

COMMERCIAL APPLICATION

APPLICATION License No. _____
FOR Date Issued _____
TEMPORARY Expires _____
WINE/BEER TASTING LICENSE Checked By _____
Approved By _____
Date _____
Order to Receive No. _____
TO BE FILED WITH Amount _____
THE [] Cash [] Bank Draft
CITY CLERK [] Cashier's Check [] Money Order
[] Certified Check [] _____

IMPORTANT -- READ CAREFULLY -- PERSONAL CHECKS NOT ACCEPTED UNLESS CERTIFIED

This application properly completed and signed must be filed with the City Clerk and must be accompanied by a remittance in the proper amount, made payable to the City Treasurer. This remittance must be in the form of a Certified or Cashier's Check, United States Postal Money Order, Express Money Order, or Licensed Currency Exchange Money Order, Bank Draft, Bank Money Order, or Personal Money Order. Cash accepted.

The undersigned business hereby makes application for a TEMPORARY WINE/BEER TASTING LICENSE and submits the following information:

1. Applicant: _____
(GIVE NAME OF BUSINESS-- TYPE OR PRINT PLAINLY)
2. Location of business (NUMBER AND STREET) _____
CITY/TOWN/OR VILLAGE ZIP CODE RURAL ROUTE AND POST OFFICE
3. Have four (4) temporary wine/beer tasting licenses been issued to your business within the past year?
(Yes) (No)
4. **Date and hours of event** _____
5. Location of temporary wine/beer tasting facility _____
6. Trash receptacles furnished? (Yes) (No) Type _____
7. Sanitation facilities furnished? (Yes) (No) Type _____
8. Garbage and litter pickup arranged for? (Yes) (No) Type _____
9. Adequate parking available? (Yes) (No) Type _____
10. Liability insurance (dram shop insurance) purchased? (Yes) (No) Type _____
Amount _____
11. City named as additional insured? (Yes) (No) **CERTIFICATE OF INSURANCE MUST BE ATTACHED TO THE APPLICATION BEFORE A LICENSE IS ISSUED.**
12. 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 _____
13. Have you or your business ever made application for a liquor license for any other premises?
(Yes) (No)
14. Are you or is any other person, directly or indirectly interested in said temporary wine/beer tasting facility, a public official as defined in Section 2 (14) Article VI of the Illinois Liquor Control Act? _____ If so, office held? _____
15. Has any license previously issued to you or your organization by any State or local authorities been SUSPENDED? (Yes) (No)
Date: _____ If so, state reasons therefor _____
Where? _____
(City) (County) (State)

16. Has any license previously issued to you or your organization by any State or local authorities been REVOKED? (Yes) (No)
 Date: _____ If so, state reasons therefor _____
 Where? _____
 (City) (County) (State)
17. Will you and your organization comply with the Local Liquor Code and the regulations in connection therewith? (Yes) (No)
18. Are you, or has your organization ever been, interested in any liquor business at another address? (Yes) (No)
 Date: _____ If so, state reasons therefor _____
 Where? _____
 (City) (County) (State)
19. a. Name of individual making application _____
 (Must be an officer of the organization) TYPE OR PRINT NAME PLAINLY
 Date of Birth: _____
- b. Residence Address: _____
 (STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER)

 (CITY) (COUNTY) (STATE)
- c. Place of Birth: _____ Are you a citizen of the United States? (Yes) (No)
- d. Have you ever been convicted of a felony or other crime? (Yes) (No)
 State offense: _____
- e. Are you or have you ever been interested in any liquor business at another address? (Yes) (No)
 Date: _____ If so, state reasons 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 City of Sullivan, Illinois to issue the license herein applied for.

APPLICANT BUSINESS:

Individual Making Application:

 Office _____

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

 CLERK

(SEAL)