Print Form

APPLICATION FOR RETAIL LIQUOR LICENSE

Corporation

Class of License applied for:_____

To: Liquor Control Commission
Savanna, Illinois 61074

Corporation Name: _____

Mailing Address: _____
_____

Telephone #: _____

Date Incorporated: _____ Where Incorporated: _____

Purpose (look at own Articles of Incorporation):_____

List officers and directors, and give addresses, dates of birth, social security numbers and percent of stock owned. Identify by name and address any individual other that an officer or director who owns a majority stock interest in the corporation.

1. Name and Address for which license is sought:
   Name:_____ Address:_____
   Are these premises leased or owned by applicant? _____ If leased, state term thereof:_____
   _____

2. Describe your present business for which license is sought: _____

3. Estimate current non-liquor inventory: $_____
   Estimate current liquor inventory $_____

4. Has this company made similar application for this classification at a location different from that described in # 2 ? _____. If "yes", what disposition resulted ?_____
   _____

5. Will the business be conducted by a manager or agent? _____
   Name of manager or agent:_____Residence Address:_____
   _____
   SS #: _____ Date of Birth: _____

6. Have any of the officers, directors, majority stockholders, manager or agent ever been convicted of a felony?_____, or a misdemeanor ? _____. If "yes", give date, state offense and disposition: _____.

7. Are all the officers, directors, majority stockholders, manager and agent citizens of the United States?_____ If naturalized citizen, when naturalized? _____.
   Where naturalized ? _____.
   Court in which (or law under which) naturalized: _____.

8. Has the applying officer, manager or agent of this corporation read Section 3 Chapter 7 of the Savanna Municipal Code and abide by it? _____

9. Does the applying officer, manager or agent of this Corporation know of any reason why _____ _____ is not qualified to hold the license under the laws of the State of Illinois and the ordinances of the City of Savanna? _____ If "yes", please do not complete the remainder of the application.

10. Has any previous liquor license issued by the federal government or any state or subdivision thereof, to this company or any of its officers, director, shareholders, manager or agent as individuals, partnerships or corporate stockholders been revoked ? _____
    If "yes", state circumstances and disposition of such revocation:
    _____

11. Please list the following, if applicable:

    A. Federal Tax I. D. #: _____

    B. State of Illinois Sales Tax #: _____

    C. State of Illinois Liquor License #: _____

12. Attach current copy of Dram Shop Insurance Certificate.

State of Illinois)
SS.
Carroll County)

I (or we) swear (or affirm that I (or we) will not violate any of the ordinances of the City of Savanna or the laws of the State of Illinois or the laws of the United States of America, 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.

_____
Signature of Applicant

Subscribed and Sworn to before me this _____ day of _____, 2_____.

_____
Notary Public

License approved this _____ day of _____, 2_____.

By _____, Mayor