

SCHEDULE II

Each member of a partnership must answer the following questions: _____

1. Name of Partnership _____
2. Names of Persons who have an interest in the partnership or who are entitled to share in the profits of such partnerships:
(a) _____
(b) _____ (c) _____
(d) _____ (e) _____
3. Residence address of each person listed in Question 2: (a) _____
(b) _____ (c) _____
(d) _____ (e) _____
4. Date of birth AND place of birth of each person listed in Question 2: (a) _____
(b) _____ (c) _____
(d) _____ (e) _____
5. Are persons listed in Question 2 citizens of the United States? (a) _____ (b) _____ (c) _____ (d) _____
(e) _____
6. If any person listed in Question 2 is a naturalized citizen of the United States, give time and place of such naturalization.

7. Give character of business to be conducted at place to be licensed. _____

8. How long has each person listed in Question 2 been engaged in business of this character? (a) _____
(b) _____ (c) _____ (d) _____ (e) _____
9. Give itemized list of amount of goods, wares and merchandise on hand at the time of this application:

IF SPACE IS NOT SUFFICIENT ABOVE, PLEASE ATTACH A SUPPLEMENTAL SHEET

10. Has any person listed in Question 2 made application for a license to sell at retail alcoholic liquor on premises other than described in this application to this or any other State or political subdivision thereof? _____
If so, give date, location and disposition of such application. _____

ATTACH SUPPLEMENTAL SHEET IF NECESSARY

11. Prior hereto has any liquor license held by any person in Question 5, issued by any State or subdivision thereof, or by the Federal Government, been revoked or suspended? _____
If so, state reasons therefor, and if a suspension state the length of such suspension. _____

ATTACH SUPPLEMENTAL SHEET IF NECESSARY

12. Has any person listed in Question 2 ever been charged 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? _____ Is any person otherwise disqualified to receive a license by reason of any matter or thing contained in the Liquor Control Ordinances of the City of Peoria? _____

13. If any answer in Question 12 is yes for any person, give dates and locations and results of all such charges or convictions. _____

ATTACH SUPPLEMENTAL SHEET IF NECESSARY

14. Is any person listed in Question 2 an alcoholic or ever been treated for alcoholism or any drinking problem, or has any one been involved in any incident involving the police, including traffic, in which case they were intoxicated? _____

15. If answer to Question 14 is yes, give dates, locations and results of all such treatment or incidents _____

ATTACH SUPPLEMENTAL SHEET IF NECESSARY

16. Has any person listed in Question 2 been involved in any battery, assault, fight or public disorder? _____

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

ATTACH SUPPLEMENTAL SHEET IF NECESSARY

18. How long has each person listed in Question 2 resided in the City of Peoria? _____

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

ATTACH SUPPLEMENTAL SHEET IF NECESSARY

AFFIDAVIT OF MEMBERS OF PARTNERSHIP

We swear that we are the sole owners of the business described in this application, that the premises specified in this application comply in all respects with the requirements of the Illinois Liquor Control Law and the Liquor Ordinances of the City of Peoria and that we are qualified to obtain a license under the Illinois Liquor Control Law and the Liquor Ordinances of the City of Peoria.

We swear that we are fully informed as to the provisions of the Illinois Liquor Law and the Liquor Ordinances of the City of Peoria and that we will not violate any of the laws of the State of Illinois or 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 Licensee

Signature of Licensee

NOTE: (At least two members of a partnership must sign)

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

Notary Public

(NOTARY SEAL)

LICENSE NO. _____

LIQUOR LICENSE APPLICATION

Treasurer's Receipt No. _____

Amount Paid _____

Licensee _____

Trade Name _____

Address _____

APPROVED:

Liquor Commissioner

Date