

**VILLAGE OF SMITHTON  
APPLICATION FOR LIQUOR LICENSE**

**OFFICE USE ONLY**  
License Fee \_\_\_\_\_  
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 United 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: \_\_\_\_\_

