



# CITY OF FARMINGTON

Municipal Building  
322 E. Fort Street Room 101

Phone (309) 245-2011

Fax (309) 245-9123

Email: [kstufflebeam@cityoffarmingtonil.com](mailto:kstufflebeam@cityoffarmingtonil.com)

## New Application City Liquor Retailer's License

**To:** Mayor and Liquor Commissioner for City of Farmington  
322 E Fort St. Room 101  
Farmington, IL 61531

The undersigned hereby makes application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term beginning \_\_\_\_\_, and ending \_\_\_\_\_, and hereby certifies to the following facts:

1) Applicant's full name: \_\_\_\_\_

Name under which business is to be conducted: \_\_\_\_\_

Type of Establishment: ☐ Sole Proprietorship  
☐ Partnership  
☐ Corporation  
☐ LLC

2) Location of place of business for which license is sought:

(A) \_\_\_\_\_

(Exact address by street and number)

(B) \_\_\_\_\_

(Full description of location, place or premises, specifying floor, room, etc.)

3) State principal kind of business: \_\_\_\_\_

4) Class of license applied for: \_\_\_\_\_

5) Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant?

☐ Yes

☐ No

If yes, is the premises:

(A) Maintained and held out to the public as a place where meals are actually and regularly served?

☐ Yes ☐ No

(B) Provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook, and serve suitable food?

☐ Yes ☐ No

6) Does applicant own premises for which this license is sought?

☐ Yes ☐ No

7) If applicant is not the Property Owner, has applicant a lease on such premises covering the full period for which the license is sought?

☐ Yes (If Yes, attach copy.) ☐ No

8) Is applicant licensed as a food dispenser?

☐ Yes (If Yes, attach copy.) ☐ No

9) Is the location of applicant's business for which license is sought within 100 feet, property line to property line (except institutions of higher learning) of any school, hospital, home for aged or indigent persons, or for veterans, their wives or children, or any military or naval station, or 100 feet building to building from a church?

☐ Yes (If Yes, please describe.) ☐ No

10) Is any law enforcing public official, mayor, alderman, member of the city council or a city commission; or any president or member of county board directly have financial interest in the business for which license is sought?

☐ Yes (If Yes, please name.) ☐ No

11) Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business?

☐ Yes (If Yes, please name.) ☐ No

12) Are you a citizen of the United States?

☐ Yes ☐ No

If a naturalized citizen, when naturalized? \_\_\_\_\_  
(Month, Date, Year)

Where naturalized? \_\_\_\_\_  
(City and State)

Court in which (or law under which) naturalized: \_\_\_\_\_

13) Have you ever been convicted of any felony under any Federal or State Law?

☐ Yes (If Yes, give date and offense) ☐ No

14) Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime of misdemeanor opposed to decency and morality?

☐ Yes (If Yes, give dates and offense) ☐ No

15) Have you ever been convicted of a violation of Federal or State liquor law since February 1, 1934?

☐ Yes (If Yes, give dates) ☐ No

16) Have you ever permitted an appearance bond forfeiture for any violations mentioned in 15)?

☐ Yes ☐ No

17) Have you made application for a similar or other license for premises other than described in this application?

☐ Yes (If yes, give date, location of premises and disposition of application) ☐ No

18) Has any license previously issued to you by State, Federal, or local authorities been revoked, suspended, or fined?

☐ Yes (If Yes, state reasons therefore and dates) ☐ No

19) Have you signed and included the provided Financial History Application authorizing credit inquiries into EACH individual associated with this application?

☐ Yes ☐ No

20) Have you attached proof of appropriate commercial and dram shop liability insurance?

☐ Yes ☐ No

FOR A SOLE PROPRIETORSHIP APPLICATION, SKIP TO THE AFFIDAVIT PAGE

21) PARTNERSHIP/CORPORATION INFORMATION

(If a partnership or a corporation, please provide the following information for EACH individual showing more than 5% interest in the establishment)

(A) Name: \_\_\_\_\_

Position: \_\_\_\_\_

(Partner, officer, or director)

(B) Residence Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

(C) Are you a citizen of the United States? ☐ Yes ☐ No

If a naturalized citizen, when naturalized? \_\_\_\_\_

(Month, Date, Year)

Where naturalized? \_\_\_\_\_

(City and State)

Court in which (or law under which) naturalized: \_\_\_\_\_

(D) Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality?

☐ Yes (If Yes, give date and state offense) ☐ No

(E) Have you ever been convicted of a violation of Federal or State liquor law since February 1, 1934?

☐ Yes (If Yes, give dates) ☐ No

(F) Have you ever permitted an appearance bond forfeiture for any violations mentioned in (E)?

☐ Yes (If Yes, give dates) ☐ No

(G) Have you made application for a similar other license for premises other than described in this application?

☐ Yes (If Yes, give date, location of premises and disposition of application) ☐ No

(H) Has any license previously issued to you by State, Federal, or local authorities been revoked, suspended, or fined?

☐ Yes ☐ No

(I) Have you signed and included the provided Financial History Application authorizing credit inquiries into EACH individual associated with this application, or a corporate financial statement in the case of a corporation?

☐ Yes ☐ No

(J) In the case of a corporation or LLC:

Your Federal Taxpayer Identification Number (FEIN #)

---

Date of Incorporation:

---

(month, date, year)

# AFFIDAVIT

STATE OF ILLINOIS        )  
COUNTY OF FULTON    ) ss.

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

Signature of Applicant (s): \_\_\_\_\_  
(Name) (Title)

(Name)	(Title)
--------	---------

**PUBLIC NOTARY**

Subscribed and Sworn by: \_\_\_\_\_

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

Notary Public (Seal)