



**APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR**

**APPLICATION MUST BE COMPLETE OR IT WILL NOT BE ACCEPTED.**

1. Name and address of establishment to be licensed

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2. What classification of license is desired? \_\_\_\_\_

Explain under what terms the establishment is being purchased/rented:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name and address of applicant (Be sure to list any name that applicant may have been previously known by)

Name \_\_\_\_\_  
(Last, First, Middle Initial)

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

4. Name of spouse and any previous marriages

Name \_\_\_\_\_  
(Last, First, Middle Initial)

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

List addresses for the past ten years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

6. List present employment, or the most recent in the past five years.

\_\_\_\_\_  
\_\_\_\_\_

7. Is the business a sole proprietorship? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, list the full name, address and date of birth of the sole proprietor.

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

8. Is your business in a partnership? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, attach name of the partners, their addresses, dates of birth and Social Security Numbers.

9. Is your business a corporation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, attach a verified list of stockholders who own interest in said corporation, including their addresses and dates of birth. If a corporation, give the name of the corporation and date of incorporation.

Corporation Name \_\_\_\_\_

Date of incorporation \_\_\_\_\_

10. If a corporation, is corporation incorporated in the State of Illinois?  
Yes \_\_\_\_\_ No \_\_\_\_\_

11. If corporation is foreign, is it licensed to do business in the State of Illinois?  
Yes \_\_\_\_\_ No \_\_\_\_\_

12. Is your business controlled by a manager or agent? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, list the full names, addresses, dates of birth, and social security numbers of the manager(s), or agent(s).

Name \_\_\_\_\_  
(Last, First, Middle Initial)

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

13. Do you own the premises for which this license is sought?  
Yes \_\_\_\_\_ No \_\_\_\_\_

14. Have you held a license to sell liquor before? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when and where.

\_\_\_\_\_  
\_\_\_\_\_

15. Are any of the following connected or interested in any way either directly or indirectly in the operation of the business for which this application is made: Law Enforcement, Public Official, Mayor, Alderman, or any member of the County Board? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, indicate the full name, date of birth, and capacity of such individual(s).

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16. Give the name and address of three people to be contacted regarding your character and reputation in the City of Monmouth or the community in which you most recently lived – **these must be professional/business references, not personal or related:**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

17. Have you ever been convicted of a felony in any jurisdiction?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when and where? \_\_\_\_\_

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18. Have you ever been convicted of being a keeper of, or are you now keeping a house of ill fame, or have you ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, when and where?

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19. Have you ever had a liquor license revoked for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Have you ever been convicted of a violation of any Federal or State law concerning the manufacture, possession, or sale of alcoholic liquor or have you ever forfeited a bond to appear in court for any such violation? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, when and where? \_\_\_\_\_

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21. Have you or any other person named herein ever been convicted of a gambling offense as described by the laws of the State of Illinois or a city gambling ordinance, or have you, or any other person named herein, a federal gaming device or federal wagering stamp? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, explain. \_\_\_\_\_

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22. Have the premises for which this license is being sought been issued a federal wagering stamp? Yes \_\_\_\_\_ No \_\_\_\_\_

23. Do you understand that any violation of any city ordinance or state law by a license holder may result in the suspension or revocation of your city liquor license?  
Yes \_\_\_\_\_ No \_\_\_\_\_

24. **Do you agree to notify this commission of any change in ownership, in the corporation or management of the establishment for which this license is being sought as you are required by law to do so?** Yes \_\_\_\_\_ No \_\_\_\_\_
25. Do you understand and agree that you must provide the City Clerk's office with a certificate of you current dram shop insurance liability initially and each year upon renewal of your license? Yes \_\_\_\_\_ No \_\_\_\_\_
26. According to State Statute #235ILCS5/6-1, a Liquor License holder must be a resident of the city in which the licensed is issued, unless a corporation. Are you a resident of the City of Monmouth? Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer to this question is no, then the applicant must provide corporation papers with this application.

I, \_\_\_\_\_ The above information is a true and correct statement to the best of my knowledge and if or we, are found guilty of misrepresenting the facts, then the local liquor commissioner will be expected to immediately revoke the license without any refund to the license holder. By my signature below, I hereby consent to any records check or other personal inquiries.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**APPLICATION MUST BE NOTARIZED.**

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Monmouth,

Approved by the Mayor of the City of

Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

\_\_\_\_\_  
Mayor