

TEEN NIGHT

APPLICATION FOR SUBCLASS 5 LIQUOR LICENSE

Present License Class _____ Present License No. _____

Establishment Name: _____

Address: _____

Type of Function: _____

Date of Function: _____

Charitable Organization sponsoring this function (must be exempt pursuant to Sec. 501(c)(3) of Internal Revenue Code of the United States):

What contribution will be made to the charitable organization, if any? _____

How will I.D.'s be checked? _____

List liquor code violation for the past three years: _____

1. **AS REQUIRED BY ORDINANCE, attach a list of the names and addresses of the last person to whom taxes were assessed for any property within 300 feet of the proposed site.**
2. **Attach a sworn statement that you, as applicant, have caused notices to be sent to all such property owners.**

AFFIDAVIT

I swear that I am fully informed as to the provisions of the Illinois Liquor Control Laws and the liquor ordinances of the City of Peoria and will not violate any of the laws of the State of Illinois or of the City of Peoria in the conduct of the function described herein; and that the statements contained in this application and any attachments thereto are true and correct.

Signature of Licensee or Agent

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

Notary Public

FOR OFFICE USE ONLY:

Application for Subclass 5 is Approved _____ Not Approved _____

Liquor Commissioner / Date