

**VILLAGE OF FAIRMONT CITY, ILLINOIS APPLICATION FOR LIQUOR LICENSE**

1. (a) Applicant's name: \_\_\_\_\_  
(b) Applicant's home address: \_\_\_\_\_
2. (a) Name of applicant's business: \_\_\_\_\_  
(b) Address of applicant's business: \_\_\_\_\_
3. If applicable, date of filing of "assumed name" of business with County Clerk: \_\_\_\_\_
4. (a) In case of a partnership, date of the formation of the partnership: \_\_\_\_\_  
(b) In case of an Illinois corporation, date of its incorporation: \_\_\_\_\_  
(c) In case of a foreign corporation, the State where it was incorporated: \_\_\_\_\_  
and date of its becoming qualified under the "Business Corporation Act of 1983" (Chap. 32, Sec. 1.01, et seq. , Ill. Rev. Stat.) to transact business in the State of Illinois: \_\_\_\_\_  
(d) Name of registered agent and address of registered office: \_\_\_\_\_  
\_\_\_\_\_
5. (a) The number of applicant's current local retail liquor license: \_\_\_\_\_  
(b) Date of issuance: \_\_\_\_\_ (c) Date of expiration: \_\_\_\_\_
6. Name and address of the owner of the property: \_\_\_\_\_  
\_\_\_\_\_
7. If premises are leased, (a) name and address of landlord: \_\_\_\_\_  
\_\_\_\_\_ (b) date lease expires: \_\_\_\_\_
8. Date of applicant's first request for State liquor license: \_\_\_\_\_  
and whether it was granted, denied, or withdrawn: \_\_\_\_\_
9. Residence of applicant when current application of State liquor license was made: \_\_\_\_\_  
\_\_\_\_\_
10. Applicant's current State liquor license number: \_\_\_\_\_
11. Date the applicant began liquor sales at his place of business: \_\_\_\_\_
12. Address of applicant's warehouse, if he warehouses liquor: \_\_\_\_\_

13. Applicant's Retailer's Occupation Tax (ROT) Registration Number: \_\_\_\_\_
14. Applicant's document locator number on his Federal Special Tax Stamp: \_\_\_\_\_
15. Is applicant delinquent in payment of Retailer's Occupational Tax (Sales Tax)? \_\_\_\_\_
- If so, the reasons therefore: \_\_\_\_\_
16. Is applicant delinquent under the cash beer law? \_\_\_\_\_ If so, the reasons therefore: \_\_\_\_\_
- \_\_\_\_\_
17. In case of a retailer, is applicant delinquent under the 30-day credit law? \_\_\_\_\_ If so, the reasons  
Therefor: \_\_\_\_\_
18. In case of a distributor, is applicant delinquent under the 15-day credit law? \_\_\_\_\_ if so, the reasons  
Therefor: \_\_\_\_\_
19. Has applicant made an application for a liquor license which has been denied? \_\_\_\_\_ if so, the  
Reasons therefore: \_\_\_\_\_
20. Has applicant ever had any previous liquor license suspended or revoked? \_\_\_\_\_ If so, the  
Reasons therefore: \_\_\_\_\_
21. Has applicant ever been convicted of a gambling offense or felony, or any of the offenses listed in Section 5  
of Ordinance No. 136, as amended? \_\_\_\_\_ If so, the particulars thereof: \_\_\_\_\_
- \_\_\_\_\_
22. Does applicant possess a current Federal Wagering Stamp? \_\_\_\_\_
- If so, the reasons therefore: \_\_\_\_\_
23. Is applicant, or any other person who owns a 5% interest or more in this place of business, a public official?  
If so, the name and address: \_\_\_\_\_
- \_\_\_\_\_ Office held: \_\_\_\_\_
24. (a) Applicant's name and address: \_\_\_\_\_
- (b) How long a resident of Fairmont City: \_\_\_\_\_ (c) Applicant's sex: \_\_\_\_\_
- (d) Applicant's date of birth: \_\_\_\_\_ (e) Place of birth: \_\_\_\_\_

(f) Is applicant U.S. citizen? \_\_\_\_\_ (g) If naturalized, date: \_\_\_\_\_

Place: \_\_\_\_\_ Court: \_\_\_\_\_

(h) Applicant's Social Security No. \_\_\_\_\_ (i) Applicant's position: \_\_\_\_\_

(j) Applicant's percentage of ownership in the business: \_\_\_\_\_

25. Please list the following information for every sole owner, partner, corporate officer, director, manager, and any person who owns 5% or more of the shares of the applicant business entity or parent corporations of the applicant business entity:

(a) Name and address: \_\_\_\_\_

(b) Sex: \_\_\_\_\_ (c) Date of birth: \_\_\_\_\_ (d) Social Security No. \_\_\_\_\_

(e) Position: \_\_\_\_\_ (f) Percentage of ownership in the business: \_\_\_\_\_

(a) Name and address: \_\_\_\_\_

(b) Sex: \_\_\_\_\_ (c) Date of birth: \_\_\_\_\_ (d) Social Security No.: \_\_\_\_\_

(e) Position: \_\_\_\_\_ (f) Percentage of ownership in the business: \_\_\_\_\_

26. Is the location of your place of business within one hundred (100) feet of a church, school, hospital, undertaking establishment, or mortuary? \_\_\_\_\_

27. Is the place of business in a hotel? \_\_\_\_\_ If so, the number of sleeping rooms: \_\_\_\_\_

28. Also state whether or not there is one or more public dining rooms where meals are served to such guests and whether the same is equipped with adequate and sanitary kitchen and dining room equipment. \_\_\_\_\_

29. Are you now a keeper or have you ever been convicted of being a keeper of a house of ill fame, pandering, or other crimes opposed to decency or morality? \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

If application is made in behalf of a partnership, firm, association, club or corporation, this shall be signed by at least two members of such partnership or the president and secretary of such corporation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Illinois                    )  
County of St. Clair            ) ss.

The undersigned being first duly sworn do depose and state upon his/her/their oath that he/she/they do hereby make application for a license to sell alcoholic liquors at retail. They do solemnly swear that each and all of the foregoing questions were read and understood by them and that the answers thereto are true. They do further state and agree that before they will accept the license herein applied for that they will thoroughly read and acquaint themselves with all the provisions of the Illinois Liquor Control Act and the ordinances of the Village of Fairmont City with reference to the sale of alcoholic liquor and will comply with the provisions thereof.

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_

Notary Public

PLEASE ATTACH A COPY OF YOUR APPLICATION FOR CURRENT STATE LIQUOR LICENCSE TO THIS APPLICATION