



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
 PARTNERSHIP**

Circle one: New Renewal
PLEASE PRINT

EMAIL _____

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 Partners:

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Date of Birth _____
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)

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

CONTINUE ON SECOND PAGE

Owner of Record of premises to be licensed:

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

Address _____
Address 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 the matters and things set out in this application are true.
2. That he/she is a partner in 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 license.
4. That EACH PARTNER in said business 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 a person ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended, and is otherwise eligible under said provisions to receive a license; and has not had a license revoked for cause.

Signed _____

Title _____

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

NOTARY PUBLIC

(Seal)



CITY OF DECATUR
 FINANCE DEPARTMENT
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PLACE OF AMUSEMENT

MANAGER' STATEMENT

Business Name _____

Doing Business As _____ Phone _____

Business Address _____
Address 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 _____
Address 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)



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**PLACE OF AMUSEMENT LICENSE APPLICATION
 PARTNER'S STATEMENT**

PLEASE PRINT

Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Names and Addresses of Partner:

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Email _____

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

Yes _____ No _____ 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/she is a partner in 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 license.
4. That EACH PARTNER in said business 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 a person ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended, and is otherwise eligible under said provisions to receive a license; and has not had a license revoked for cause.

Signed _____

Title _____

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

 NOTARY PUBLIC