

License No. \_\_\_\_\_

New \_\_\_\_\_

Amount Paid \_\_\_\_\_

Renewal \_\_\_\_\_

**APPLICATION**

To the Local Liquor Control Commissioner of  
The Village of Godfrey, State of Illinois

Date \_\_\_\_\_, 20 \_\_

To the Local Liquor Control Commission of the Village of Godfrey, State of Illinois:

The undersigned hereby makes application for a license to sell alcoholic liquor at retail,  
within the corporate limits of the Village of Godfrey, at the location herein described.

If Application is for a license to an entity owned by more than one (1) person, such as a  
corporation, partnership or club, list the names and addresses of the officers, directors, registered  
agent, partner and any shareholders owning five (5%) percent or more of all outstanding shares of the  
corporation on the form attached as page 1A.

1. Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Name of Previous Licensee: \_\_\_\_\_

Previous Trade Name: \_\_\_\_\_

Illinois Business Tax I.D. Number: \_\_\_\_\_

2. Place of residence and how long resided there? \_\_\_\_\_

How long have you resided in Madison County? \_\_\_\_\_

3. Place and date of birth: \_\_\_\_\_

4. State whether Applicant (or if a partnership or club, the members thereof, or if a corporation,  
the president and secretary thereof) is a citizen of the United States: Yes \_\_\_ No \_\_\_

5. State the character of business of the applicant, and in the case of a corporation, the objects  
for which it was formed: \_\_\_\_\_

6. State the length of time that applicant has been engaged in that business, or in the case of a  
corporation, the date on which its charter was issued: \_\_\_\_\_

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(attach to this Application a copy of Applicant's balance sheet and operating statement for the past  
three (3) years or, if not available, other proof of financial responsibility.)

If CORPORATION, PARTNERSHIP OF CLUB  
(Complete)

Name of Partner or Shareholder	Percentage of Ownership	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Officers	Title (ie. President	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Director	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name and Address of Registered Agent, if any:  
\_\_\_\_\_  
\_\_\_\_\_

7. List (attach a separate piece of paper) hereto your occupation or employment with addresses thereof for the past 10 years.

8. Type of License sought: \_\_\_\_\_

9. List Dramshop Insurance coverage including name and address of insurance company for both the licensee and owner of the building in which the alcoholic liquor will be sold for the duration of the license.

(a) Licensee: \_\_\_\_\_

(b) Owner of Premises: \_\_\_\_\_

(ATTACH to this Application, a CERTIFICATE OF LIQUOR LIABILITY INSURANCE (No policies) showing: owners' name, licensee's name d/b/a -----, effective date, expiration date and signed by registered agent.)

10. If applicant has ever engaged in the business of sale of alcoholic liquor at retail, list address of all locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Describe parking facilities available to the business: \_\_\_\_\_

\_\_\_\_\_

12. Will two separate restrooms be provided with hot and cold running water together with clean towels? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Describe method you would use in cleaning premises and of sterilizing glasses and dishes and cleaning coils used in connection with dispensing draught beer: \_\_\_\_\_

\_\_\_\_\_

14. If business is to offer food services, describe method to be used to prepare food, the facilities, and all sanitation and cleanliness procedures which will be followed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Will you familiarize yourself with all laws of the United States, State of Illinois, and ordinances of the Village of Godfrey pertaining to the sale of alcoholic liquor and abide by all of them?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. Will you maintain the entire premises in a clean and sanitary manner free from conditions which might cause accidents?

Yes \_\_\_\_\_ No \_\_\_\_\_

17. Will you attempt to prevent rowdiness, fights, and disorderly conduct of any kind and immediately notify the police department if any such events take place? Yes \_\_\_\_\_ No \_\_\_\_\_

18 . Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor?

Yes      No     

IF SO, GIVE ALL DETAILS \_\_\_\_\_

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19. Have you ever been convicted of a gambling offense (if a partnership or corporation, include all the partners and the resident local manager)? Yes      No     

IF SO, GIVE DETAILS \_\_\_\_\_

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20. Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?

Yes      No     

21. Give exact location and description of the premises, building or place where alcoholic liquor is to be sold by the applicant under this license applied for in this application:

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Street number and location, Number of street, lot and block or

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section, township/range

22. Does this property have the zoning required for a liquor license?

Yes      No     

23. Is the business to be licensed located within 100 feet of any church, school, hospital, home for the aged or indigent person, military station, or undertaking establishment or mortuary?

