

DATE: _____

LIC.# _____

CITY OF CHILlicothe
APPLICATION FOR RENEWAL OF LIQUOR LICENSE

I (We) hereby apply for the renewal of my (our) Liquor License year beginning May ____, 20 ____, and ending May ____, 20 ____.

1. Name of Applicant: _____
2. Name under which Business is to be conducted _____
3. Address where License will be used _____
4. Address Applicant _____
(Street) (City) (Zip)
5. Home Telephone (____) _____ Business Telephone (____) _____ Cell Phone (____) _____
6. Date of Birth ____/____/____ Email: _____
7. Drivers License Number _____ - _____ - _____
8. U.S. Citizen? Yes _____ No _____
9. Applicants Form of Business (Circle One): Partnership Association Sole Proprietorship Corporation LLC
If Applicable, Date Incorporated ____/____/____ FEIN# _____
10. Class of License for which License is requested (Circle One):
A B C D E F G I Other _____
J K L M N O Sub Class H Other _____
11. Has any information on your last application changed (are new persons, officers, or shareholders in your Corporation or Organization, do you have a new manager)? Yes _____ No _____
12. If yes, list all new persons, address and state positions: (If additional space is needed, please use back of form)

Name and Position	Address

13. Have you been charged or convicted of any violation of Federal, State or Local law in the last year other than minor traffic violations or parking violations? Yes _____ No _____
14. If yes, give date of violation, jurisdiction and charge: _____

IF ADDITIONAL SPACE IS REQUIRED TO ANSWER ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH SUPPLEMENTAL SHEET

AFFIDAVIT

For and in consideration of investigation and consideration by the Liquor Commissioner of the propriety of issuing said License, the undersigned, being duly sworn, herewith deposits the License fee required hereunder and agrees to be bound by all the terms and conditions of the Municipal Code of the City of Chillicothe, Illinois, and any amendments thereto. The undersigned further Warrants that all statements herein made are true and are material warranties to the issuance of said License.

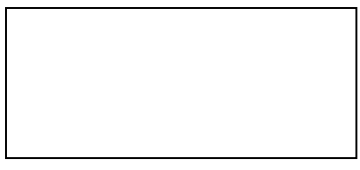
Individual, Corporate President, Partner Signature

Date _____

Corporate Secretary or Co-Partner Signature

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

*****Fee Validation Space*****



- _____
Notary Public
- Attach Liquor Surety Bond (\$500) Yr. Cycle
 - Attach Lease to end of current License Year, If applicable
 - Attach applicable License fee, payable to the City of Chillicothe

**PLEASE NOTE: Renewals are due by May 1, 2016,
In the City Clerk's Office, 908 N. Second Street,
Chillicothe, IL 61523 (309) 274-5518**

Approval Signature _____
Liquor Commissioner