CITY OF DECATUR
FINANCE DEPARTMENT
#1 GARY K ANDERSON PLAZA
DECATUR IL 62523
LICENSING – (217) 424-2709

FEE: $100

License Expires June 30

# PLACE OF AMUSEMENT LICENSE APPLICATION
## CORPORATION

**Circle one:** New Renewal

**PLEASE PRINT**

Corporation Name_____

Doing Business As_____ Phone #_____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name_____ Phone #_____
First MI Last

Names and Addresses of Officer, Director and Shareholder owning more than 5%:

Name_____Title_____
First MI Last

Address_____
Street City State Zip Code

Name_____Title_____
First MI Last

Address_____
Street City State Zip Code

Name_____Title_____
First MI Last

Address_____
Street City State Zip Code

Name of Manager_____Date of Birth_____
First MI Last

Address_____
Street City State Zip Code

Intended use of facility_____
(be specific, the license is only valid for specific use listed here)

**CONTINUE ON SECOND PAGE**

TO BE COMPLETED BY FINANCE DEPT.

_____

City Manager or Designee Date

New _____ Renewal_____

Amount Paid $_____

Date Paid _____

License Number_____

License Issued _____

Is there one person who owns controlling interest in the corporation? Yes_____No_____

If yes, Name_____ _____
First MI Last

Address_____
Street City State Zip Code

Owner of Record of premises to be licensed:

Name_____ _____
Business Name or First, MI, & Last Name

Address_____
Street City State Zip Code

Have you previously had a Liquor License or a Place of Amusement License revoked for any reason?

Yes_____No _____ If Yes, please explain_____

_____

_____

Have you been convicted of a felony? Yes_____No_____

THE UNDERSIGNED, BEING FIRST DULY SWORN, ON OATH DEPOSES AND SAYS:

1. That he has personal knowledge of the facts relative to this application and that the matters and things set out in this application are true and he is duly authorized to and does sign this application on behalf of said corporation.
2. That said corporation is duly organized and existing in good standing with, and eligible to do business in the State of Illinois, and is not indebted to said State of Illinois or the City of Decatur, and each officer, manager, director, agent and stockholder owning in aggregate more than 5% of the stock thereof has not been convicted of any offense or violation which would render such person ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended, and is otherwise eligible under said provision to receive a license; and neither the corporation nor any such person has had a license revoked for cause.

Signed_____

Title_____

Subscribed and sworn to before me this _____day of_____, 20_____

_____
NOTARY PUBLIC

(Seal)

CITY OF DECATUR
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**PLACE OF AMUSEMENT**
OFFICER, DIRECTOR OR SHAREHOLDER STATEMENT

**Each Officer, Director and Shareholder owning more than 5% must complete this forms.**
Additional copies available upon request.

Business Name_____

Doing Business As_____Phone_____

Business Address _____
Street City State Zip Code

THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH DEPOSES AND SAYS:

1. That the matters and things set out in this statement are true.
2. That the undersigned is an Officer/Director/Shareholder of the named corporation.
3. That the undersigned has not been convicted of any offense or violation which would render him/her ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended; and would be eligible for a liquor license as an individual except for the requirement of residence within the City of Decatur and a citizen of the United States.

**PLEASE PRINT**

Name_____Phone #_____
First MI Last

Address_____
Street City State Zip Code

Date of Birth_____Place of Birth_____

Signature_____

Title_____

Subscribed and sworn to before me this _____day of _____,20_____.

_____
NOTARY PUBLIC

(Seal)

5-3-89A

CITY OF DECATUR
FINANCE DEPARTMENT
#1 GARY K ANDERSON PLAZA
DECATUR IL 62523
LICENSING – (217) 424-2709

**PLACE OF AMUSEMENT**
MANAGER' STATEMENT

Business Name_____

Doing Business As_____Phone_____

Business Address _____
Street City State Zip Code

THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH DEPOSES AND SAYS:

1. That the matters and things set out in this statement are true.
2. That the undersigned is Manager of the business operated under the above indicated place of amusement license and of the premises covered thereby.
3. That the undersigned has not been convicted of any offense or violation which would render him/her ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended; and would be eligible for a liquor license under said Act were he/she to apply for such license.

**PLEASE PRINT**

Manager's Name_____Phone #_____
First MI Last

Address_____
Street City State Zip Code

Date of Birth_____Place of Birth_____

Signature_____

Title_____

Subscribed and sworn to before me this _____day of _____,20_____.

_____
NOTARY PUBLIC

(Seal)

5-3-89A

# PLACE OF AMUSEMENT

Required Information

## FOR CORPORATION

1. Application Filed
2. Fee Paid of $100
3. Managers Statements
   Officers, Directors and Stockholders Statements for each
4. person on application form
5. Certificate of Good Standing (Corp)
6. Copy of Articles of Incorporation (Corp)
7. Membership List if club (including addresses)
8. Copy of Lease with Expiration Date that includes license year
9. Photo ID/s attached for all listed on application