Yes      No     

24 . Has applicant ever made application for a similar license other than that described in the application? Yes      No     

If answer is yes, state when: \_\_\_\_\_

25. What disposition was made of such application: \_\_\_\_\_

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26. Applicant states that he has never been convicted of a felony under any federal or state law and is not disqualified to receive a license by a reason of any matter or thing contained in the laws of Illinois relating to the sale of alcoholic liquor at retail.

Yes      No      If yes, give all details: \_\_\_\_\_

27. Have you ever forfeited a bond for failure to appear in court to answer charges? Yes   No   If so, give all details:

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28. Have you ever been convicted of being a KEEPER OF A HOUSE OF ILLFAME, pandering or other crime or misdemeanor opposed to decency and morality? Yes   No   If yes, give all details:

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29. State whether a previous license by any State or subdivision thereof, or by the Federal government has been revoked, and if so, for what cause:

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30. Applicant states that he will not violate any of the laws of the State of Illinois or of the United States in the conduct of his place of business.

31. Do you own the property for which license is sought? Yes  No  If answer is no, state whether you have a lease on this property for the period to be covered by the license sought:

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Lease recorded in the Madison County Recorder's Book \_\_\_\_\_  
Page \_\_\_\_\_; ATTACH A COPY OF THE LEASE HERETO

32. Do you intend to operate this business personally? Yes  No  If answer is no, state whether or not your manager, agent or all members of the co-partnership, who will operate the business possesses the same qualifications as required of the licensee:

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33. If you intend to operate this business as a corporation would any stockholder or stockholders owning in the aggregate more than 5% of the stock of such corporation not be eligible to receive a license hereunder for any reason other than citizenship or residence within the County? Yes   No

34. If the business is to be operated as a corporation is the corporation incorporated in Illinois or qualified as a foreign corporation which is qualified under the Illinois Business Corporation Act to transact business in Illinois? Yes  No

35. Do you hold any office of that of a law enforcing public official, mayor, alderman or member of a city council or commission, president of a village board of trustees, member of a village board of trustees, chairman, or member of a county board? Yes  No ; If yes, state the office and the jurisdiction:

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36. If the business is to be operated under a manager type arrangements, will you be the beneficial owner of the business for the entire liquor license period? Yes  No

37. Have you, your manager, or agent been issued either a federal gaming device stamp or a federal wagering stamp for the current tax period; or if the business is to be operated as a corporation has any stockholder owning more than 20% of the stock of such corporation been issued a federal wagering stamp or federal gaming device for the current tax period?

Yes        No       

38. State whether you are a person of good moral character and possess a good reputation as an upright and law abiding citizen in the community in which you reside. Yes        No       

39. Have the premises to be licensed been inspected and approved as complying with the laws of the Village of Godfrey as to the zoning requirements, construction and sanitation facilities and do the premises comply with same? Yes        No       ; If no, give all details:

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40. Applicant agrees to abide by all rules and regulations as set forth in the Village of Godfrey Liquor Control Ordinance effective December 23, 1991 and such amendments thereto that may be adopted.

Yes        No       

41. Applicant states that he has not received or borrowed money or anything else of value, and that he will not receive or borrow money or anything else of value (other than merchandising credit in the ordinary course of business for a period of not to exceed ninety days, as expressly permitted under Section 4 of Article VI, of an Act of the General Assembly of Illinois entitled "An Act relating to alcoholic liquors") directly or indirectly from any manufacturer, importing distributor or distributor or representative of any such manufacturer, importing distributor and that he will not be a party in any way,



Phone Number: \_\_\_\_\_

Establishment

Business

Home

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

Approval of Liquor Commissioner: \_\_\_\_\_

Date: \_\_\_\_\_

Approval of Zoning Commissioner: \_\_\_\_\_

Date: \_\_\_\_\_

Zoned as B-1 \_\_\_\_\_ M-1 \_\_\_\_\_

B-2 \_\_\_\_\_ M-2 \_\_\_\_\_

Non Conforming Use B-3 \_\_\_\_\_ M-3 \_\_\_\_\_

B-4 \_\_\_\_\_

B-5 \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Approval of Sheriff

Investigator: \_\_\_\_\_

Date: \_\_\_\_\_