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Application for Liquor License
(Corporation)
VILLAGE OF TOLONO

*Illinois Liquor Control Act of 1934
235 ILCS 5/1-1 et seq.*

Village of Tolono Liquor Control Ordinance 110.001 et seq.

TO THE LIQUOR CONTROL COMMISSIONER-----

The undersigned Corporation hereby makes application for license as indicated and submits the following information:

1. Registered Corporate name of applicant

TYPE OR PRINT NAME CLEARLY

Telephone

2. Location of place of business for which this application is made

3. Date of incorporation _____ State in which incorporated _____

4. If foreign corporation, date qualified to do business in Illinois

5. If foreign corporation, give name and address of resident agent in Illinois

6. Business address of corporation in Illinois as stated in Certificate of Incorporation

7. Objects of corporation, as set forth in Charter

If insufficient space, attach separate sheet(s)

8. Was there a previous license at this address? If so, who was previous licensee?

9. State principal kind of business

Restaurant, Grocery, Drug, Club, etc

10. Date applicant began/will begin liquor business at above location _____

11. Does applicant own premises for which this license is sought? _____ If not, when does applicant's lease expire? _____

12. Has a liquor license been revoked at this location within the past year? _____

13. Is this business located within one hundred feet, measured from main entrances, of any church, school, hospital, home for 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 begun? _____

14. Is the above location within 1500 feet of any building on the main campus of any State University? _____

15. If this application is for a license to sell at retail, has any manufacturer, importing distributor or distributor, or officer, director, manager or stockholder owning more than 5 percent of the stock, directly or indirectly, paid or agreed to pay for this license, advanced money or anything else of value, or extended any credit except as specifically permitted in the Act; or is an officer, director, manager or stockholder owning more than 5 percent of the stock, directly or indirectly interested in the ownership, conduct or operation of business of applicant? _____

If answer is "YES", give particulars

16. Does applicant engage in liquor business at any locations in the State of Illinois other than described above? _____

If "YES", give address(es) of all such locations

17. Has applicant ever made application for liquor license for any premises in the State of Illinois other than those described above? _____

If "YES", give address(es) of all such premises and disposition of application(s)

18. Date applicant first engaged in liquor business in Illinois at any location _____

19. Has applicant ever been refused a liquor license by ANY governmental body? _____

If "YES", give particulars _____

20. Has any previous liquor license issued to applicant by any state or subdivision thereof, or by the Federal government been revoked? _____

If "YES", give reasons therefor

21. Has applicant, or any officer, director, manager or stockholder named in questions 25, 26, 27, and 28 ever been (1) convicted of a felony or (2) otherwise would be ineligible or disqualified to receive a liquor license in Illinois by reason of any matter or thing contained in the Illinois Liquor Control Act?

22. What class of license(s) are you applying for? _____

23. If applying for "OC" license, do you have the proper fencing? _____

24. Will you have gaming machines at the location? _____

If "YES", how many machines will be present? _____

25. Name and address of each officer and each director must be filled in below (*Attach additional page if insufficient space*)

NAME _____ TITLE _____

ADDRESS _____

NAME _____ TITLE _____

ADDRESS _____

NAME _____ TITLE _____

ADDRESS _____

NAME _____ TITLE _____

ADDRESS _____

26. If a majority in interest of the stock of the corporation is owned by one person or his nominees, give name and address of such person.

NAME _____ ADDRESS _____

27. If stock of this applicant is not listed on any exchange or sold publicly, give names and addresses of all stockholders of record more than 5% of the stock of applicant and percent of ownership of each. *(Attach additional sheets if necessary)*

NOTE: If during license period any person not named in question 23 becomes the record owner of more than 5% of the stock of applicant, the Corporation must furnish the Village, within ten days after date of transfer, the name, address and percent of ownership of such person.

28. Give name and address of person or persons employed by applicant as a manager or agent of applicant's business in above location.

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

(CORPORATE SEAL)

Corporate Name

By: _____

Printed Name & Title

Attest: _____

Printed Name

AFFIDAVIT

We, the undersigned, president and secretary of the above named corporation, each first being duly sworn, say that each of us has read the above and foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose of inducing the Village of Tolono to issue the license herein applied for.

We further swear that the applicant will not violate any of the laws of the State of Illinois or of the United States of America or the ordinances of the Village of Tolono in the conduct of applicant's place of business.

We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute this applicant.

_____ PRESIDENT

_____ SECRETARY

Notary Acknowledgement

State of Illinois
County of _____

Subscribed and sworn to before me this

_____ day of _____, 20____

The above mentioned person(s) appeared personally before me, provided satisfactory evidence to be the person(s) stated in this instrument, and executed the instrument.

Notary Public Signature

(Notary Seal)

FOR OFFICE USE ONLY

Date Application Received: _____ By: _____

Class of License(s): _____ License is available / need to create

If need to create, meeting date ordinance presented to Village Board: _____

Gaming Machines: YES / NO If yes, number of machines: _____

Outdoor Café: YES / NO If yes, does the property have the proper fencing: YES / NO

Date Application in Board Packets: _____

Date Application Approved / Denied: _____

If denied, why: _____

Signature of Village President: _____

If approved:

Class of License Issued: _____ Cost: \$ _____

OC Issued: YES / NO Cost: \$ _____

Gaming Machines: YES / NO Cost: \$ _____

TOTAL ANNUAL COST: \$ _____

Billable: Annually / Semi-Annually