

- 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- H. Has any license previously issued to you by any State or local authorities been REVOKED? _____
If so, state reasons therefor: _____
WHERE: _____
(CITY COUNTY STATE)
- I. Will you comply with the Local Liquor Code and the Regulations in connection therewith? _____

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17. Do you possess a current Federal Wagering or Gaming Device Stamp? YES NO
Stamp No. _____ Amount _____
18. Will this business be conducted by a manager or agent? YES NO If answer is "YES", Manager or Agent must give the following information:
A. Name _____ Date of Birth _____
B. Residence Address _____
(STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY COUNTY STATE)
C. Place of Birth _____ Are you a citizen of the United States? YES NO
D. If a naturalized citizen, time and place of naturalization? _____
E. Have you ever been convicted of any crime as stated in Question 15-D or 16-D above?
 YES NO State Offense: _____
F. Are you or have you ever been interested in any liquor business at another address? YES NO
DATE: _____ If so, state reasons therefor _____
WHERE: _____ (CITY, COUNTY, AND STATE)
G. 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H. Has any license previously issued to you by any State or local authorities been REVOKED?
 YES NO DATE: _____ If so, state reasons therefor _____
WHERE: _____ (CITY, COUNTY AND STATE)

NO LICENSE SHALL BE ISSUED UNLESS ALL THE ABOVE QUESTIONS ARE COMPLETELY ANSWERED

**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) 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 of Benton, Illinois to issue the license herein applied for.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, A.D., _____.
APPLICANT(S): _____

(SEAL)

CLERK