

APPLICATION  
FOR RETAIL LIQUOR DEALERS LICENSE  
CITY OF HIGHLAND

This application properly completed and signed must be filed with the City Clerk and must be accompanied by a remittance in the proper amount, made payable to the City of Highland.

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The undersigned individual or partnership hereby makes application for a RETAIL LIQUOR DEALERS LICENSE and submits the following information:

1. Applicant: \_\_\_\_\_  
(GIVE NAME OF INDIVIDUAL OR NAMES OF PARTNERS/CORPORATION - - -TYPE OR PRINT CLEARLY)
  
2. Trade, Partnership or Assumed Name \_\_\_\_\_
  
3. Give date partnership/corporation was formed under name given on Line 1: \_\_\_\_\_  
**Month Day Year**
  
4. Location of above place of business \_\_\_\_\_  
**NUMBER      STREET      CITY      STATE      ZIP CODE**
  
5. Has your assumed name been filed with the County Clerk?  
\_\_\_\_\_
  
6. Are alcoholic liquors stored but not sold at any location other than the one given above?  
\_\_\_\_\_
  
- If "yes", give location: \_\_\_\_\_  
**NUMBER      STREET      CITY      STATE      ZIP CODE**
  
7. Check principal kind of business:  

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Tavern	
<input type="checkbox"/> Hotel	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Amusement Place
<input type="checkbox"/> Club	<input type="checkbox"/> Package Store	<input type="checkbox"/> Department Store
<input type="checkbox"/> Country Club	<input type="checkbox"/> Gaming Hall	<input type="checkbox"/> Convenience Store
  
8. Give name and address of owner of premises: \_\_\_\_\_
  
9. Has a Liquor License been revoked at this location within the past year? \_\_\_\_\_
  
10. State the full name, address and date of birth of the person who you intend to be the Manager or Operator of said establishment, if License is issued: \_\_\_\_\_

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A. Is such manager a resident of the City of Highland, Illinois?  YES  NO

11. If "yes", how long and address of person \_\_\_\_\_

12. Is this business located within 100 feet of any church, school, hospital, home for the 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. Have any manufacturers, importing distributor or 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Applicant Information: Name \_\_\_\_\_

A. Residence Address \_\_\_\_\_  
**NUMBER STREET CITY STATE ZIP CODE**

B. Place of Birth: \_\_\_\_\_  
**NAME OF CITY, COUNTY AND STATE**

Date of Birth: \_\_\_\_\_  
**Month Day Year**

C. Are you a citizen of the United States? \_\_\_\_\_ If a naturalized citizen, time and place of naturalization? \_\_\_\_\_

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 the Municipal Liquor Code? [ ] YES [ ] NO If "yes", name court of conviction \_\_\_\_\_

E. Have you ever made application for a liquor license for any other premises? \_\_\_\_\_

Date: \_\_\_\_\_ State disposition of application: \_\_\_\_\_

Give address: \_\_\_\_\_

F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec 2 (14) Art VI of the Illinois Liquor Control Act? \_\_\_\_\_ If so, office held? \_\_\_\_\_

G. Has any license previously issued to you by any State or local authorities been SUSPENDED? \_\_\_\_\_ Date: \_\_\_\_\_

If so, state reasons therefor: \_\_\_\_\_  
\_\_\_\_\_

Where: \_\_\_\_\_  
**CITY COUNTY STATE**

H. Has any license previously issued to you by any State or local authorities been REVOKED? \_\_\_\_\_ Date: \_\_\_\_\_

If so, state reasons therefor: \_\_\_\_\_  
\_\_\_\_\_

Where: \_\_\_\_\_  
**CITY COUNTY STATE**

I. Will you comply with the Local Liquor Code and Regulations in connection therewith? \_\_\_\_\_

15. Co-Applicant information: Name \_\_\_\_\_

A. Residence Address \_\_\_\_\_  
**NUMBER STREET CITY STATE ZIP CODE**

B. Place of Birth: \_\_\_\_\_  
**NAME OF CITY, COUNTY AND STATE**

Date of Birth: \_\_\_\_\_  
**Month Day Year**

C. Are you a citizen of the United States? \_\_\_\_\_ If a naturalized citizen, time and place of naturalization? \_\_\_\_\_

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 the Municipal Liquor Code? [ ] YES [ ] NO If "yes", name court of conviction \_\_\_\_\_

E. Have you ever made application for a liquor license for any other premises? \_\_\_\_\_

Date: \_\_\_\_\_ State deposition of application: \_\_\_\_\_

Give address: \_\_\_\_\_

F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec 2 (14) Art VI of the Illinois Liquor Control Act? \_\_\_\_\_ If so, office held? \_\_\_\_\_

G. Has any license previously issued to you by any State or local authorities been SUSPENDED? \_\_\_\_\_ Date: \_\_\_\_\_

If so, state reasons therefor: \_\_\_\_\_

\_\_\_\_\_

Where: \_\_\_\_\_

**CITY COUNTY STATE**

H. Has any license previously issued to you by any State or local authorities been REVOKED? \_\_\_\_\_ Date: \_\_\_\_\_

If so, state reasons therefor: \_\_\_\_\_

\_\_\_\_\_

Where: \_\_\_\_\_

**CITY COUNTY STATE**

I. Will you comply with the Local Liquor Code and Regulations in connection therewith? \_\_\_\_\_

\_\_\_\_\_

16. State the Names, Home addresses and DOB of all officers and directors of said Corporation:

**Name (Last,First,MI)                      Home Address (Street, City, State, Zip)                      Date of Birth**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. If a majority interest in the stock of the Corporation is owned by one person, or his nominees, state the name and address of such person: \_\_\_\_\_

\_\_\_\_\_

18. State the location and description of the premises or place of business which is to be operated under this license: (Attach a detailed diagram of property noting exits, entrances, location of bar, coolers and specific areas where retail liquor may be sold and consumed including and outside areas.)

Street Address: \_\_\_\_\_

Owner of Property: \_\_\_\_\_  
**Last** **First** **MI**

Address: \_\_\_\_\_  
**Street/ PO Box** **City** **State** **Zip**

Lease from: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ TO  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**(Attach copy of lease to this application)**

19. As to any officer, the proposed Manager, or any Director of the Corporation, or a Stockholder owning more than five percent (5%) in the aggregate of the stock in said Corporation, state as follows: Have any of the above ever made application for similar license at a different premises?

A. If yes, the disposition and date of said application \_\_\_\_\_

\_\_\_\_\_

B. State whether any of the above had a previous license revoked by the State, United States Government, or any political subdivision or city? \_\_\_\_\_

\_\_\_\_\_

C. If yes, the reasons therefor \_\_\_\_\_

\_\_\_\_\_

20. List Name, Addresses and Phone Numbers of five (5) references:

Name	Address	Phone

**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 an ordinance governing the sale at retail of alcoholic liquors and beverages in this municipality has been furnished to me (us); that I (We) understand the same, and agree to comply with all the provisions set forth therein.

I (We) agree to submit a copy of the State of Illinois Retail Dealers License when received. I shall attach to this application a financial statement listing all assets and liabilities of all owners. I shall attach certificates of proof of coverage for dram shop insurance.

I (We) swear (or affirm) that I (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 City of Highland, Illinois to issue the license herein applied for

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D., \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(SEAL)

APPLICANT (S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_