

- D. Have you ever been convicted of a felony or otherwise disqualified to receive the license applied for by reason of any matter or thing contained in the Illinois Liquor Control Act or the Municipal Liquor Code? YES NO
If "yes", name court of conviction: _____
- E. Have you ever made an application for a liquor license for other premises? YES NO
Date: _____ State disposition of application: _____
Address, City, State, Zip: _____
- F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec. 2 (14) Art. VI of the Illinois Liquor Control Act? YES NO
If "yes", office held: _____
- G. Has any license previously issued to you by any State or local authorities been SUSPENDED? YES NO
Date: _____ If "yes", state reasons therefore: _____
Address, City, State, Zip: _____
- H. Has any license previously issued to you by any State or local authorities been REVOKED? YES NO
If "yes", state reasons therefore: _____
Address, City, State, Zip: _____
- I. Will you comply with the Local Liquor Code and the Regulations in connection therewith? YES NO
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? (If applicant is business entity such as corporation or LLC, the answer must be YES) YES NO
If answer is "yes", Manager or Agent must give the following information:
- A. Name: _____ Date of Birth: _____
- B. Address, City, State, Zip: _____
- 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: _____
Address, City, State, Zip: _____
- 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- H. Has any license previously issued to you by any State or local authorities been REVOKED?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: _____
Address, City, State, Zip: _____
19. Does the establishment derive, or does it anticipate deriving, more than fifty percent (50%) of its gross monthly revenues from Video Gaming Revenue (as defined by Village Ordinance)? YES NO

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

PRINT NAME

APPLICANT SIGNATURE

NEW BADEN CLERK SIGNATURE

(SEAL)