



**Application for a Business License  
Liquor or Vending**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI Maiden

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Rent \_\_\_ Buy \_\_\_ Own \_\_\_ # of Years at Current Address: \_\_\_\_\_

Prior Addresses: (Past 10 Years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Employment: \_\_\_\_\_ How Long? \_\_\_\_\_

Position/Title: \_\_\_\_\_

Employment History: (Past 10 Years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Schools Attended: \_\_\_\_\_

When: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Years Completed \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Criminal Record? \_\_\_\_\_

If "Yes" Complete Below

Date	Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please complete form and submit to City Hall with Fee of \$50 for business license or \$50 for liquor license (cash or check).**

615 Madison Avenue Madison, IL 62060 | (618) 876-6268

Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI Maiden

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Rent \_\_\_ Buy \_\_\_ Own \_\_\_ # of Years at Current Address: \_\_\_\_\_  
Years Married \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Is Spouse a U.S. Citizen: \_\_\_\_\_ Criminal Record? \_\_\_\_\_  
If "Yes" Complete Below

Date	Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What Banks do you do Business with? (List Type of Account)  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business License Applied For: \_\_\_\_\_  
Name of Business: \_\_\_\_\_ Location: \_\_\_\_\_  
Are you buying? \_\_\_ Renting? \_\_\_ Leasing? \_\_\_ From whom? \_\_\_\_\_

State the Exact Nature of the Businesses to be Conducted:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in this type of business before? \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_  
Reason for Terminating Business: \_\_\_\_\_

Have you ever been refused a business license? \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_  
Reason: \_\_\_\_\_

Have you ever declared Bankruptcy? \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_

Will there be any partners or stockholders? \_\_\_\_\_  
If "Yes" list the names, addresses, and phone numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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How many persons will you employ? \_\_\_\_\_

What hours will the business operate? \_\_\_\_\_ Days a week: \_\_\_\_\_

Who will manage the business? \_\_\_\_\_

Will you have any vending machines? \_\_\_\_\_

Type?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you sell food? \_\_\_\_\_ Type: \_\_\_\_\_

Will you sell alcoholic beverages for consumption within the building? \_\_\_\_\_

Will you sell package liquor? \_\_\_\_\_

List three credit references:

Name

Address

Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List five references (No Relatives):

Name

Address

Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Applicant states that he/she has never been convicted of a felony, and is not disqualified to receive a license by reason of any matter or thing contained in the laws of the United States, of the State of Illinois, or ordinance of the City of Madison, applicant further states he will not violate any laws of the United States, of the State of Illinois, or any ordinance of the City of Madison, in the conduct of his/her business.

\_\_\_\_\_  
Applicant

State of Illinois        }  
                                  }  
County of Madison    }        SS

\_\_\_\_\_ being first duly sworn on his/her oath states that he/she has read the above and foregoing application, and knows the contents thereof and that the statements therein made are true.

\_\_\_\_\_  
Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
A.D. 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

My Commission Expires:  
\_\_\_\_\_

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