

INDIVIDUAL _____ MANAGER _____
NAME /BUSINESS _____

SCHEDULE I

Individual conducting business MUST answer the following questions:

1. Name _____
2. Residence Address: _____
3. Date of Birth _____
4. Place of Birth _____
5. Are you a citizen of the United States? _____
6. If you are a naturalized citizen of the United States, give time and place you were naturalized. _____

7. Describe type of business to be conducted at place to be licenses. _____
8. How long have you been engaged in business of this character? _____
INCLUDE a complete list of locations and inclusive dates during which you have been in said business.

9. Give itemized list of goods, wares & merchandise on hand at the time of this application. (NOT APPLICABLE FOR MANAGER APPLICATION) _____

10. Have you made application for a license to sell at retail, alcoholic liquor on premises other than described in this application or to any other State or political subdivision thereof? _____
If so, give date, location and disposition of such application. _____
11. Prior hereto has any liquor license held by you, issued by an State of subdivision thereof, or by the Federal Government been revoked or suspended? _____ If so, state reasons therefore, and if a suspension, state the length of such suspension. _____
12. Have you ever been arrested or convicted of any of the following: Felony? _____ Being a keeper of a house of ill fame? _____ Prostitution? _____ Pandering? _____ Other crime opposed to decency and morality? _____ Gambling Offense? _____ Are you otherwise disqualified to receive a license by reason of any matter or thing contained in the Liquor Ordinances of the City of Peoria? _____
13. If any answer in Question 12 above is yes, give dates and locations and results of all such charges or convictions. _____

14. Are you an alcoholic or have you received treatment for alcoholism or any drinking problem, or have you been involved in any incident involving the police, including traffic, in which you were intoxicated? _____
15. If answer to Question 14 is yes, give dates and locations and results of all such treatment or incident. _____

16. Have you ever been involved in any battery, assault, fight or public disorder? _____

17. If answer to Question 16 is yes, give dates and locations and disposition of all such incidents _____

18. How long have you resided in the City of Peoria? _____

List all addresses at which each person has resided in the past five (5) years _____

YOU MUST SIGN AFFIDAVIT ON REVERSE SIDE

AFFIDAVIT OF INDIVIDUAL AND MANAGER/AGENT

I swear that I and my manager or agent are fully informed as the provisions of the Illinois Liquor Control Law and the Liquor Ordinances of the City of Peoria and that I and my manager or agent will not violate any of the laws of the State of Illinois or of the Ordinances of the City of Peoria in the conduct of the place of business described herein and that the statements contained in this application and any schedules and other attachments made a part of this application are true and correct.

Print Name of Licensee

Signature of Licensee

Print Name of Manager

Signature of Manager

Subscribed and sworn to before me this _____ day of
_____ A.D., _____

Notary Public

(NOTARY SEAL)

LIQUOR LICENSE APPLICATION

License Number _____

Treasurer's Receipt Number _____

Amount Paid _____

Licensee _____

Trade Name _____

Address _____

APPROVED:

Liquor Commissioner

Date