

VILLAGE OF MT. MORRIS  
APPLICATION FOR ALCOHOLIC LIQUOR LICENSE

1. Name of applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Date of birth of applicant \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Drivers License # \_\_\_\_\_  
Citizenship: Place of birth \_\_\_\_\_  
Time & Place of naturalization \_\_\_\_\_
  - A. If Applicant is a partnership, give name and address of all partners and list principal business activity of each partner \_\_\_\_\_  
\_\_\_\_\_
  - B. If Applicant is a corporation, give name and address of registered agent and the local manager. (Must be a Village resident) \_\_\_\_\_  
\_\_\_\_\_Signature: \_\_\_\_\_
2. Address of location for which license is sought. \_\_\_\_\_
3. Type of license sought \_\_\_\_\_
4. If applicant has ever engaged in the business of sale of alcoholic liquor at retail, list address of all locations \_\_\_\_\_  
\_\_\_\_\_
5. Attach to this application a copy of applicants balance sheet and operating statement for the past three years or, if not available, other proof of financial responsibility.
6. List Dram Shop 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 furantion of the license. \_\_\_\_\_  
\_\_\_\_\_
7. Describe parking facilities available to the business \_\_\_\_\_  
\_\_\_\_\_

8. Will two separate restrooms be provided with hot and cold running water together with clean towels? \_\_\_\_\_
9. Describe method you would use in cleaning premises and sterilizing glasses and dishes \_\_\_\_\_
10. If business is to offer food service, describe method to be used, facilities, and all sanitation and cleanliness procedures, which will be followed. \_\_\_\_\_  
\_\_\_\_\_
11. Will you familiarize yourself with all laws of the United states, State of Illinois, and ordinances of the Village of Mt. Morris, pertaining to the sale of alcoholic liquor and abide by all of them? \_\_\_\_\_
12. If food service is offered, will you familiarize yourself with all laws of the United States, State of Illinois, and ordinances of the Village of Mt. Morris, pertaining to service of food and abide by all of them? \_\_\_\_\_
13. Will you maintain the entire premises in a clean and sanitary manner free from conditions, which might cause accidents? \_\_\_\_\_
14. 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? \_\_\_\_\_  
\_\_\_\_\_
15. 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? \_\_\_\_\_
16. Have you, or in the case of corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? \_\_\_\_\_  
If so, give all details \_\_\_\_\_  
\_\_\_\_\_
17. List your occupation or employment with addresses thereof for the past 10 years. (If partnership or a corporation, list same information for each partner and the local manager) \_\_\_\_\_  
\_\_\_\_\_
18. Have you ever been convicted of a gambling offense? (if a partnership or corporation, including all partners and the local manager) \_\_\_\_\_  
If so, give all details \_\_\_\_\_  
\_\_\_\_\_

19. Have you ever been issued a federal gaming devise stamp or a federal wagering stamp? (If a partnership or corporation, include all partners and the local manager in answer) \_\_\_\_\_

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

21. Have you, or if a partnership any of the partners, or if a corporation the local manager, ever had a liquor license revoked or suspended? \_\_\_\_\_

If so, give all details including location of the licensed property \_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS ) SS  
COUNTY OF OGLE )

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_, being first duly sworn deposes and says that he has read the above and foregoing applicant, caused the answers to be provided thereto, and all of the information given by him on said application is true and correct.

Subscribed and sworn to \_\_\_\_\_  
Before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

Note: In the event Applicant is a partnership, the Application should be signed and sworn to in the same manner by all partners. In the event applicant is a corporation, the Application should be signed and sworn to by the local manger.

No. of cleanup personnel—Names

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_