial after each statement)

1. That he has personal knowledge of the facts relative to this application and that the matters and things set out in this application are true and he is duly authorized to and does sign this application on behalf of said corporation. _____
2. That said corporation is duly organized and existing in good standing with, and eligible to do business in the State of Illinois, and is not indebted to said State of Illinois or the City of Decatur, and each officer, manager, director, agent and stockholder owning in aggregate more than 5% of the stock thereof has not been convicted of any offense or violation which would render such person ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended, and is otherwise eligible under said provision to receive a license; and neither the corporation nor any such person has had a license revoked for cause. _____
3. Does hereby state under penalties of perjury that an online application required form was submitted with all requisite information and documents and that all statements and information provided are true and correct. _____

Signed _____

Title _____

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

 NOTARY PUBLIC

(Seal)