



Application for Business (Liquor/Vending) License

Date: _____

Business Information:

EIN: _____

Name of Business: _____

Address of Business: _____

Lease: _____ Own: _____ Does this business have multiple locations? Yes _____ No _____

How many people will you employ? _____

List Owners/Managers/Governing Organizations or Agencies of Business:

Business Operating Hours: _____ Days of Operation: _____

Name of Bank that holds your business account: _____

Describe the exact nature of the business to be conducted: _____

Have you ever operated 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 partners or stockholders? If yes, please list names. _____

Will you have vending machines? _____ List type of machines: _____

Will you sell: Food? _____ Type: _____

Alcohol for consumption onsite? _____ Packaged Liquor for off-site? _____

Owner Information:

Full Name: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

Drivers Lic. #: _____ SS#: _____

Current Address: _____

Rent: _____ Own: _____ Time at Address: _____ yrs. _____ mo.

Are you a U. S. Citizen? _____

Are you Married? _____ How Long? _____

Previous Addresses over the past 10 years:

Education:

High School: _____ Graduated? _____

College/Trade School: _____ Graduated? _____

Last School Attended: _____ Year: _____ Graduated? _____

Employment:

Current Employer Name: _____

Position/Title: _____ How Long? _____

List one personal & one business reference: (Include name, address, phone or email address)

Prior Employment (10 yrs)

Employers Name & Address	Position & Length	Yr. Started

Criminal Record. _____ if "Yes" Complete Information on Charges

Date	Location	Charge	Disposition

Are you legally able to obtain this Liquor/Vending license in the state of Illinois? _____ Are you barred from legally obtaining this Liquor/Vending license in any state in the United States? _____

Spouse's Information:

Spouse Name: _____ D.O.B. _____ SS#: _____			
DL #: _____ U.S. Citizen? _____ Criminal Record? _____			
Date	Location	Charge	Disposition

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.

Signature of Applicant

State of Illinois }
 } SS
County of Madison }

_____ 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.

Subscribed and sworn to before me this _____ day of _____
A.D. 20____.

Applicant

Notary Public

(Seal)

My Commission Expires:
