

# LIQUOR LICENSE APPLICATION FOR THE VILLAGE OF MAZON

TO THE VILLAGE PRESIDENT OF MAZON, ILLINOIS:

The undersigned hereby makes application for a local Class \_\_\_\_\_ liquor license under the Ordinances of the Village of Mazon and makes the following statements of facts representations in support of such application.

This application is made on behalf of \_\_\_\_\_ and the place of business to be operated under the license is located at: \_\_\_\_\_

IF ALL THE FOLLOWING ARE NOT ANSWERED, THIS APPLICATION WILL BE RETURNED.

1. I reside at \_\_\_\_\_ and am \_\_\_\_\_ years of age.
2. Names of other partner or partners. ( if none, mark "NONE")

3. I am a citizen of the United States of America. (If a naturalized citizen, give date and place of birth, time and place of naturalization.

\_\_\_\_\_  
(Date and Place of Birth)

\_\_\_\_\_  
(Date and Place of Naturalization)

4. The Character of my business is: \_\_\_\_\_
5. The length of time applicant has been engaged in this business is: \_\_\_\_\_
6. The amount of goods, wares and merchandise of the business on hand at date of application is \$ \_\_\_\_\_.
7. Applicant \_\_\_\_\_ made application for a similar license of other premises. If (Has/Has Not)  
So, give disposition of other applications:

8. Applicant \_\_\_\_\_ been convicted of a felony and is not disqualified to (Has/Has Not)  
Receive a license for any reason.

9. Has a previous license issued by the State of Illinois or by the Federal Government ever been revoked? \_\_\_\_\_ If so give reasons

10. Have you ever kept a house of ill-fame or been guilty of pandering or any other act opposed to decency and morality? \_\_\_\_\_
11. Did you state you will not violate any of the laws of the State of Illinois and of the United States and of the Ordinances of the Village of Mazon Illinois, in the conduct of your business? \_\_\_\_\_
12. Is the business to be conducted by a manager or agent? \_\_\_\_\_ If so, give his/her name, address and contact phone number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Do you own the premises wherein the business will be operated under the license applied for here? \_\_\_\_\_ If No provide the following information;

Name of Landlord \_\_\_\_\_

Expiration date of lease: \_\_\_\_\_

14. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Address \_\_\_\_\_

\_\_\_\_\_

of applicant in the case of an individual, in the case of a partnership, the persons entitled to share in the profits thereof, and in the case of a Corporation or a Limited Liability Company (LLC) for profit or a club, the date of incorporation, or creation, the purpose for which it was organized, the names and addresses of the members, officers and directors, and if a majority in interest of the ownership of such Corporation or Limited Liability company is owned by one person or his nominees, the name and address of such person; (section 4-1 of 2006-12) (attach additional sheet of paper with information if necessary)

15. Contact person name \_\_\_\_\_ Phone \_\_\_\_\_
- Address \_\_\_\_\_
- Accessible 24 hours a day in case of emergency

16. List of products to be sold

\_\_\_\_\_

\_\_\_\_\_

**Please attach copy of State of Illinois Tax Certificate and Certificate of Insurance including DRAM SHOP coverage.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Application received \_\_\_\_\_ Committee review date \_\_\_\_\_

Application approved / denied \_\_\_\_\_ Date \_\_\_\_\_

Tax Certificate \_\_\_\_\_ Certificate of Insurance / DRAM SHOP \_\_\_\_\_