

Date Current License

Expires: _____

Application DATE: _____

Date Approved: _____

VILLAGE OF GURNEE
LIQUOR LICENSE RENEWAL
APPLICATION

Fee: _____

State Sales Tax#: _____

Current State Liquor

License#: _____

1. Legal business name: _____ Telephone # _____

Doing Business as _____

2. Address of place of business for which application is made: _____

3. Name and address of registered agent: _____

4. Name and address of Manager: _____

5. Is or will this business be conducted by new manager(s) agent(s) than was listed on the last application?

If yes, have each person fill out an original application.

6. Have you, any co-owner/partner, agent or manager, or if a corporation, any officer, director or shareholder (over 5%), gained any interest in any other liquor establishment since date of last application? _____

If yes, advise relevant information. _____

7. Do you, or anyone for which the liquor license has been applied for, have a federal gaming or wagering stamp for the current tax period? If so, whom, and what is the tax number _____

8. Name and address of each officer and each director must be filled in:

(Attach additional page if insufficient space).

Name _____ President

Address _____

Name _____ Secretary

Address _____

Name _____ Treasurer

Address _____

Name _____ Director

Address _____

Name _____ Director

Address _____

State of Illinois, County of Lake

AFFIDAVIT

I (we) swear that I (we) will not violate any of the ordinances of the Village of Gurnee or laws of the State of Illinois or laws of the United States of America in the conduct of the places of business described herein, and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Subscribed and sworn to before me

this _____ day of _____ AD _____

Applicant's Signature

Notary Public: _____

Applicant's Signature

SEAL