

CITY OF FULTON
LIQUOR LICENSE APPLICATION

To:

The undersigned hereby makes (s) application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term beginning _____, 20____, and ending _____, 20____, and hereby certify(ies) to the following facts:

1) Applicants full name: _____
(If a partnership or corporation, give names of all owners of more than 5%)

(A) Name under which business is to be conducted: _____

2) Location of place of business for which license is sought:

(A) _____
(Exact address by street and number/zip code)

(B) _____
(Full description of location, place or premises, specifying floor, room, etc.)

3) State principal kind of business: _____

4) Class of license applied for: _____

5) Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant?

Yes _____ No _____

If so, are premises:

(A) Maintained and held out to the public as a place where meals are actually and regularly served? _____

(B) Provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food? _____

6) Does applicant own premises for which license is sought? _____

7) Has applicant a lease on such premises covering the full period for which the license is sought? _____ If so, attach copy.

8) Is applicant licensed as a food dispenser? _____

9) Is the location of applicant's business for which license is sought within 100 feet property line to property line, of any school, hospital, home for the aged or indigent persons, or for veterans, their wives or children, or any military or naval station, or 100 feet building to building from a church? _____

10) Is any law enforcing public official, mayor, alderman, member of the city council or commission, or any president or member of a county board directly interested in the business for which this license is sought? _____

11) Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advance money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____

12) Is the applicant or any affiliate, associate, subsidiary, officer, director of other agent engaged in the manufacture of alcoholic liquors? _____

13) Is the applicant engaged in the business of importing distributor or distributor of alcoholic liquors? _____

If so, at what location or locations? _____

14) Will the business be conducted by a manager or agent? _____

If so, give name and residence address of such manager or agent:

Name: _____

Address: _____

15) Do you hold any current business licenses issued by the City? _____ If so, what type of license do you currently hold and what is the address of the licensed premises?

Type: _____

Address: _____

INDIVIDUAL APPLICANT:

16) (a) Name _____

Date of Birth _____

- (b) Residence Address _____
Telephone Number _____
- (c) Place of Birth _____
- (d) Are you a citizen of the United States? _____
If a naturalized citizen, when naturalized? (month/day/year) _____
Where naturalized? (City and State) _____
Court in which (or law under which) naturalized _____
- (e) Have you ever been convicted of any felony under any Federal or state Law? _____
If so, give date and offense _____
- (f) Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality? _____
If so, give dates and offense _____
- (g) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____
If so, give dates and offense _____
- (h) Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in (e), (f), or (g)? _____
- (i) Have you made application for other similar license for premises other than described in this application? _____
If so, give date, location of premises and disposition of the application _____

- (j) Has any license previously issued to you by State, Federal or local authorities been revoked, suspended or fined? _____
If so, state reasons and date(s) _____

CO-PARTNERSHIP/CORPORATE APPLICANT:

17) Name of partner, or corporate officers and directors and shareholders, if any: (attach a separate sheet of paper if necessary) _____

Date of Birth (month & date) _____

Residence Address _____

Telephone Number _____

Place of Birth _____

Are you a citizen of the United States? _____

If a naturalized citizen, when naturalized? (month/day/year) _____

Court in which (or law under which) naturalized _____

Have you ever been convicted of a felony under Federal or State Law? _____

If so, give date and offense _____

Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality? _____

CITY OF FULTON
LIQUOR LICENSE AFFIDAVIT

STATE OF ILLINOIS)

)SS

COUNT OF WHITESIDE)

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the City of Fulton, IL or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

Signature of Applicant

Subscribed and Sworn to
Before me this _____
Day of _____, 20_____.

Notary: _____

Signature: _____