

13. Owner 1 Name _____

A. Residence Address _____

B. Place of Birth: _____

Date of Birth: _____

C. Are you a citizen of the United States? _____

If a naturalized citizen, time and place of naturalization: _____

D. Have you ever been convicted of a felony or otherwise disqualified to receive the license applied for by reason of any matter or thing contained in the Illinois Liquor Control Act or the Municipal Liquor Code? [] YES [] NO
If "yes", name court of conviction _____

E. Have you ever made application for a liquor license for any other premises? _____

DATE: _____

State disposition of application: _____

Give address: _____

F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec. 2 (14) Art. VI of the Illinois Liquor Control Act? _____

If so, office held: _____

G. Has any license previously issued to you by any State or local authorities been

SUSPENDED? _____ Date: _____

If so, state reasons therefor: _____

Where: _____

(CITY COUNTY STATE)

H. Has any license previously issued to you by any State or local authorities been

REVOKED? _____ Date: _____

If so, state reasons therefor: _____

Where: _____

(CITY COUNTY STATE)

I. Will you comply with the Local Liquor Code and the Regulations in connection herewith? _____

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Where: _____

(CITY COUNTY STATE)

I. Will you comply with the Local Liquor Code and the Regulations in connection herewith? _____

15. Do you possess a current Federal Wagering or Gaming Device Stamp? YES NO
If "Yes", what is your Stamp No. _____ Amount _____

16. Will this business be conducted by a manager or agent? YES NO

If "Yes", Manager or Agent must give the following information:

A. Name _____ Date of Birth _____

B. Residence Address _____
(STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY STATE ZIP)

C. Place of Birth _____ Are you a citizen of the United States? YES NO

D. If a naturalized citizen, time and place of naturalization? _____

E. Have you ever been convicted of any crime as stated in Question 15-D or 16-D above? YES NO
If "Yes", State Offense _____

F. Are you or have you ever been interested in any liquor business at another address? YES NO
Date: _____ If so, state reason therefor _____

Where: _____ (CITY, COUNTY, STATE)

G. Has any license previously issued to you by any State or local authorities been SUSPENDED?
 YES NO Date: _____ If so, state reason therefor _____

Where: _____ (CITY, COUNTY, STATE)

H. Has any license previously issued to you by any State or local authorities been REVOKED?
 YES NO Date: _____ If so, state reason therefor _____

Where: _____ (CITY, COUNTY, STATE)

NO LICENSE SHALL BE ISSUED UNLESS ALL THE ABOVE QUESTIONS ARE COMPLETELY ANSWERED

AFFIDAVIT

(PLEASE READ CAREFULLY BEFORE SIGNING)

I (We) do solemnly swear (or affirm) that the statements given above are true and correct to the best of my (our) knowledge and belief; that I (We) will comply with all regulations of Federal, State and Local Liquor control Laws; that a copy of an ordinance governing the sale at retail of alcoholic liquors and beverages in this municipality has been furnished to me (us); that I (we) understand the same, and agree to comply with all the provisions set forth therein.

I (We) swear (or affirm) that I (We) will not violate any of the laws of the State of Illinois or of the United States of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct and are made for the purpose of inducing the Village of Hamel, Illinois to issue the license herein applied for.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, A.D., _____.

APPLICANT(S):

CLERK

(SEAL)