



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 Has a Liquor License been revoked at this location within the past year? [ ] YES [ ] NO
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? [ ] YES [ ] NO
- 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? [ ] YES [ ] NO
- 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? [ ] YES [ ] NO
- If answer is "yes", give particulars: \_\_\_\_\_
- 
15. Name: \_\_\_\_\_
- A. Address, City, State, Zip: \_\_\_\_\_
- B. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- C. Are you a citizen of the United States? [ ] YES [ ] NO
- If a naturalized citizen, date and place of naturalization: \_\_\_\_\_
- 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
16. Name: \_\_\_\_\_
- A. Address, City, State, Zip: \_\_\_\_\_
- B. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- C. Are you a citizen of the United States? [ ] YES [ ] NO
- If a naturalized citizen, date and place of naturalization: \_\_\_\_\_

- 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)