

1. APPLICANT INFORMATION

NAME _____ GENDER _____ D. O. B. ___/___/___ SS# _____

ADDRESS _____

STREET CITY STATE ZIP PHONE
Is the Applicant a US Citizen? YES / NO PLACE OF BIRTH
If a naturalized citizen: DATE ___/___/___ PLACE _____

- a. Applicant Position _____ % of Ownership _____
b. If Applicant is a partnership, give name and address of all partners and list principal business activity of each partner, and percentage of ownership.

i. NAME _____ D. O. B. ___/___/___ SS# _____
ADDRESS _____
STREET CITY STATE ZIP
Applicant Position _____ % of Ownership _____

ii. NAME _____ D. O. B. ___/___/___ SS# _____
ADDRESS _____
STREET CITY STATE ZIP
Applicant Position _____ % of Ownership _____

iii. NAME _____ D. O. B. ___/___/___ SS# _____
ADDRESS _____
STREET CITY STATE ZIP
Applicant Position _____ % of Ownership _____

- c. If Applicant is a corporation, give name and address of the registered agent and the local manager.

i. NAME _____ D. O. B. ___/___/___ SS# _____
ADDRESS _____
STREET CITY STATE ZIP

ii. NAME _____ D. O. B. ___/___/___ SS# _____
ADDRESS _____
STREET CITY STATE ZIP

iii. DATE THE CHARTER WAS ISSUED ___/___/___

- d. If Applicant is a corporation, list name and address of each stockholder and the % of stock owned. (Over 5%)

i. NAME _____ D. O. B. ___/___/___ SS# _____
ADDRESS _____
STREET CITY STATE ZIP
% OF STOCK _____

ii. NAME _____ D. O. B. ___/___/___ SS# _____
ADDRESS _____
STREET CITY STATE ZIP
% OF STOCK _____

iii. NAME _____ D. O. B. ___/___/___ SS# _____
ADDRESS _____
STREET CITY STATE ZIP
% OF STOCK _____

2. Address of location for which license is sought:

i. NAME OF BUSINESS _____

ADDRESS _____ UNIT/SUITE _____

3. Type of license sought: _____

4. If applicant has ever engaged in the business of sale of alcoholic liquor at retail, list address of all locations.

a. NAME _____

ADDRESS _____

STREET CITY STATE ZIP

b. NAME _____

ADDRESS _____

STREET CITY STATE ZIP

c. NAME _____

ADDRESS _____

STREET CITY STATE ZIP

5. List dram shop insurance coverage for both the licensee and the owner of the building in which the alcoholic liquor will be sold for the duration of the license.

(DRAM SHOP - n. a statute (Dram Shop Act) or case law in 38 states which makes a business which sells alcoholic drinks or a host who serves liquor to a drinker who is obviously intoxicated or close to it, strictly liable to anyone injured by the drunken patron or guest.)

a. LICENSEE

NAME OF COMPANY _____ POLICY # _____

ADDRESS _____

STREET CITY STATE ZIP

b. OWNER

NAME OF COMPANY _____ POLICY # _____

ADDRESS _____

STREET CITY STATE ZIP

6. Describe parking facilities available to the business.

7. Will two separate restrooms be provided with hot and cold running water together with clean towels?

8. Describe the method you will use in cleaning premises and of sterilizing glasses and dishes and cleaning coils used in connection with dispensing draught beer.

9. If business is to offer food service, describe method to be used, facilities, and all sanitation and cleanliness procedures which will be followed.

-By initialing the following you are agreeing with the statement that is written below.-

10. Will you familiarize yourself with all laws of the United States, State of Illinois, and ordinances of the City of Jerseyville pertaining to the sale of alcoholic liquor and abide by all of them?

(Initial)_____

11. Will you maintain the entire premises in a clean and sanitary manner free from conditions which might cause accidents?

(Initial)_____

12. Will you attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the Police Department if any such events take place?

(Initial)_____

13. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of any violation of any laws pertaining to alcoholic liquor?

YES / NO

a. If YES, give all details.

14. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of a felony?

YES / NO

a. If YES, give all details.

15. List (by attachment hereto), your occupation or employment with addresses thereof for the past ten (10) years. (If partnership or a corporation, list same information for each partner and the local manager)

16. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of a gambling offense?

YES / NO

a. If YES, give all details.

17. Have you ever been issued a federal gaming device stamp or a federal wagering stamp (If a partnership of corporation, include all partners and local manager in answer)?

YES / NO

a. If YES, give all details.

18. Will you and all your employees refuse to serve or sell alcoholic liquor to and intoxicated person or to a minor?

YES / NO

19. Have you, or if a partnership any of the partners, or if a corporation the local manager, ever had a liquor license revoked or suspended?

YES / NO

a. If YES, give all details including location of the license property.

20. Have you ever held a liquor license anywhere?

YES / NO

a. If YES, give location.

NAME _____

ADDRESS _____

STREET

CITY

STATE

ZIP

21. Have you ever been refused a liquor license?

YES / NO

a. If YES, give reason for refusal.

AUTHORIZATION

I authorize and empower the City of Jerseyville, or any outside service company engaged by said City, now or subsequently, to obtain prepare, use or furnish information concerning my general reputation, arrest record, personal characteristics through correspondence or personal interviews concerning the above items.

Upon written request, I understand that said City will provide me with information regarding scope of the investigation if one is made.

Applicant Signature _____ Date ___/___/_____

Print Name _____

Applicant Phone _____ SS# _____