



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  
 INDIVIDUAL**

Circle one: New      Renewal

**PLEASE PRINT**

Business Name \_\_\_\_\_ EMAIL \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street City State Zip Code

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Manager \_\_\_\_\_ Date of Birth \_\_\_\_\_  
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

Intended use of facility \_\_\_\_\_  
 (be specific, the license is only valid for the specific uses listed here)

**CONTINUE ON SECOND PAGE**

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

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 the matters and things set out in this application are true.
2. That he is the beneficial owner of 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 licensee.
4. That the undersigned applicant 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 such applicant 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 has not had a license revoked for cause.

Signed \_\_\_\_\_

Title \_\_\_\_\_

STATE OF ILLINOIS    )  
                                  ) SS  
COUNTY OF MACON    )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(Seal)



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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 \_\_\_\_\_

STATE OF ILLINOIS )  
 ) SS  
 COUNTY OF MACON )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC