

APPLICATION  
FOR  
LIQUOR LICENSE  
REQUIRED BY  
THE CITY OF  
ELMWOOD  
TO BE FILED WITH  
THE  
CITY CLERK

License No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Expires \_\_\_\_\_  
 Checked By \_\_\_\_\_  
 Approved By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Order to Receive No. \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Cash  Bank Draft  
 Cashier's Check  Money Order  
 Certified Check  \_\_\_\_\_

**IMPORTANT -- READ CAREFULLY -- PERSONAL CHECKS NOT ACCEPTED UNLESS CERTIFIED**

This application properly completed and signed must be filed with the City Clerk and must be accompanied by a remittance in the proper amount, made payable to the City Treasurer. This remittance must be in the form of a Certified or Cashier's Check, United States Postal Money Order, Express Money Order, or Licensed Currency Exchange Money Order, Bank Draft, Bank Money Order, or Personal Money Order. Cash accepted.

The undersigned individual or partnership hereby makes application for a LIQUOR LICENSE and submits the following information:

1. Applicant: \_\_\_\_\_  
(GIVE NAME OF INDIVIDUAL OR NAMES OF PARTNERS---TYPE OR PRINT PLAINLY)
2. Trade, Partnership or Assumed Name \_\_\_\_\_  
TYPE OR PRINT NAME PLAINLY TELEPHONE \_\_\_\_\_
3. Location of above place of business (NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE MUST BE GIVEN) \_\_\_\_\_  
CITY/TOWN/OR VILLAGE ZIP CODE RURAL ROUTE AND POST OFFICE
4. Has your Assumed Name been filed with the County Clerk? \_\_\_\_\_
5. Are alcoholic liquors stored but not sold at any location other than the one given above? \_\_\_\_\_  
If "yes", give location: \_\_\_\_\_  
NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE, CITY
6. Check principal kind of business:  Restaurant  Grocery  Hotel  Other  
 Tavern  Amusement Place  Country Club  
 Package Store  Department Store  Social Club
7. Give number of your Current Liquor License for this location \_\_\_\_\_  
A. In whose name or names is your license issued? \_\_\_\_\_  
B. Date license issued \_\_\_\_\_ Date license expires \_\_\_\_\_  
Month Day Year Month Day Year
8. Give name and address of owner of premises: \_\_\_\_\_  
When does your lease expire? \_\_\_\_\_  
Month Day Year
9. Give the date you first made application for a Liquor License for any location in Illinois: \_\_\_\_\_  
(Month/Date/Year).  
A. Disposition of application: \_\_\_\_\_  
B. Give address \_\_\_\_\_  
NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE, CITY
10. Give date you began liquor business at this location \_\_\_\_\_  
Month Day Year
11. Give date partnership was formed under name given on Line 1: \_\_\_\_\_  
Month Day Year
12. Has a Liquor License been revoked at this location within the past year? \_\_\_\_\_
13. Is this business located within \_\_\_\_\_ feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children or any naval or military station? \_\_\_\_\_  
A. If answer to the above is "yes", is your place of business a hotel offering restaurant service, a regularly organized club, a food shop, or other place where the sale of liquor is not the principal business carried on? \_\_\_\_\_  
B. If answer to (A) is "yes", on what date was business started? \_\_\_\_\_ (Month/Day/Year)
14. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money, or anything else of value, except as specifically permitted in the Act, or any credit, (Other than merchandising credit in the ordinary course of business as specifically permitted in the Act), or is such a person directly or indirectly interested in the ownership, conduct or operation of the place of business? \_\_\_\_\_ If answer is "yes", give particulars \_\_\_\_\_
15. Name \_\_\_\_\_  
A. Residence Address \_\_\_\_\_  
(NUMBER AND STREET OR RURAL ROUTE)  
\_\_\_\_\_  
(NAME OF CITY, COUNTY AND STATE)  
B. Place of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
C. Are you a citizen of the United States? \_\_\_\_\_  
If a naturalized citizen, time and place of naturalization? \_\_\_\_\_
16. Name \_\_\_\_\_  
A. Residence Address \_\_\_\_\_  
(NUMBER AND STREET OR RURAL ROUTE)  
\_\_\_\_\_  
(NAME OF CITY, COUNTY AND STATE)  
B. Place of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
C. Are you a citizen of the United States? \_\_\_\_\_  
If a naturalized citizen, time and place of naturalization? \_\_\_\_\_

