



CITY OF DECATUR, ILLINOIS

City Clerk

#1 Gary K. Anderson Plaza

Decatur, IL 62523-1106

Phone: 217-424-2708

Fax: 217-450-2297

CLASS _____

(Must indicate CLASS for which you are applying)

INDIVIDUAL/SOLE PROPRIETOR APPLICATION FOR ALCOHOLIC LIQUOR LICENSE:

LICENSE EXPIRES: JUNE 30, 20 _____

ANNUAL FEE: \$2,000.00 - Class A, B, C, D, E, G, H, I, J, K, L & M

ANNUAL FEE: \$1,400.00 - Class N

ANNUAL FEE: \$725.00 - Class F

ANNUAL FEE: \$6,000.00 - Class P

PROCESSING FEE: \$100.00 (New and/or Transfer)

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

NAME OF OWNER/SOLE PROPRIETOR _____

OWNER'S/SOLE PROPRIETOR'S PHONE NUMBER _____

MANAGER OF LICENSED PREMISES:

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ ZIP CODE _____

(MUST RESIDE WITHIN THE CITY LIMITS OF DECATUR & PROVIDE COPY OF VALID ILLINOIS DRIVER'S LICENSE)

PHONE NUMBER _____ EMAIL ADDRESS _____

OWNER OF RECORD OF PREMISES TO BE LICENSED:

NAME _____

ADDRESS _____ ZIP CODE _____

PHONE NUMBER _____

MARK THE BOX BELOW TO INDICATE HOW YOU WILL OBTAIN THE APPROVED LIQUOR LICENSE:

WILL PICK UP THE LIQUOR LICENSE AT THE CITY CLERK'S OFFICE AFTER NOTIFIED THE LICENSE IS READY.

MAIL THE LIQUOR LICENSE TO THE ESTABLISHMENT BY U.S. MAIL.

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

1) That he/she has personal knowledge of the facts relative to this application and that the matters and things set out in this application are true.

2) That he/she is the beneficial owner of the business to be operated under the license applied for hereby, and that no law enforcing public official, Mayor, or member of the City Council is interested in any way directly or indirectly in the business to be conducted under said license or in the licensed premises.

3) That the above named 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 _____

(MUST RESIDE WITHIN THE CITY LIMITS OF DECATUR & PROVIDE COPY OF VALID ILLINOIS DRIVER'S LICENSE)

TITLE _____

STATE OF ILLINOIS)
) SS
COUNTY OF MACON)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

(SEAL)

NOTARY PUBLIC

Signature must be notarized before returning this form to the City Clerk's office.

DATE APPROVED _____

SIGNATURE OF LIQUOR COMMISSIONER _____