



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

LICENSE FEE: \$100
 Background Ck: \$40/per
 person (owner(s), employees)
 License Expires June 30
 Updated: 4/3/24

PLACE OF AMUSEMENT LICENSE APPLICATION CORPORATION

Circle one: New Renewal

PLEASE PRINT

EMAIL _____

Corporation Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name _____ Phone # _____
First MI Last

Names and Addresses of Officer, Director and Shareholder owning more than 5%:

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name of Manager _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Intended use of facility _____

(be specific, the license is only valid for specific use listed here)

CONTINUE ON SECOND PAGE

TO BE COMPLETED BY FINANCE DEPT.	New _____ Renewal _____
_____	Amount Paid \$ _____
_____	Date Paid _____
City Manager or Designee	License Number _____
Date	License Issued _____

Is there one person who owns controlling interest in the corporation? Yes _____ No _____

If yes, Name _____
First MI Last

Address _____
Street City State Zip Code

Owner of Record of premises to be licensed:

Name _____
Business Name or First, MI, & Last Name

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 _____ 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 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.

Signed _____

Title _____

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

NOTARY PUBLIC

(Seal)



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**PLACE OF AMUSEMENT
OFFICER, DIRECTOR OR SHAREHOLDER STATEMENT**

Each Officer, Director and Shareholder owning more than 5% must complete this forms.
 Additional copies available upon request.

Business Name _____

Doing Business As _____ Phone _____

Business Address _____
Street City State Zip Code

Email _____

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

1. That the matters and things set out in this statement are true.
2. That the undersigned is an Officer/Director/Shareholder of the named corporation.
3. That the undersigned has not been convicted of any offense or violation which would render him/her ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended; and would be eligible for a liquor license as an individual except for the requirement of residence within the City of Decatur and a citizen of the United States.

PLEASE PRINT

Name _____ Phone # _____
First MI Last

Address _____
Street City State Zip Code

Date of Birth _____ Place of Birth _____

Signature _____

Title _____

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

 NOTARY PUBLIC



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**PLACE OF AMUSEMENT
MANAGER' STATEMENT**

Business Name _____

Doing Business As _____ Phone _____

Business Address _____
Street City State Zip Code

Email _____

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

1. That the matters and things set out in this statement are true.
2. That the undersigned is Manager of the business operated under the above indicated place of amusement license and of the premises covered thereby.
3. That the undersigned has not been convicted of any offense or violation which would render him/her ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended; and would be eligible for a liquor license under said Act were he/she to apply for such license.

PLEASE PRINT

Manager's Name _____ Phone # _____
First MI Last

Address _____
Street City State Zip Code

Date of Birth _____ Place of Birth _____

Signature _____

Title _____

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

 NOTARY PUBLIC

(Seal)