

**CITY OF KEWANEE
APPLICATION FOR ALCOHOLIC LIQUOR LICENSE**

1. Full Name of Applicant _____
2. If corporation, full name of Local Manager _____
3. Date of Birth _____
4. Social Security Number _____
5. Home Address of Applicant _____

6. Home Phone Number of Applicant _____
7. Are you a Citizen of the United States? YES NO
8. Place of birth or time and place of naturalization _____
9. Name of Business _____
10. Phone Number of Business _____
11. If applicant is a partnership, give name and address of all partners and list principal business activity of each partner.
12. If applicant is a corporation, give name and address of registered agent and the local manager.
13. Address of location for which license is sought _____

14. Type of license sought _____
15. If applicant has ever engaged in the business of sale of alcoholic liquor at retail, list address of all locations.

16. Attach to this application a copy of applicant's balance sheet and operating statement for the past three years or, if not available, other proof of financial responsibility.
17. List dram shop insurance coverage, including name and address of insurance company, for both the licensee and owner of the building in which the alcoholic liquor will be sold for the duration of the license.
18. Describe parking facilities available to the business.
19. Will two separate restrooms be provided with hot and cold running water, together with clean towels?
20. Describe method you would use in cleaning premises and of sterilizing glasses and dishes.
21. If business is to offer food service, describe method to be used, facilities, and all sanitation and cleanliness procedures that will be followed.
22. Will you familiarize yourself with all laws of the United States, State of Illinois, and ordinances of the City of Kewanee pertaining to the sale of alcoholic liquor and abide by all of them?
23. If food service is offered, will you familiarize yourself with all laws of the United States, State of Illinois, and ordinances of the City of Kewanee pertaining to service of food and abide by all of them?
24. Will you maintain the entire premises in a clean and sanitary manner, free from conditions that might cause accidents?
25. Will you attempt to prevent rowdiness, fights, and disorderly conduct of any kind and immediately notify the police department if any such events take place? Would you sign a complaint?
26. Will you permit any police officer, Liquor Control Commissioner or any person appointed or authorized by him to inspect business premises at any time?

27. Have you or, in the case of a corporation, the local manager or, in the case of a partnership, any of the partners ever been convicted of any violation of any law pertaining to alcoholic liquor?

If so, give all details:

28. Have you or, in the case of a corporation, the local manager or, in the case of a partnership, any of the partners ever been convicted of a felony?

If so, give all details:

29. List your occupation or employment, with addresses thereof, for the past ten years. (If partnership or corporation, list same information for each partner and the local manager.)

30. Have you ever been convicted of a gambling offense? (If a partnership or corporation, include all partners and the local manager.)

31. Have you ever been issued a federal gaming device stamp or a federal wager stamp? (If a partnership or corporation, include all partners and the local manager.)

If so, give all details.

32. Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?

33. Have you or, if a partnership, any of the partners or, if a corporation, the local manager ever had a liquor license revoked or suspended?

If so, give all details, including location of licensed property.

34. List amount of goods, wares and merchandise currently on hand at the time of this application:

35. Do you understand that your license can be revoked for violations of the city or state liquor codes?

Signature of Applicant

STATE OF ILLINOIS)
)
COUNTY OF HENRY)

_____, being first duly sworn, deposes and says that s/he has read the above and foregoing application, caused the answers to be provided thereto, and all of the information given by him on said application is true and correct.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____
A.D., 20____.

Notary Public

NOTE: In the event applicant is a partnership, the application should be signed and sworn to in the same manner by all partners. In the event applicant is a corporation, the application should be signed and sworn to by the local manager.