

**APPLICATION FOR LIQUOR LICENSE REQUIRED BY VILLAGE OF NEW BADEN
TO BE FILED WITH THE VILLAGE CLERK**

License No. _____
 Date Issued: _____
 Expires: _____
 Checked By: _____
 Approved By: _____
 Date: _____
 Order to Receive No. _____
 Amount: _____
 Cash Bank Draft
 Cashier's Check Money Order
 Certified Check _____

IMPORTANT – READ CAREFULLY – PERSONAL CHECKS NOT ACCEPTED UNLESS CERTIFIED

This application properly completed and signed must be filed with the Village Clerk and must be accompanied by a remittance in the proper amount, made payable to the Village Treasurer. This remittance must be in the form of a Certified or Cashier's Check, United States Postal Money Order, Express Money Order, or Licensed Currency Exchange Money Order, Bank Draft, Bank Money Order, or Personal Money Order. Cash accepted.

The undersigned individual or partnership hereby makes application for a LIQUOR LICENSE and submits the following information:

1. Applicant: _____
 (GIVE NAME OF INDIVIDUAL OR NAMES OF PARTNERS – TYPE OR PRINT CLEARLY)
2. Trade, Partnership, or Assumed Name: _____
 TYPE OR PRINT NAME PLAINLY TELEPHONE
3. Location of above place of business (Number and Street or Lot and Block or Section, Township and Range must be given):

 CITY/TOWN/OR VILLAGE ZIP CODE RURAL ROUTE AND POST OFFICE
4. Has your Assumed Name been filed with the County Clerk? _____
5. Are alcoholic liquors stored but not sold at any other location other than the one given above? _____
 If "yes", give location: _____
 Number and Street or Lot and Block or Section, Township and Range, City
6. Check principal kind of business: Restaurant Grocery Hotel Other
 Tavern Amusement Place Country Club
 Package Store Department Store Social Club
7. Give number of your Current Liquor License for this location: _____
 A. In whose name or names is your license issued? _____
 B. Date license issued: _____ (M/D/Y) Date license expires: _____ (M/D/Y)
8. Give name and address of owner of premises: _____
 When does your lease expire? _____ (M/D/Y)
9. Give the date you first made application for a Liquor License for any location in Illinois: _____ (M/D/Y)
 A. Disposition of application: _____
 B. Give address: _____
 Number and Street or Lot and Block or Section, Township and Range, City
10. Give date you began liquor business at this location: _____ (M/D/Y)
11. Give date partnership was formed under name given on Line 1: _____ (M/D/Y)
12. Has a Liquor License been revoked at this location within the past year? _____
13. Is this business located within _____ feet of any church, school, hospital, home for the aged or indigent person or for veterans, their wives or children or any naval or military station? _____
 A. If answer to the above is "yes", is your place of business a hotel offering restaurant service, a regularly organized club, a food shop, or other place where the sale of liquor is not the principal business carried on? _____
 B. If answer to (A) is "yes", on what date was business started? _____ (M/D/Y)
14. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money, or anything else of value, except as specifically permitted in the Act, or any credit (other than merchandising credit in the ordinary course of business as specifically permitted in the Act), or is such a person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____ If answer is "yes", give particulars: _____

17. Do you possess a current Federal Wagering or Gaming Device Stamp? [] YES [] NO
Stamp No. _____ Amount: _____
18. Will this business be conducted by a manager or agent? [] YES [] NO If answer is "yes", Manager or Agent must give the following information:
- A. Name: _____ Date of Birth: _____
- B. Residence Address: _____
Number and Street or Rural Route and Box Number, City, County, State
- C. Place of Birth: _____ Are you a citizen of the United States? [] YES [] NO
- D. If a naturalized citizen, time and place of naturalization: _____
- E. Have you ever been convicted of any crime as stated in Question 15-D or 16-D above? [] YES [] NO
State Offense: _____
- F. Are you or have you ever been interested in any liquor business at another address? [] YES [] NO
Date: _____ If so, state reasons therefore: _____
Where: _____
City, County, State
- G. Has any license previously issued to you by any State or local authorities been SUSPENDED? [] YES [] NO
Date: _____ If so, state reasons therefore: _____
Where: _____
City, County, State
- H. Has any license previously issued to you by any State or local authorities been REVOKED? [] YES [] NO
Date: _____ If so, state reasons therefore: _____
Where: _____
City, County, State

NO LICENSE SHALL BE ISSUED UNLESS ALL THE ABOVE QUESTIONS ARE COMPLETELY ANSWERED

AFFIDAVIT

(PLEASE READ CAREFULLY BEFORE SIGNING)

I (We) do solemnly swear (or affirm) that the statements given above are true and correct to the best of my (our) knowledge and belief; that I (we) will comply with all regulations of Federal, State and Local Liquor Control Laws; that a copy of an ordinance governing the sale at retail of alcoholic liquors and beverages in this municipality has been furnished to me (us); that I (we) understand the same; and agree to comply with all the provisions set forth therein.

I (we) swear (or affirm) that I (we) will not violate any of the laws of the State of Illinois or of the United States of America in the conduct of the place of business described herein and that the statements of New Baden, Illinois to issue the license herein applied for.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, A.D., 20_____.

APPLICANT(S):

PRINT NAME

APPLICANT SIGNATURE

CLERK SIGNATURE

(SEAL)

