

APPLICATION FOR LIQUOR RETAILER'S LICENSE

TO: GALLATIN COUNTY LIQUOR COMMISSIONER
RANDY DRONE

The undersigned hereby make(s) application for the issuance of a county retailer's license for the sale of alcoholic liquor for the term beginning _____, 20____, and ending _____, 20____, and hereby certify(ies) to the following facts:

- 1) Applicant's full name _____
- 2) Location of place of business for which license is sought _____
 - A) _____
Exact address by street and number/zip code
 - B) _____
(Full description of location, place or premises, specifying floor, room, etc.)
- 3) State principal kind of business _____
- 4) Class of license applied for _____
- 5) Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant? _____
If so, are premises:
 - A) Maintained and held out to the public as a place where meals are actually and regularly served? _____
 - B) Provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food? _____
- 6) Does applicant own premises for which this license is sought? _____
- 7) Has applicant a lease on such premises covering the full period for which the license is sought? _____ If so, attach copy.
- 8) Is applicant licensed as a food dispenser? _____
- 9) Is the location of applicant's business for which license is sought within 100 feet property line to property line, of any school, hospital, home for aged or indigent persons, or for veterans, their wives or children, or any military or naval station, or 100 feet building to building from a church? _____
- 10) Is any law enforcing public official, mayor, alderman, member of the city council or commission, or any president or member of a county board directly interested in the business for which this license is sought? _____
- 11) Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____

- 12) Is the applicant or any affiliate, associate, subsidiary, officer, director or other agent engaged in the manufacture of alcoholic liquors? _____

 If so, at what location or locations? _____
- 13) Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? _____
 If so, at what location or locations? _____
- 14) Will the business be conducted by a manager or agent? _____
 If so, give name and residence address of such manager or agent:
 Name _____
 Address _____
- 15) Do you hold any other current business licenses issued by the City? _____ If so, what type of license do you currently hold and what is the address of the licensed premises?
 (Type) _____
 (Address) _____

Individual Applicant:

- 16) A) Name _____
 Date of birth _____

 Month/Day/Year
- B) Residence address _____

 (Give street and number)
 Telephone number _____
- C) Place of birth _____
- D) Are you a citizen of the United States? _____
 If a naturalized citizen, when naturalized? _____

 Month/Day/Year
 Where naturalized? _____

 (City and State)
 Court in which (or law under which) naturalized _____

- E) Have you ever been convicted of any felony under any Federal or State law?

 If so, give date and state offense _____
- F) Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality? _____
 If so, give dates and state offense _____
- G) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____
 If so, give dates and state offense _____
- H) Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in paragraph (G)? _____
- I) Have you made application for other similar license for premises other than described in this application? _____
 If so, give date, location of premises and disposition of application _____

- J) Has any license previously issued to you by State, Federal or local authorities been revoked, suspended or fined? _____
If so, state reasons therefor and date(s) _____
- K) I, _____, D.O.B. _____
SSN# _____ hereby authorize the Gallatin County Liquor Commissioner or his or her designee to run a full background criminal history check on me for purposes of determining accuracy of my answers above and to determine my criminal conviction history.

APPENDIX IV

AFFIDAVIT

STATE OF ILLINOIS)
) **SS**
COUNTY OF GALLATIN)

I swear (and affirm) that I will not violate any of the ordinances of the County of Gallatin or the laws of the State of Illinois or the laws 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 to the best of my knowledge and belief.

Subscribed and Sworn to before me this _____ day of _____, 20____.

(Signature of Applicant)

Notary Public

(Notary Seal)