APPLICATION FOR CITY LIQUOR RETAILER'S LICENSE

TO: Mayor City of Griggsville PO Box 272 Griggsville, IL 62340 The undersigned hereby make(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) Applicant's full name _____ (If a partnership or corporation give names of all owners of more than 5%) 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) restaurant? If so, are premises: Maintained and held out to the public as a place where meals are actually A) and regularly served? Provided with adequate and sanitary kitchen and dining room equipment B) and capacity with sufficient employees to prepare, cook and serve suitable food? Does applicant own premises for which this license is sought? 6) 7) Has applicant a lease on such premises covering the full period for which the license is sought? ______ If so, attach copy. Is applicant licensed as a food dispenser? 8) Is the location of applicant's business for which license is sought within 100 feet 9) property line to property line, of any school, hospital, home for 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? Is any law enforcing public official, mayor, alderman, member of the city council 10) or commission, or any president or member of a county board directly interested in the business for which this license is sought? Has any manufacturer, importing distributor or distributor directly or indirectly 11) paid or agreed to pay for this license, advanced 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 or agent engaged in the manufacture of alcoholic liquors?						
	If so, at what location or locations?						
13)	Is the applicant engaged in the business of an importing distributor or distril of alcoholic liquors?						
4.4	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:						
	NameAddress						
15)	Do you hold any other 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)						
	•	,————					
		Applicant:					
16)	A)	Name Date of birth					
		Month/Day/Year					
	B)	Residence address					
	υ,	(give street and number)					
		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 state offense					
	F) G)	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 state offense					
		Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934?					
		If so, give dates and state offense					
	H)	Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in paragraph (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 application					

	J)	Has any license previously issued to you by State, Federal or local authorities been revoked, suspended or fined? If so, state reasons therefor and date(s)				
Co-p e	artner A)	Pship/Corporate Applicant: Name of partner, or corporate officers and directors and shareholders, if any: (attached separate sheet if necessary) Date of birth				
		Month/Day/Year				
	B)	Residence address(City and State)				
	C)	Telephone numberPlace of birth				
		Month/Day/Year				
	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 state 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 state offense				
	G)	Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934?				
		The service debag and above offenses				
	H)	If so, give dates and state offense				
	11)	violations mentioned in paragraph (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 application				
	J)	Has any license previously issued to you by State, Federal or local authorities been revoked, suspended or fined? If so, state reasons therefor and date(s)				

APPENDIX IV

AFFIDAVIT

STATE OF ILLINOIS COUNTY OF PIKE)) SS)		
I (or we) swear (or affir City of States of America, in the statements contained in knowledge and belief.	or the laws of the conduct of the place	State of Illinois or the of business described	e laws of the United I herein and that the
Subscribed and Sworn to	before me this	day of	, 20
		(Signature of	Applicant)