



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
 INDIVIDUAL**

Circle one: New Renewal

PLEASE PRINT

Business Name _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Owner's Name _____ Phone # _____
First MI Last

Address _____
Street City State Zip Code

Date of Birth _____ Place of Birth _____

Name of Manager _____ Date of Birth _____
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

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

CONTINUE ON SECOND PAGE

TO BE COMPLETED BY FINANCE DEPT.	New _____ Renewal _____
_____	Amount Paid \$ _____
_____	Date Paid _____
City Manager or Designee Date	License Number _____
	License Issued _____

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 the matters and things set out in this application are true.
2. That he is the beneficial owner of the business to be operated under the license applied for hereby.
3. That the above named manager, if any, possesses the same qualifications as are required by law and ordinance of a licensee.
4. That the undersigned applicant is a resident of the City of Decatur, Illinois; is not indebted to the City of Decatur; and has not been convicted of any offense or violation which would render such applicant 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 has not had a license revoked for cause.

Signed _____

Title _____

STATE OF ILLINOIS)
) SS
COUNTY OF MACON)

Subscribed and sworn to before me this _____ day of _____, 20 _____

NOTARY PUBLIC

(Seal)



CITY OF DECATUR
 FINANCE DEPARTMENT
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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 _____

STATE OF ILLINOIS)
) SS

COUNTY OF MACON)

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

 NOTARY PUBLIC

(Seal)

PLACE OF AMUSEMENT
Required Information
FOR INDIVIDUAL OWNER

1. Application Filed
2. Fee Paid of \$100
3. Managers Statements
4. Copy of Lease with Expiration Date after license year
5. Photo ID/s attached for all listed on application
6. Membership List if club (including addresses)