

**SCHEDULE III**

Name of Establishment \_\_\_\_\_ License No. \_\_\_\_\_

A Corporation, by its duly authorized agent, must answer the following questions:

- 1. Name of Corporation \_\_\_\_\_
- 2. Date of Incorporation \_\_\_\_\_
- 3. Date Charter issued \_\_\_\_\_
- 4. For what purpose was the Corporation organized? \_\_\_\_\_
- 5. Names, addresses and dates of birth of each officer, director, manager; also any stockholder owning or controlling the voting rights to more than 5% of the stock of the Corporation:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

6. Designate the citizenship of those individuals listed in Question 5, or if naturalized, time and place of such naturalization \_\_\_\_\_

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

8. How long has corporation been engaged in business of this character? \_\_\_\_\_

9. Give itemized list of good, wares & merchandise on hand at time of this application. \_\_\_\_\_

10. Has any person referred to in Question 5 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. \_\_\_\_\_

11. Prior hereto has any liquor license held by any individual listed in Question 5, issued by any State or subdivision thereof, or by the Federal Government, been revoked or suspended?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. If revocation, date of such revocation. \_\_\_\_\_

12. Has any individual listed in Question 5 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 or morality? \_\_\_\_\_ Gambling Offense? \_\_\_\_\_ Is anyone otherwise disqualified to receive a license by reason of any matter of thing contained in the Liquor Control Ordinances of the City of Peoria? \_\_\_\_\_

13. If any answer to Question 12 is Yes, give dates, locations and results of all such charges or convictions. \_\_\_\_\_

14. Is any person referred to in Question 5 an alcoholic, or has received treatment for alcoholism or any drinking problem, or been involved in any incident involving the police, including traffic, in which they were intoxicated? \_\_\_\_\_

15. If answer to Question 14 is Yes, give dates, locations and dispositions of all such treatment or incidents. \_\_\_\_\_

16. Has any person referred to in Question 5 been involved in any battery, assault, fight or public disorder? \_\_\_\_\_

17. If answer to Question 16 is Yes, give dates, locations and dispositions of all such incidents \_\_\_\_\_

\_\_\_\_\_  
Please attach a supplement sheet for any Question where insufficient space is provided.

**IF THIS APPLICATION IS FOR A CLUB LICENSE, ATTACH A COPY OF YOUR MEMBERSHIP LIST.**

**AFFIDAVIT ON BEHALF OF CORPORATIONS**

The undersigned swear that the premises specified in this application comply in all respects with the requirements of the Illinois Liquor Control Law and Liquor Ordinances of the City of Peoria and that the application corporation and its manager or agent are qualified to obtain a license under the said Act.

We swear that the applicant 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 we are fully informed as to the provisions of the Illinois Liquor Control Law and the Liquor Ordinances of the City of Peoria and that the statements contained in this application and any schedules and other attachments made a part of this application are true and correct.

\_\_\_\_\_  
Name of Licensee (print)

\_\_\_\_\_  
Name of Licensee (print)

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Signature of Licensee

(CORPORATE SEAL)

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 \_\_\_\_\_

Street \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
Liquor Commissioner

\_\_\_\_\_  
Date