

**CITY OF CHILLICOTHE
APPLICATION FOR LIQUOR LICENSE**

APPLICANT INFORMATION

Name of Applicant:		
Phone:	Cell:	E-mail:
Address of Applicant:		Is this address within the Corporate City Limits of the city of Chillicothe? YES NO
City:	State:	ZIP Code:
Date of Birth:	Driver License Number:	
U.S. Citizen:	Yes	No
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
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		

BUSINESS AND INFORMATION

Name under which Business is to conducted:			
Address where License will be used:			
City:	State:	ZIP Code:	
Sole proprietorship	Partnership	Corporation	Other:
If Applicable, Date Incorporated:	FEIN#		
Has any information on your last application changed (officers, shareholders, manager)?	YES	NO	
If yes, please list all new persons, address and position:			
Name:		Name:	
Address:		Address:	
Position with Corporation:		Position with Corporation:	

CLASS OF LICENSE FOR WHICH LICENSE IS REQUESTED

A	B	C	D	E	F	G	I
J	K	L	M	N	O	SUB CLASS H	SUB CLASS Q

Are you applying for a New License or Renewal?

NEW

RENEWAL

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.

SIGNATURES

Individual, Corporate President, Partner Signature

Date:

Corporate Secretary or Co-Partner Signature

Date:

NOTARY SEAL

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

Notary Public

****VALIDATION AREA****

APPROVAL

- 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

Liquor Commissioner

Date

FOR OFFICE USE ONLY

FEE RECEIVED

Date Received by the City Clerk:

Cash

Check #

LICENSE INFORMATION

License #

Date Issued:

Date of Expiration: