License No. APPLICATION Date Issued _ FOR Expires _ LIQUOR LICENSE Checked By REQUIRED BY Approved By _ CITY OF Date BENTON Order to Receive No. ___ TO BE FILED WITH Amount _ [] Cash THE [] Bank Draft [] Cashier's Check [] Money Order [] Certified Check [] CITY CLERK

IMPORTANT -- READ CAREFULLY -- PERSONAL CHECKS NOT ACCEPTED UNLESS CERTIFIED

This application properly completed and signed must be filed with the City Clerk and must be accompanied by a remittance in the proper

	nde payable to the City Treasurer. This remittance must be in the form of a Certified or Cashier's Check, United States Postal Morress Money Order, or Licensed Currency Exchange Money Order, Bank Draft, Bank Money Order, or Personal Money Order. Co					
The und	gned individual or partnership hereby makes application for a LIQUOR LICENSE and submits the following information:	_				
1.	Applicant:					
2.						
3.	Trade, Partnership or Assumed Name TYPE OR PRINT NAME PLAINLY TELEPHONE Location of above place of business (NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANG MUST BE GIVEN)					
4	CITY/TOWN/OR VILLAGE ZIP CODE RURAL ROUTE AND POST OFFICE Has your Assumed Name been filed with the County Clerk?					
4. 5.	Are alcoholic liquors stored but not sold at any location other than the one given above?					
6.	If "yes", give location: NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE, CITY Check principal kind of business: [] Restaurant [] Grocery [] Hotel [] Other [] Tavern [] Amusement Place [] Country Club [] Package Store [] Department Store [] Social Club					
7.	Give number of your Current Liquor License for this location A. In whose name or names is your license issued? B. Date license issued Date license expires	_				
	Month Day Veer Month Day Veer					
8.	Give name and address of owner of premises: When does your lease expire? Month Day Year					
9.	Give the date you first made application for a Liquor License for any location in Illinois: (Month/Date/Year). A. Disposition of application:					
	B. Give address	_				
10.	NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE, CITY Give date you began liquor business at this location Month Day Year					
11.	Give date partnership was formed under name given on Line 1:					
12.	Month Day Year Has a Liquor License been revoked at this location within the past year?					
13.	Is this business located within feet of any church, school, hospital, home for the aged or indigent persons or for veteratheir 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 food shop, or other place where the sale of liquor is not the principal business carried on?					
14.	B. If answer to (A) is "yes", on whate date was business started? (Month/Day/Year) Has any manufacturer, 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					
15.	Name 16. Name	_				
	A. Residence Address A. Residence Address (NUMBER AND STREET OR RURAL ROUTE)	<u> </u>				
	(NAME OF CITY, COUNTY AND STATE) B. Place of Birth: Date of Birth: Date of Birth: Date of Birth:	_				
	C. Are you a citizen of the United States? C. Are you a citizen of the United States?	_				
	If a naturalized citizen, time and place of naturalization? If a naturalization?					

	D.	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	D.	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:		Have your ever made application for a liquor license for any other premises?			
		State disposition of application:		State disposition of application:			
	F.	Give address: 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?	F.	Give address: 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?			
	G.	If so, office held? Has any license previously issued to you by any State or local authorities been SUSPENDED? DATE: If so, state reasons therefor:		If so, office held?			
	Н.	WHERE: (CITY COUNTY STATE) Has any license previously issued to you by any State or local authorities been REVOKED? If so, state reasons therefor:		WHERE: (CITY COUNTY STATE) Has any license previously issued to you by any State or local authorities been REVOKED? If so, state reasons therefor:			
	I.	WHERE: (CITY COUNTY STATE) Will you comply with the Local Liquor Code and the Regulations in connection therewith?		WHERE: (CITY COUNTY STATE) Will you comply with the Local Liquor Code and the Regulations in connection therewith?			
17.	Do	you possess a current Federal Wagering or Gaming I	Device Stamp? [] YES	[] NO			
18.	Wil foll	Stamp No Amount Will this business be conducted by a manager or agent? [] YES [] NO following information: A. Name Date of Birth					
	A. B.	Residence Address		Date of Birth			
	C.	Place of Birth	Are you a citiz	SOX NUMBER CITY COUNTY STATE) zen of the United States? [] YES [] NO			
	D. E.	Have you ever been convicted of any crime as stated in Question 15-D or 16-D above?					
	F.	[] YES [] NO State Offense:					
	G.	WHERE: (CITY, COUNTY, AND STATE) Has any license previously issued to you by any State or local authorities been SUSPENDED? [] YES [] NO DATE: If so, state reasons therefor WHERE: (CITY, COUNTY AND STATE)					
	H.						
	NO	LICENSE SHALL BE ISSUED UNLESS ALL T					
			FFIDAVIT REFULLY BEFORE SI	GNING)			
sale at re	hat I (Vetail of	We) will comply with all regulations of Federal, Sta-	te and Local Liquor Cont	and correct to the best of my (our) knowledge and trol Laws; that a copy of an ordinance governing the te (us); that I (we) understand the same, and agree to			
conduct		Ve) swear (or affirm) that I (We) will not violate an place of business described herein and that the states		of Illinois or of the United States of America in the to issue the license herein applied for.			
APPLIC		BSCRIBED AND SWORN TO BEFORE ME THIS S):	DAY OF	, A.D.,			
			CLERK				