

CITY OF TUSCOLA

APPLICATION FOR LIQUOR LICENSE

<u>BUSINESS NAME</u>	<u>BUSINESS ADDRESS</u> _____ _____
	<u>PHONE NUMBER</u>

SECTION 1

<i>Complete this area if the applying entity is an <u>Individual</u></i>	Name _____	Age _____
	Address _____	
	Place of Birth _____	

<i>Complete this area if the applying entity is a <u>Partnership</u></i>	Name _____	Age _____	Name _____	Age _____
	Address _____		Address _____	
<i>Complete information on ALL partners</i>	Place of Birth _____		Place of Birth _____	
	Name _____	Age _____	Name _____	Age _____
	Address _____		Address _____	
<i>Use separate sheet of paper if necessary</i>	Place of Birth _____		Place of Birth _____	

<i>Complete this area if the applying entity is a <u>Corporation</u></i>	Name of Corporation _____			
	Date of Incorporation _____			
	State of Incorporation _____			
	Officers (Name and Position) _____		_____	
	_____		_____	
	Directors _____		_____	
	_____		_____	
	Information on all Shareholders who own 5% or more of the stock of the corporation			
	Name _____	Age _____	Name _____	Age _____
	Address _____		Address _____	
Place of Birth _____		Place of Birth _____		

SECTION 2

The following questions shall apply to: the individual applicant, or; if a partnership, each and every partner, or; if a corporation, each and every officer and director, and any shareholder who owns at least 5% of the stock of said corporation.

1. Are you, or all of you, U.S. citizens?

If naturalized, time and place of naturalization?

2. Have you, or any of you, ever been convicted of a felony?
3. Have you, or any of you, ever been convicted of violating any law regarding the manufacture, sale, or possession of alcoholic liquor?
4. Have you, or any of you, ever been convicted of any gambling offense?
5. Have you, or any of you, or any premises which you own or operate, been issued a federal gaming device stamp or a federal wagering stamp for the current tax period?
6. Has any previous license issued by the City of Tuscola, the State of Illinois or any State or political subdivision thereof, or the United States ever been suspended or revoked?
7. Do you, or any of you, serve on any local board or commissions, or; are you, or any of you, an elected official in any local jurisdiction, or; are you, or any of you, a law enforcement officer?

SECTION 4

Please indicate the type of license being sought.

<input type="checkbox"/>	<u>Class</u>	<u>Description</u>	<u>Fee</u>
<input type="checkbox"/>	A-1	Alcoholic liquor, in a restaurant, both over the counter to be consumed on-premises, and in the original package to be consumed off-premises, provided that said restaurant derives more than 50% of its income from the sale of food and not alcoholic liquor	\$1,000
<input type="checkbox"/>	A-2	Alcoholic liquor, in a restaurant or other establishment, both over the counter to be consumed on-premises, and in the original package to be consumed off-premises, provided that said restaurant or establishment derives more than 50% of its income from the sale of alcoholic liquors	\$1,000
<input type="checkbox"/>	B	Alcoholic liquor in the original package and not to be consumed on the licensed premises	\$750
<input type="checkbox"/>	C	Alcoholic liquor over the counter and to be consumed on the licensed premises by a club	\$310.50
<input type="checkbox"/>	D	Beer and wine only, in a restaurant, over the counter to be consumed on the licensed premises	\$625
<input type="checkbox"/>	E	Beer and wine only, in the original package, and not to be consumed on the licensed premises	\$625
<input type="checkbox"/>	DE	Beer and wine only in a restaurant, both over the counter to be consumed on-premises, and in the original package to be consumed off-premises	\$650

I hereby declare, under penalty of perjury, that the information provided above is complete, accurate, and truthful to the best of my knowledge and belief; that I am duly authorized to execute this application on behalf of the partnership or corporation, if any, listed as applicant; and that I, or the partnership or corporation that I represent, will not violate any of the laws of the State of Illinois, or of the United States in the conduct of my (our) business.

Date: _____ Signature of Applicant: _____