

INSURANCE EXPIRATION _____

FEE \$ _____

**CITY OF PETERSBURG
Local Liquor Control Commissioner**

APPLICATION FOR TEMPORARY ALCOHOLIC LIQUOR LICENSE

Illinois Department of Revenue Retailers Occupation Tax ID – _____

Petitioner _____, *(name of corporation, individual, partnership)* doing business as

Phone No. _____ respectfully petitions you to grant a Temporary Alcoholic Liquor License,
to sell alcoholic beverages at retail at: (Name of Event) _____
on the dates of: _____ and during the hours of: _____

Class: G - Wine Only (License Fee - \$25 per day)

1A. IN THE CASE OF A CORPORATION:

Full names, Phone Nos., & Addresses of all Officers, all Directors, and all persons owning directly or
beneficially more than 5% of the stock.

Full name: _____

President

Address: 1 _____

Phone No. Home: _____ Work _____ Cell _____

Full name: _____

,Secretary

Address: _____

Phone No. Home: _____ Work _____ Cell _____

(Attach separate sheet if needed)

Agent full name _____

Address _____

Phone No. Home _____ Work _____ Cell _____

Manager full name _____

Address _____

Phone No. Home _____ Work _____ Cell _____

2. Is applicant and/or owner(s) a citizen of the United States? _____ If a naturalized citizen, the time and place of naturalization _____
3. State character of business of the applicant _____
(example - *Winery*)
4. State length of time said applicant has been in such business, or, in the case of a corporation, date when its charter was issued. _____
5. Has the applicant ever been arrested for a felony or misdemeanor? _____ Is applicant disqualified to receive a license by reason of any matter contained in City of Petersburg Liquor Control Code, laws of this State or other ordinances of this City? _____.
(include *unpaid permits, licenses, taxes, fines, tickets, wastewater fees*)
6. The applicant states that he or she will not violate any of the laws of the State of Illinois or of the United States, or any ordinance of the City in the conduct of his or her place of business.
7. Applicant states that adequate dram shop insurance is in force covering the applicant and the premises which are to be operated under such license **and will provide copy of insurance at each of its renewal dates.** Further, in addition to the foregoing statement made under oath, applicant attaches to this application as proof of insurance a copy of the policy for dram shop insurance coverage, containing at a minimum the following information: insurer's name, agent's name, date of expiration of policy, amount of coverage and type of coverage.
8. Applicant states that a printed sign WARNING TO PERSONS UNDER THE AGE OF 21 YEARS has been supplied and is displayed at all times in a prominent place where alcoholic liquor is sold.

A F F I D A V I T

I do hereby swear (or affirm) that the applicant in whose name this application is made will not violate any of the ordinances of the City of Petersburg or the laws of the State of Illinois or 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 our knowledge and belief and we understand that violation of any ordinances or laws shall constitute grounds for suspension or revocation of the licenses.

FAILURE TO COMPLETE ALL QUESTIONS WILL RESULT IN NON ISSUANCE OF LICENSES

*In the case of a corporation this application
Must be signed by the president and secretary*

Signature Title

Signature Title

Subscribed and Sworn to
before me this _____
day of _____
20_____

Notary Public