



**RENEWAL  
INDIVIDUAL CORPORATE FORM  
APPLICATION FOR CITY RETAILER'S LICENSE TO SELL ALCOHOLIC LIQUORS**

The undersigned hereby makes (make) application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term ending April 30, 20\_\_\_\_, and hereby certifies (certify) to the following facts:

1. **APPLICANT CORPORATE INFORMATION**

- a. Applicant's corporate name and address: \_\_\_\_\_
- b. Name under which business is to be operated: \_\_\_\_\_

2. **APPLICANT BACKGROUND INFORMATION**

Any officer, manager or director and any stockholder owning in the aggregate more than five (5) per cent of the stock of the corporation must provide the following information. (Attach additional paper as needed to provide complete information.)

- (a) Applicant's full name: \_\_\_\_\_
- (b) Date of birth \_\_\_\_\_  
(Month) (Day) (Year)
- (c) Residence Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(Give street and number)
- (d) Work Address \_\_\_\_\_ Work Telephone \_\_\_\_\_
- (e) Place of birth \_\_\_\_\_
- (f) Have you ever been convicted of any felony under any Federal or State law? \_\_\_\_\_  
If so, give date and state offense \_\_\_\_\_
- (g) Have you ever been convicted of gambling, keeping a gambling place, being the keeper of or keeping a house of prostitution; or of solicitation or other crime or misdemeanor opposed to decency and morality? \_\_\_\_\_  
If so, give dates and state offense \_\_\_\_\_
- (h) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? \_\_\_\_\_  
If so, give dates and state offense \_\_\_\_\_
- (i) Have you ever permitted a bond forfeiture for any of the violations mentioned in (h), (i), or (j)? \_\_\_\_\_
- (j) Have you made application for a similar license for premises other than described in this application? \_\_\_\_\_  
If so, give date, location of premises and disposition of application \_\_\_\_\_
- (k) Has any license previously issued to you by State, Federal or local authorities been revoked? \_\_\_\_\_  
If so, state reasons therefore and date of revocation \_\_\_\_\_
- (l) Does applicant currently hold a federal wagering stamp? \_\_\_\_\_ Does the licensed premises currently hold a federal wagering stamp? \_\_\_\_\_
- (m) Is applicant a permanent resident of the City of Rockford? \_\_\_\_\_

- (n) Is the applicant disqualified from receiving a liquor license by reason of any matter or item contained in the laws of the state of Illinois, this chapter, or any other code or ordinance of the City of Rockford? \_\_\_\_\_
- (o) Will the applicant hire private security licensed by the State of Illinois upon the written request of the liquor commissioner? \_\_\_\_\_
- (p) Has the applicant reviewed Chapter Three of the City of Rockford Code of Ordinances governing alcoholic liquor?
- (q) Has the applicant submitted his/her fingerprints to the appropriate authorities for purposes of completing a background check on applicant? \_\_\_\_\_ If yes, when did such submission occur? \_\_\_\_\_

3. Has the applicant added or expanded entertainment areas or uses at the licensed premises? \_\_\_\_\_

4. Has the nature, character or day to day operation of the licensed premises changed in any way from representations made on the original application, application for Special Use Permit where applicable, or any other documents presented to any city staff at the time the initial application for liquor license was made? (i.e. entertainment uses, expansion of use into night club or dance hall, hours of operation, hours of food service, the implementation of cover charges, etc.) \_\_\_\_\_ **If yes, please attach a detailed explanation of any changes.**

STATE OF ILLINOIS )SS.  
 COUNTY OF WINNEBAGO )

I swear (or affirm) that I will not violate any of the ordinances of the City of Rockford or the 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 knowledge and belief.

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

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

\_\_\_\_\_  
 Signature of Applicant