



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

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

Each Officer, Director and Shareholder owning more than 5% must complete this form. 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 _____

STATE OF ILLINOIS)
) SS
 COUNTY OF MACON)

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

 NOTARY PUBLIC

(Seal)