

VILLAGE OF MAPLETON

8524 W. Main St.

Mapleton, Illinois 61547

**APPLICATION FOR VILLAGE OF MAPLETON LIQUOR
LICENSE - CORPORATION**

ESTABLISHMENT NAME _____

CONTACT PERSON & PHONE _____

() - _____

The undersigned applicant hereby makes application for the issuance of a license to engage in the business of selling alcoholic liquor, and provides the following information, attaching additional sheets as necessary to provide all information required, together with all required documents and application fee.

\$750.00 Application Fee Submitted Yes No

1. Type of application Original Change of Ownership
 Expansion of Premises

2. Class of license applied for:

A - These licenses are those that operate primarily as a bar. Regular retailer's bar license permits the licensee to sell any and all alcoholic liquor by the drink or by the package only for consumption on the premise where sold.

B - Permits the licensee primarily engaged in the production and wholesale distribution of beer, ale or other malt beverage and wine to sell alcoholic liquor at retail by drink on the premises or by the package for consumption off the premises.

Registered Corporate Name of Applicant

a. Corporate headquarters address, including city, state, zip

Telephone (____) _____ Fax (____) _____

b. Date of incorporation ____/____/____

State incorporated _____

Date charter issued ____/____/____

c. If foreign corporation, date qualified to do business in Illinois under the Illinois Business Corporation Act

____/____/____

d. If foreign corporation, give name and address of registered agent in Illinois

e. Object of corporation as set forth in Charter _____

4. Name of business for which application is made (“doing business as” name) _____

Address _____

Telephone (____) _____ Fax (____) _____

5. Business office address to be used for all correspondence regarding this license, if approved (where certified mail is accepted): _____

Telephone (____) _____ Fax (____) _____

6. Nature of business _____
7. Date business began at this location ____/____/____
8. Length of time applicant has been in a business of this character _____
9. Nature of entertainment proposed to be offered _____
- _____
10. Are any monies owed to the Village by the applicant, whether for bills, taxes, licenses, or otherwise?
- Yes No If Yes, amount and length of time owed
- _____
11. Has a liquor license been revoked at this location within the past year? _____
12. Name of previous licensee, if any _____
13. Premises for which application is made were:
- a. Purchased by applicant on ____/____/____
(attach copy of deed or contract for sale)
- b. Leased by applicant from ____/____/____ to
____/____/____ (attach copy of lease, sublease,
or assignment)
14. Is the location of the premises for which license is sought within one hundred (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? Yes No

If Yes, is the applicant's 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?

Yes No

If yes, how long has the place of business been in operation?

15. Corporate Officers, Directors, and Manager of Applicant
(please print all information):

a. Name – President _____

Date of Birth ____/____/____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

b. Name – Vice President _____

Date of Birth ____/____/____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

c. Name – Secretary _____

Date of Birth ____/____/____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

d. Name – Treasurer _____

Date of Birth _____ / _____ / _____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

e. Name – Director _____

Date of Birth _____ / _____ / _____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

f. Name – Director _____

Date of Birth _____ / _____ / _____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

g. Name – Director _____

Date of Birth _____ / _____ / _____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

h. Name – Manager _____

Date of Birth _____ / _____ / _____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

Years residency in: State of IL: _____

Peoria County _____ Village of Mapleton _____

Others owning more than 5% of the stock of the corporation (add additional sheets if necessary):

i. Name _____

Date of Birth _____/_____/_____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

j. Name _____

Date of Birth _____/_____/_____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

k. Name _____

Date of Birth _____/_____/_____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

l. Name _____

Date of Birth _____/_____/_____

Resident Address (include city & zip code) _____

Home Telephone (_____) _____

Driver's License No. _____

% of stock owned _____

16. If a majority in interest of the stock of the corporation is owned by one person or his nominees, give name, address, and telephone number of such person and percent of stock owned. If majority is owned by a corporation, please give name, address, and telephone number of such corporation, as well as the percent of stock owned and FEIN for that corporation.

17. List any governmental units to which an application for a liquor license has been submitted, date of such application, disposition of such application, amounts of and reasons for fines imposed, dates, reason, and length of suspension or revocation, if any. This information must be provided by all officers, directors, shareholders owning more than 5% of the stock, and by the manager, except that for corporations where the stock is publicly traded, this information need only be provided by the president and secretary of the corporation, and the resident manager, and any stockholder holding 25% or more of the stock (attach additional paper if necessary):

a. President _____

b. Vice President _____

c. Secretary _____

d. Treasurer _____

e. Director(s) _____

f. Manager _____

g. Others owning more than 5% of the stock (25% where publicly traded) _____

18. List any convictions of non-traffic violations of any ordinance or statute of any city, county, or state or of the Federal government indicating the name of the offense(s) and date(s) of conviction. This information must be provided by all persons as stated in No. 17 above (attach additional sheets as necessary).

19. 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, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such a person, or any other person, directly or indirectly interested in the ownership, conduct, or operation of the place of business?

Yes No

If Yes, give particulars _____

20. Has any person involved with this premises for which application is made been issued a Federal Wagering Stamp for the current tax year?

Yes No

If Yes, list names _____

21. Is any person who is a part of this application, or any other person, directly or indirectly interested in the business, a public official as defined in Sec. 2(14) Art. VI of the Illinois Liquor Control Act?

Yes No

If Yes, list office held _____

22. Name of contact person regarding this license

23. Email address of contact person

24. Phone number of contact person (during regular business hours) (_____) _____

25. Cell phone number of contact person (during regular business hours) (_____) _____

26. Establishment email address _____

AFFIDAVIT

We, the undersigned officers 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 Mapleton 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 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 application for and on behalf of said applicant.

Name of Corporation _____

President _____

Vice President _____

Secretary _____

Treasurer _____

Subscribed and sworn to
before me this _____ day
of _____, 201__

(Notary Public)

CRIMINAL BACKGROUND AND CREDIT CHECK

I authorize and empower the President of the Village of Mapleton or agent thereof or any other outside service company engaged by said President for this purpose, now or subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, criminal history information through correspondence, contact, or personal interviews with law enforcement agencies. Upon written request, I understand that said President will provide me with information regarding the nature and scope of the investigation if one is made.

President _____

(print name)

(signature)

Vice President _____

(print name)

(signature)

Secretary _____

(print name)

(signature)

Treasurer _____

(print name)

(signature)

Director

(print name)

(signature)

Director

(print name)

(signature)

Manager

(print name)

(signature)

All others owning more than 5% of the stock, or 25% of the stock
where publicly traded

(print name)

(signature)