- D. Have you ever been convicted of a felony or otherwise disqualified to receive the license applied for by reason of any matter or thing contained in the Illinois Liquor Control Act or the Municipal Liquor Code?  YES  NO  
If "yes", name court of conviction \_\_\_\_\_
- E. Have you ever made application for a liquor license for any other premises? \_\_\_\_\_  
DATE: \_\_\_\_\_  
State disposition of application: \_\_\_\_\_
- Give address: \_\_\_\_\_
- F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec. 2 (14) Art. VI of the Illinois Liquor Control Act? \_\_\_\_\_  
If so, office held? \_\_\_\_\_
- G. Has any license previously issued to you by any State or local authorities been SUSPENDED? \_\_\_\_\_  
DATE: \_\_\_\_\_  
If so, state reasons therefor: \_\_\_\_\_
- WHERE: \_\_\_\_\_  
(CITY COUNTY STATE)
- H. Has any license previously issued to you by any State or local authorities been REVOKED? \_\_\_\_\_  
If so, state reasons therefor: \_\_\_\_\_
- WHERE: \_\_\_\_\_  
(CITY COUNTY STATE)
- I. Will you comply with the Local Liquor Code and the Regulations in connection therewith? \_\_\_\_\_

- D. Have you ever been convicted of a felony or otherwise disqualified to receive the license applied for by reason of any matter or thing contained in the Illinois Liquor Control Act or the Municipal Liquor Code?  YES  NO  
If "yes", name court of conviction \_\_\_\_\_
- E. Have your ever made application for a liquor license for any other premises? \_\_\_\_\_  
DATE: \_\_\_\_\_  
State disposition of application: \_\_\_\_\_
- Give address: \_\_\_\_\_
- F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec. 2 (14) Art. VI of the Illinois Liquor Control Act? \_\_\_\_\_  
If so, office held? \_\_\_\_\_
- G. Has any license previously issued to you by any State or local authorities been SUSPENDED? \_\_\_\_\_  
DATE: \_\_\_\_\_  
If so, state reasons therefor: \_\_\_\_\_
- WHERE: \_\_\_\_\_  
(CITY COUNTY STATE)
- H. Has any license previously issued to you by any State or local authorities been REVOKED? \_\_\_\_\_  
If so, state reasons therefor: \_\_\_\_\_
- WHERE: \_\_\_\_\_  
(CITY COUNTY STATE)
- I. Will you comply with the Local Liquor Code and the Regulations in connection therewith? \_\_\_\_\_

17. Do you possess a current Federal Wagering or Gaming Device Stamp?  YES  NO  
Stamp No. \_\_\_\_\_ Amount \_\_\_\_\_
18. Will this business be conducted by a manager or agent?  YES  NO If answer is "YES", Manager or Agent must give the following information:
- A. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- B. Residence Address \_\_\_\_\_  
(STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY COUNTY STATE)
- C. Place of Birth \_\_\_\_\_ Are you a citizen of the United States?  YES  NO
- D. If a naturalized citizen, time and place of naturalization? \_\_\_\_\_
- E. Have you ever been convicted of any crime as stated in Question 15-D or 16-D above?  
 YES  NO State Offense: \_\_\_\_\_
- F. Are you or have you ever been interested in any liquor business at another address?  YES  NO  
DATE: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
WHERE: \_\_\_\_\_ (CITY, COUNTY, AND STATE)
- G. Has any license previously issued to you by any State or local authorities been SUSPENDED?  
 YES  NO DATE: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
WHERE: \_\_\_\_\_ (CITY, COUNTY AND STATE)
- H. Has any license previously issued to you by any State or local authorities been REVOKED?  
 YES  NO DATE: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
WHERE: \_\_\_\_\_ (CITY, COUNTY AND STATE)

**NO LICENSE SHALL BE ISSUED UNLESS ALL THE ABOVE QUESTIONS ARE COMPLETELY ANSWERED**

**AFFIDAVIT  
(PLEASE READ CAREFULLY BEFORE SIGNING)**

I (We) do solemnly swear (or affirm) that the statements given above are true and correct to the best of my (our) knowledge and belief; that I (We) will comply with all regulations of Federal, State and Local Liquor Control Laws; that a copy of an ordinance governing the sale at retail of alcoholic liquors and beverages in this municipality has been furnished to me (us); that I (we) understand the same, and agree to comply with all the provisions set forth therein.

I (We) swear (or affirm) that I (We) will not violate any of the laws of the State of Illinois or of the United States of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct and are made for the purpose of inducing the City of \_\_\_\_\_, Illinois to issue the license herein applied for.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D., 19\_\_.

APPLICANT(S): \_\_\_\_\_

\_\_\_\_\_

CLERK

(SEAL)