CITY OF DECATUR, ILLINOIS City Clerk



#1 Gary K. Anderson Plaza

Decatur, IL 62523-1106 Phone: 217-424-2708

INDIVIDUAL/SOLE PROPRIETOR APPLICATION FOR ALCOHOLIC LIQUOR LICENSE:

ANNUAL FEE: \$2,200.00 - Class A, B, D, E, G, H, I, J, K, M, & O ANNUAL FEE: \$1,400.00 - Class C & N ANNUAL FEE: \$725.00 - Class F ANNUAL FEE: \$10,000.00 - Class P 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	
NAME OF BUSINESS			
BUSINESS ADDRESS	ZIP CODE		
TELEPHONE NUMBER			
EMAIL ADDRESS			
NAME OF OWNER/SOLE PROPRIETOR			
OWNER/SOLE PROPRIETOR HOME ADDRESS (INCLUDE CITY & ZIP CODE)			

(MUST RESIDE WITHIN DECATUR CITY LIMITS & PROVIDE COPY OF VALID ILLINOIS DRIVER'S LICENSE OR STATE ID) Illinois Liquor Control Act of 1934, Sec. 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.

OWNER'S/SOLE PROPRIETOR'S TELEPHONE NUMBER_____

MANAGER OF LICENSED PREMISES:

NAME	DATE OF BIRTH	
HOME ADDRESS ZIP CODE (MUST RESIDE WITHIN DECATUR CITY LIMITS & PROVIDE COPY OF VALID ILLINOIS DRIVER' LICENSE OR STATE ID) Illinois Liquor Control Act of 1934, Sec. 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.		
TELEPHONE NUMBER OWNER OF RECORD OF PREMISES T	EMAIL ADDRESS TO BE LICENSED:	
NAME		

ADDRESS 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 am the beneficial owner of the business to be operated under the liquor license applied for.

3) No law enforcing public official, Mayor or member of the City Council is interested in any way

directly or indirectly in the business to be licensed.

4) The manager's affidavit of said business is attached.

5) I am gualified, as required by law and ordinance, for issuance of a liquor license.

6) I am a resident of the City of Decatur, Illinois.

7) I am not indebted to the State of Illinois or City of Decatur, Illinois.

8) I have not been convicted of a felony under any Federal or State law, convicted of keeping a place of prostitution or keeping a place of juvenile prostitution, or convicted of pandering or other crime or misdemeanor opposed to decency and morality, such that I am ineligible to receive a license under the provisions of the Illinois Liquor Control Act of 1934, as amended.

9) I have not had a liquor license revoked for cause.

PRINT NAME

SIGNATURE

Signature must be notarized **before** returning the form to the City Clerk.

TITLE _____

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_____