

**VILLAGE OF SMITHTON
APPLICATION FOR LIQUOR LICENSE**

OFFICE USE ONLY

Received _____
License # _____
Amount Due _____
Date Paid _____

The undersigned hereby makes an application properly completed, signed and filed with the Village Clerk for Liquor License and submits the following information:

1. Applicant's full name: _____
A. If a partnership or corporation, give names of owners of more than 5%:

2. Name and location of business for which license is sought:

(exact mailing address & zip code)
3. State classification of liquor license applying for:
Class "A" Tavern: _____ Class "B" Convenience/Liquor Store: _____ Class "C" Restaurant: _____
Class "D" Civic Organizations, etc.: _____ Location, Date, Hours of Class D Event: _____

Class "E" Retail/Restaurant Combination: _____
4. Name and address of owner of premises: _____

*If leased, period covered by lease: _____
5. Is this business located within 100 feet of any church, school, hospital, home for the aged or indigent persons or veterans, their wives or children, or any naval or military station? _____
6. Has any manufacturer 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, or is such a person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____ (yes or no)
If yes, give particulars. _____
7. A. Name of Applicant / Business Owner: _____
Date of Birth: _____
B. Residence Address: _____
Telephone Number: _____
EMAIL: _____
C. Place of Birth: _____
D. Are you a citizen of the Unites States? _____
If naturalized citizen, time and place of naturalization: _____
8. Have you ever been convicted of a felony under any Federal or State Law? _____ (yes or no)
If so, give date and State of offense: _____
9. Have you ever made application for a liquor license for any other premises? _____ (yes or no)
A. Date: _____
B. State disposition of application: _____
C. Give address: _____
10. Has a license previously issued to you by State, Federal or local authorities been suspended or revoked? _____
If so, state reason therefore and date of suspension or revocation: _____

To Be Filled Out by Business Partner

11. A. Name of partner, if any: _____
Date of Birth: _____
- B. Residence Address: _____
Telephone Number: _____
- C. Place of Birth: _____
- D. Are you a citizen of the United States? _____
If naturalized citizen: time and place of naturalization: _____
12. Have you ever been convicted of a felony under any Federal or State Law? _____ (yes or no)
If so, give date and State of offense: _____
13. Have you ever made application for a liquor license for any other premises? _____ (yes or no)
A. Date: _____
B. State disposition of application: _____
C. Give address: _____
14. Has a license previously issued to you by State, Federal or local authorities been suspended or revoked? _____
If so, state reason therefore and date of suspension or revocation: _____
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AFFIDAVIT

STATE OF ILLINOIS)
County of St. Clair) SS.

I swear (or affirm) that I will not violate any of the ordinances of the Village of Smithton or the laws of the State of Illinois or the laws 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 to the best of my knowledge and belief.

Signature of Applicant

Date

Printed Name of Applicant

Signature of Partner

Date

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

Notary Public

Seal:

Mayor / Liquor Commissioner

Date

Village Clerk

Date