

**Liquor License
ISSUED
ANNUALLY**

**Lance Meisenheimer
County Clerk**

UNION COUNTY, ILLINOIS

___ APPLICATION
___ RENEWAL

FOR
LIQUOR LICENSE

Required by:
UNION COUNTY BOARD
TO BE FILED WITH
LANCE MEISENHEIMER,
UNION COUNTY CLERK
309 W. Market St., Rm 116
Jonesboro, IL 62952

License No. _____
Date Issued _____
Expires _____
Checked By _____
Approved By _____
Date _____
Amount _____

___ Cash ___ Check

TYPE OR PRINT PLAINLY – ALL QUESTIONS MUST BE ANSWERED
IMPORTANT – READ CAREFULLY – This application must be completed, signed,
and filed with the UNION COUNTY CLERK and must accompany by a remittance in
the proper amount, made payable to the UNION COUNTY CLERK.

1. Applicant _____
GIVE NAME OF INDIVIDUAL OR NAME OF PARTNER – TYPE OR PRINT PLAINLY
2. Trade, Partnership or Assumed Name _____
3. Location of above place of business _____
NUMBER AND STREET TOWNSHIP
- _____ CITY, TOWN or VILLAGE ZIP CODE
4. Has your Assumed Name been filed with the County Clerk? _____
5. If alcoholic liquors are stored but not sold at any other location, give that location _____
6. Check principal kind of business ___ Restaurant ___ Tavern
___ Winery ___ Country Club ___ Hotel ___ Catering
___ Gift/Display ___ Original Package Only
- 6a. Will entertainment be offered? If so, describe _____
7. Give number of your current COUNTY liquor license for this location _____
(A) In whose name or names is your County licensed issued? _____
- (B) Date licensed issued _____ Date license expires _____
Month Day Year Month Day Year
8. _____
Give name and address of owner of premises When does the lease expire
9. Give the date you first made an application for a County liquor license for any location
in Illinois _____
Month Year
- (A) Disposition of application _____
- (B) Name and address of business granted or denied prior liquor license _____
10. Give date you began liquor business at this location _____
Month Day Year
- 10a. If applicant's name has been changed in the last 10 years, list prior name(s)
_____ Maiden Name Date of Birth
11. Has a liquor license been revoked at this location within the past year? _____

12. Is this business located within one hundred feet of any church, school, hospital, home for aged or indigent persons or for veterans, their wives or children or any naval or military station? _____

(A) If answer to the above is "YES" is your place of business a hotel offering restaurant service, a regularly organized club, a food shop, or other place where the sale of liquor is not the principal business carried on? _____

(B) If answer to (A) is "YES," on what date was business started? _____

13. Has any manufacturer, importing distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, except as specifically permitted in the Act, or any credit, (other than merchandising credit in the ordinary course of business as specifically permitted in the Act), or is such a person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____
If answer is "YES," give particulars _____

APPLICANTS INFORMATION

14. Name _____ Sex _____ D.L. # _____
DOB _____

(A) Residence Address _____
Number and Street Town, State County

(B) Place of Birth _____ Age _____

(C) Are you a citizen of the United States? _____

(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 Union County Liquor Ordinance? ____ yes ____ no

If "YES," name court of conviction _____

(E) Have you ever made application for liquor license for any other premises? ____
Date _____ State disposition of application _____

Give address _____

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

(G) Has any license previously issued to you by any State, or local authorities been SUSPENDED? _____ Date _____

If so, state reasons therefore _____
Where? _____

(H) Has any license previously issued to you by any State, or local authorities been REVOKED? _____ Date _____

If so, state reasons therefore _____
Where? _____

City Zip County

(I) Will you comply with the Union County Liquor Ordinance and the Regulation in connection therewith? _____

**BUSINESS HAS MORE THAN ONE OWNER. COMPLETE FORM FOR
ADDITIONAL OWNER**

15. Name _____ Sex _____ D.L. # _____
DOB _____

(A) Residence Address _____
Number and Street Town, State County

(B) Place of Birth _____ Age _____

(C) Are you a citizen of the United States? _____

(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 Union County Liquor Ordinance? ____ yes ____ no
If "YES," name court of conviction _____

(E) Have you ever made application for liquor license for any other premises? ____
Date _____ State disposition of application _____

Give address _____

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

(G) Has any license previously issued to you by any State, or local authorities been SUSPENDED? _____ Date _____
If so, state reasons therefore _____

Where? _____
City Zip County

(H) Has any license previously issued to you by any State, or local authorities been REVOKED? _____ Date _____

If so, state reasons therefore _____
Where? _____
City Zip County

(I) Will you comply with the Union County Liquor Ordinance and the Regulation in connection therewith? _____

16. Do you possess a current Federal Wagering or Gaming Device Stamp? _____
Stamp No. _____ Amount _____ Yes or No

17. Will this business be conducted by a manager or agent? _____ If answer is "YES," Manager or Agent must give the following information:

(A) Name _____ Sex _____ D.L. # _____
DOB _____

(B) Residence Address _____
Number and Street Town, State County

(C) Place of Birth _____ Are you a citizen of the United States? _____

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

(E) Have you ever been convicted of any crime as stated in Question 14 and 15(D) above? _____ State Offense _____

(F) Are you or have you ever been interested in any liquor business at another address? _____ Date _____

Address _____

(G) Has any license previously issued to you by any State, or local authorities been SUSPENDED? _____ Date _____

(H) Has any license previously issued to you by any State, or local authorities been REVOKED? _____ Date _____

If so, state reasons therefore _____
Where? _____

**NO LICENSE WILL BE ISSUED UNLESS ALL THE ABOVE
QUESTIONS ARE FULLY 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 the ordinance governing the sale at retail of alcoholic liquors and beverages in Union County, Illinois, had been furnished to me (us); that I (we) understand the same and agree to comply with all the provisions set forth therein.

I (or we) swear (or affirm) that I (or 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 County of Union to issue the license herein applied for.

Signature of Applicant

Signature of Application

Signature of Manager or Agent (if any)

States Atty. Remarks: _____

Officer's Signature Date

Sheriff's Remarks: _____

Signature Date

Subscribed and sworn to before me this _____ day of _____ A.D. _____

County Clerk