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.	Date of Birth:				
	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 Unites State			
	If naturalized citizen: time and plac	e of naturaliza	tion:	
12	Have you ever been convicted of a fel			
12	If so, give date and State of offense: Have you ever made application for a	liquer license f	or any other promises?	(vocorno)
13	A. Date:			(yes of 110)
	B. State disposition of application:			
	C. Give address:			
14	Has a license previously issued to you	by State, Fede	ral or local authorities been susp	pended or revoked?
	If so, state reason therefore and date	of suspension (or revocation:	
				
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	OF ILLINOIS)			
County	of St. Clair) SS.			
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	r (or affirm) that I will not violate any of or the laws of the United States of Ame		_	
	nents contained in this application are tr		The state of the s	
staten	ients contained in this application are tr	de and correct	to the best of my knowledge ar	id belief.
Signatı	ure of Applicant		Date	
Printe	d Name of Applicant			
Signati	ure of Partner		Date	
Subscr	ibed and sworn to before me this	day of		
 Votary	Public	 Seal:		
	Mayor / Liquor Commissioner		Date	_
	Mayor / Liquor Commissioner		Date	_
	Mayor / Liquor Commissioner Village Clerk		Date	_