

LIQUOR LICENSE APPLICATION

It shall be unlawful to sell or offer for sale in the City any alcoholic liquor without first having a license or in violation of the terms of such license.

			_, 20	for a period	l beginning	Liquor License ,				
			_, 20 as	indicated here	after:					
1.	N	lew License (\$	1,500)	or Renewa	al 🗆					
2.		Location and Description of the premises or place of business to be operated under such Licen Address:Square Footage:								
3.										
4.		Name of Applicant(Complete either A, B, or C):								
	١.	<u>Individual Ap</u>	<u>piicant:</u>							
		Name:				_ Date of Birth:				
		Address:			Phone Num	ber:		_		
		Please list Ap	plicant's for	mer employer(s):					
В	3.	Partnership A	Applicant:							
		Name of Partnership:								
	List below any and all persons entitled to share in profits thereof. Attach separate sl necessary.									
		Name:				_ Date of Birth:				
		Address:				Phone:				
		Name:				_ Date of Birth:				
		Address:				Phone:				
		Are all members of the Partnership qualified to obtain a license as individual applicants?								
C	<u>.</u>	Corporation of	or Club Appli	icant:						
		Name of Corp	ooration/Clu	ıb:						
		Date of Incor	poration of (Corporation/Clu	ub:					

Objectives for which Corporation/Club was organized:						
List below Officers and Directors and wh	ether their position is as an Officer or Director.					
Name:	Position:					
Name:	Position:					
Name:	Position:					
Name:	Position:					
Who is the registered agent and what is	t is their address?					
In the case of a Club, whom should legal	process be served upon?					
If the majority in interest of stock of a corporation is owned by one person or his/her nominee, the name and address of the person and the person acting as his/her nominee:						
aggregate more than 5% (either individual eligible to receive a license as an individual of Genoa? List below all Officers, Managers, Direct than 5% of the stock of such Corporation	ereof, or any Stockholder or Stockholders owning in the dually or by nominee) of the stock of such Corporation all pursuant to the Laws of the State of Illinois and the City cors or any Stockholder(s) owning in the aggregate more on and indicate the relationship. Attach separate sheet if					
necessary. Name:	Relationship:					
Address:						
	Relationship:					
Address:						
In the case of individuals and partnerships	s, what is the character of business of applicant?					
Length of time applicant has been in busin Has applicant or any person entitled to rec	ess of that nature					

5.

6. 7.

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10.

or distribution of alcoholic liquor? Mayor or member of the City Council? 12. Is the applicant eligible for a State Retail Liqu								
	uivision thereof of by the rederal dovernment been							
14. If the Manager or Agent is to conduct the business under this application, would said Manager or Agent be qualified to receive a License as an Individual Applicant? Name of Manager or Agent:								
the privileges and restrictions by which a liquor licens violate any of the laws of the United States, the State being duly sworn, hereby states that the information and that the statements set forth are of my own free Genoa, Illinois and do hereby authorize and request t any records from the following: criminal history, driving which may be under the control of the Genoa Police Department to furnish to background check. I/We also release and hold harmless	ois, the liquor ordinance of the City of Genoa and understand e holder must abide. I/We solemnly swear that I/we will not of Illinois, or the City Ordinances of Genoa. The undersigned, contained in this application is true of my own knowledge will. I/We also applied for a liquor license with the City of he Genoa Police Department, an agent of the City, to release ng record in this or any other state, or other documentation Department excluding any juvenile records. This request shall the City of Genoa any and all information related to a less the City of Genoa and any agents or representatives for lity in connection with the disclosure of this information.							
Printed Name:	Signed:							
Date:								
Printed Name:	Signed:							
Date:								
Printed Name:	Signed:							
Date:								
Sworn before me this day of	, 20							
	Notary Public							
Background check completed and approved on	, 20							
	Signature and Title							