



**STEPHENSON COUNTY LIQUOR CONTROL COMMISSION**  
50 W. DOUGLAS ST. – 5TH FLOOR, FREEPORT, IL 61032

## Application for License to Sell at Retail Alcoholic Liquors

\_\_\_\_\_  
(Name of Establishment as it should appear on your Liquor License)

**Please note total number of Gaming Machines in your establishment \_\_\_\_\_**

**PLEASE COMPLETE EVERY QUESTION OR YOUR APPLICATION WILL BE RETURNED**

To the Chairman of the Stephenson County Board (Liquor Control Commissioner) of the County of Stephenson, in the State of Illinois: I hereby make application for a Class \_\_\_\_\_ license to sell at retail alcoholic liquors in said County of Stephenson at the location herein described. (Attach additional pages if necessary to fully answer any question.)

1. \_\_\_\_\_  
(Applicant's full name) (Telephone number)
- \_\_\_\_\_  
(Address of applicant at time of application)
- \_\_\_\_\_  
(Date of Birth) (Social Security number) (Corporate No. if incorporated)

(In case of a co-partnership, state persons entitled to share in profits thereof, in case of a corporation, limited liability corporation, for profit, or a club, the date of incorporation, the objects for which it was organized, the names and addresses of the officers and directors, and if a majority of interest of the stock of such corporation or limited liability corporation is owned by one person or his nominees, the names and address of such person.)

2. State citizenship of applicant, his/her place of birth and if a naturalized citizen, the time and place of naturalization:

\_\_\_\_\_

3. State type of current business or occupation of applicant, and in the case of a corporation or limited liability corporation, the objects for which it was formed:

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

4. State the date of incorporation, if an Illinois corporation, or the date of qualification under the Illinois Business Corporation Act to transact business in Illinois if a foreign corporation:  
\_\_\_\_\_
5. State length of time applicant has been in business of that character, or in case of a corporation or limited liability corporation, date on which its charter was issued:  
\_\_\_\_\_
6. State amount of goods, wares and merchandise on hand at the time of making this application  
\_\_\_\_\_
7. State specific location and description of premises or place of business which is to be operated under this license:  
\_\_\_\_\_
8. If applying for a temporary event liquor license, indicate starting date and ending date and hours of operation \_\_\_\_\_
9. Have you made similar application for a similar other license on premises other than herein described, and if so, what disposition has been made of such application?  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you ever been convicted of a felony or are you disqualified to receive a license by reason of any matter or regulation contained in the Illinois Liquor Control Law?  
\_\_\_\_\_
11. Has a previous license by any State or subdivision thereof or by the federal government been revoked? If so, give the reason therefore:  
\_\_\_\_\_
12. I will not violate any of the laws of the State of Illinois or of the United States, or any provisions or regulations of the Stephenson County Code adopted and in force February 9, 1977, and as amended from time to time in the conduct of my business for which license is asked.  

Any violations or allegations of violations of any federal, state or local law or ordinance that could, in the discretion of either the local or state liquor control commission, result in a fine, suspension or revocation of the licensee's license shall be reported by the applicant to the local liquor control commission.
13. I have not received or borrowed money or anything else of value (other than merchandising credit in the ordinary course of business for a period not exceeding ninety days as permitted under the Illinois Liquor Control Law), directly or indirectly from any manufacturer, importing distributor or distributor, representative of any such manufacturer, importing distributor or distributor, nor will I be a party in any way, directly or indirectly, to any violation by a manufacturer, importing distributor or distributor of said Act aforesaid.

14. Is your place of business to be conducted by a manager or agent or by yourself?

\_\_\_\_\_

15. If by manager or agent, state citizenship, place of birth and if a naturalized citizen, the time and place of naturalization

\_\_\_\_\_

16. Has any manager, agent, partner, shareholder or officer ever been convicted of a felony?

\_\_\_\_\_

If yes, state when, where, offense and sentence.

\_\_\_\_\_

employed by the applicant in connection with the retail sale of alcoholic liquor on the licensed premises. If a license is granted, the aforementioned information of any new managers to be employed by the applicant in connection with the retail sale of alcoholic liquor on the license premises shall be provided by the applicant to the local liquor control commission within ten days after employment of the new manager commences.

17. Has a previous license by any State or subdivision thereof or by the federal government been refused or revoked to your manager, agent partner, shareholder or officer?

\_\_\_\_\_

18. Do you own the premises for which a license is sought?

\_\_\_\_\_

19. Do you lease the premises for which a license is sought?

\_\_\_\_\_

20. If you lease such premises, have you a lease thereon for the full period for which the license herein is to be issued? \_\_\_\_\_ (If yes, attach a copy of the lease to the application)

Attach proof of coverage through dram shop insurance from the day of the issuance of the license through the end of the terms of the license. (01/01/xxxx – 12/31/xxxx) Included in the policy shall be a clause that the provider of the aforementioned insurance shall notify the Clerk of the County at least ten (10) days prior to the termination or proposed termination of any dram shop insurance covered provided to the applicant/licensee.

I understand and agree that the license which may be issued pursuant to this application may be revoked by the Liquor Control Commissioner in the event of any false statement herein, or in the event of any violation by me of the provision of the Illinois Liquor Control Law, or in the event of any violation by me of the provisions or regulations of the Stephenson County Code, adopted and in force February 9, 1977, and as amended from time to time; and that I have read and am familiar with all the regulations of said Board as appear on this application.

STATE OF ILLINOIS }  
STEPHENSON COUNTY } ss.

\_\_\_\_\_, being first duly sworn on oath deposes and says that he/she has read the above application by him/her subscribed, and that he/she knows the contents

thereof and the application is true, both in substance and in fact.

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant(s)

Signature of Applicant(s)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D.  
20\_\_\_\_\_

\_\_\_\_\_

County Clerk/Deputy Clerk

Application (Denied) (Approved and license issued) this \_\_\_\_\_ day of \_\_\_\_\_, A.D.  
20\_\_\_\_