

DATE: \_\_\_\_\_

LIC.# \_\_\_\_\_

**CITY OF CHILlicothe  
APPLICATION FOR LIQUOR LICENSE**

I (We) hereby apply for a 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 of Applicant \_\_\_\_\_

(Street) (City) (Zip)

Is this address within the Corporate City Limits of the City of Chillicothe? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Home Telephone (\_\_\_\_) \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

6. Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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 Sub Class H Other \_\_\_\_\_

11. List all persons, officers, or shareholders in your Corporation or Organization: address and state positions:

\_\_\_\_\_  
Name and Position Address

\_\_\_\_\_  
Name and Position Address

\_\_\_\_\_  
Name and Position Address

12. 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 \_\_\_\_\_

13. 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 \_\_\_\_\_

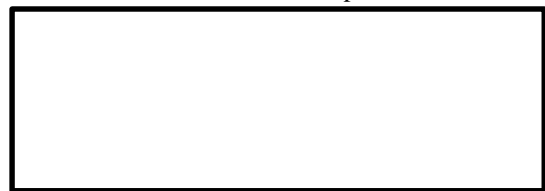
\_\_\_\_\_  
Corporate Secretary or Co-Partner Signature

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



Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Liquor Commissioner