

PRODUCT TASTING

APPLICATION FOR SUBCLASS 6 LIQUOR LICENSE

Present License Class _____ Present License No. _____

Establishment Name _____

Address _____

Type of Function: _____

Date/Hours of Function: _____

List any liquor code violations for past 3 years: _____

Has this license been previously applied for: _____ If so, when: _____

AFFIDAVIT

I swear that I am fully informed as to the provisions of the Illinois Liquor Control laws and the liquor ordinance 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 6 is APPROVED _____ DENIED _____

Liquor Commissioner / Date

Special Conditions: _____