

APPLICATION FOR VILLAGE LIQUOR RETAILER'S LICENSE

VILLAGE OF COAL VALLEY

The undersigned hereby make(s) application for the issuance of a village retailer's license for the sale of alcoholic liquor 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) If special event, list requested dates _____
- 6) Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant? _____
If so, are premises:
(A) Maintained and held out of the public as a place where meals are actually and regularly served? _____
(B) Provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food?

- 7) Does applicant own premises for which this license is sought?

- 8) Has applicant a lease of such premises covering the full period for which the license is sought? _____ If so, attach copy.
- 9) Is applicant licensed as a food dispenser?

- 10) Is the location of applicant's business for which license is sought within 100 feet property line to property line from institutions of higher learning, 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? _____

- 11) Is any law-enforcing public official, mayor, alderman, member of the city council or commission, or any president or member of a county board directly interested in the business for which this license is sought? _____
- 12) Has any manufacturer, importing distributor or distributor directly or indirectly 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? _____
- 13) Is the applicant or any affiliate, associate, subsidiary, officer, director or other agent engaged in the manufacture of alcoholic liquors? _____
If so, at what location or locations? _____
- 14) Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? _____
If so, at what location or locations? _____
- 15) Will the business be conducted by a manager or agent? _____
If so, give name and residence address of such manager or agent:
Name _____
Address _____
- 16) Do you hold any other current business licenses issued by the Village? _____
If yes, what type of license do you currently hold and what is the address of the licensed premises?
(Type) _____
(Address) _____

Individual Applicant:

- 16) (a) Name _____
Date of birth _____
(Month) (Day) (Year)
- (b) Residence address _____
(give street and number)
Phone _____ Driver's License# _____
- (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) 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? _____
If so, give dates and state offense _____

(h) Have you ever permitted appearance bond forfeiture for any of the violations mentioned in (g)? _____

(i) Have you made application for other similar license for premises other than described in this application? _____
If so, give date, location or 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 therefore and dates _____

Co-partnership? Corporate Applicant:

17) (a) Name of partner, or corporate officers and directors and shareholders, if necessary) _____
Date of birth _____
(Month) (Day) (Year)

(b) Residence address _____
(Give street and number)
Telephone number _____

(c) Place 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 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? _____
 If so, give dates and state offense _____
- (h) Have you ever permitted appearance bond forfeiture for any of the violations mentioned in (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 therefore and date(s): _____

Approved by:

 Name

 Title

AFFIDAVIT

STATE OF ILLINOIS)
)SS
COUNTY OF ROCK ISLAND)

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the Village of Coal Valley or the laws of the State of Illinois or the laws of United States of American, in the conduct of the place of business described herein and That the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

List two personal references

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____

I will furnish the Village of Coal Valley with an acceptable Bond and evidence of Dram Shop Liability Insurance at any time the place is open to the public.

Subscribed and Sworn this day of _____, 20____.

(Signature of Applicant)