



**CITY OF DECATUR, ILLINOIS
CITY CLERK'S OFFICE
ONE GARY K. ANDERSON PLAZA, SECOND FLOOR
DECATUR, ILLINOIS 62523
PH. 217.424.2708 Fax 217.450.2297**

CATERER'S PERMIT APPLICATION

APPLICABLE LIQUOR LICENSE HOLDERS ARE CLASS A, C, G, O

ANNUAL FEE: \$200.00

NAME OF CORPORATION REQUESTING CATERER'S PERMIT:

CORPORATION'S BUSINESS ADDRESS:

CORPORATION'S PHONE NUMBER: _____

CONTACT NAME: _____

CONTACT'S EMAIL ADDRESS: _____

LIQUOR LICENSE NUMBER: _____

AFFIDAVIT OF APPLICANT

ON OATH, I HEREBY STATE AND AVER, THAT:

- 1) The facts asserted in the foregoing application for a caterer's permit are true, on information and belief.
- 2) I am duly authorized to and does sign this caterer's permit application on behalf of said corporation.
- 3) The corporation is duly organized and in good standing with, and eligible to do business in the State of Illinois.
- 4) The corporation is not indebted to said State of Illinois or City of Decatur, Illinois.
- 5) The corporation has not had its caterer's permit revoked for cause.
- 6) No law enforcing public official, Mayor or member of the City Council is interested in any way directly in the corporation to be permitted.
- 7) I am qualified, as required by law and ordinance, for issuance of a caterer's permit.

MARK THE BOX BELOW TO INDICATE HOW YOU WILL OBTAIN THE APPROVED CATERER'S PERMIT:

WILL PICK UP THE CATERER'S PERMIT AT THE CITY CLERK'S OFFICE AFTER NOTIFIED THE PERMIT IS READY.

MAIL THE CATERER'S PERMIT TO THE ESTABLISHMENT BY U.S. MAIL.

DATE APPROVED: _____

LOCAL LIQUOR CONTROL COMMISSIONER