



CITY OF DECATUR, ILLINOIS

Kim Althoff, City Clerk

#1 Gary K. Anderson Plaza

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Decatur, IL 62523-1106

Phone: 217-424-2708

CORPORATION APPLICATION FOR ALCOHOLIC LIQUOR LICENSE:

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

ANNUAL FEE: \$1,400.00 - Class C & N

ANNUAL FEE: \$10,000.00 - Class P

ANNUAL FEE: \$725.00 - Class F

ANNUAL FEE: \$100.00 - Class V

CLASS OF LIQUOR LICENSE APPLIED FOR: _____

DESCRIPTION OF BUSINESS _____

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

CORPORATION NAME _____

D/B/A _____

LOCAL BUSINESS ADDRESS _____ ZIP CODE _____

BUSINESS TELEPHONE NUMBER _____

EMAIL ADDRESS _____

MANAGER OF LICENSED PREMISES - COPY OF VALID ILLINOIS DRIVER'S LICENSE OR STATE ID IS REQUIRED AT TIME OF PACKET SUBMITTAL FOR MANAGER, MANAGER MUST RESIDE IN CORPORATE CITY LIMITS OF DECATUR - Illinois Liquor Control Act of 1934, 5/6-2, Persons Ineligible to be Licensed: A person who is not a resident of any City in which the premises covered by license are located.

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ ZIP CODE _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

OFFICERS AND DIRECTORS OF CORPORATION (please print or type all information):

A. NAME _____ TITLE _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

HOME ADDRESS (INCLUDE CITY & ZIP CODE) _____

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER _____

B. NAME _____ TITLE _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

HOME ADDRESS (INCLUDE CITY & ZIP CODE) _____

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER _____

C. NAME _____ TITLE _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

HOME ADDRESS (INCLUDE CITY & ZIP CODE) _____

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER _____

D. NAME _____ TITLE _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

HOME ADDRESS (INCLUDE CITY & ZIP CODE) _____

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER _____

(Please use additional sheet of paper, if more than four.)

SHAREHOLDERS OWNING MORE THAN 5% OF CORPORATION STOCK:

(DO NOT INCLUDE SHAREHOLDERS OWNING LESS THAN 5% OF CORPORATION STOCK)

1. NAME _____ TITLE _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

HOME ADDRESS (INCLUDE CITY & ZIP CODE) _____

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER _____

2. NAME _____ TITLE _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

HOME ADDRESS (INCLUDE CITY & ZIP CODE) _____

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER _____

3. NAME _____ TITLE _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

HOME ADDRESS (INCLUDE CITY & ZIP CODE) _____

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER _____

4. NAME _____ TITLE _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

HOME ADDRESS (INCLUDE CITY & ZIP CODE) _____

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER _____

(Please use additional sheet of paper, if more than four.)

REGISTERED AGENT OF CORPORATION (AS FILED WITH SECRETARY OF STATE):

NAME _____

TELEPHONE NUMBER: _____

ADDRESS OF REGISTERED OFFICE (INCLUDE CITY & ZIP CODE) _____

OWNER/LANDLORD OF PREMISES TO BE LICENSED:

NAME _____

ADDRESS (INCLUDE CITY & ZIP CODE) _____

TELEPHONE NUMBER: _____

AFFIDAVIT OF 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) I have authority to comply with the requirements of the liquor license, and bind the applicant corporation.
- 3) The corporation is duly organized and in good standing and not ineligible for a City liquor license.
- 4) The corporation is not indebted to the State of Illinois or City of Decatur, Illinois.
- 5) The manager's affidavit and affidavits of all corporation officers, directors, and shareholders holding more than five percent (5%) of the shares of said corporation are attached.
- 6) The corporation has not had its liquor license revoked for cause.
- 7) No law enforcing public official, Mayor or member of the City Council is interested in any way directly in the corporation or the business to be licensed.
- 8) I am qualified, as required by law and ordinance, for issuance of a liquor license.

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 _____