



**APPLICATION FOR
RETAIL LIQUOR DEALER'S LICENSE
ADAMS COUNTY, ILLINOIS**

TO: Adams County Illinois Liquor Commissioner

FROM: Applicant Name: _____

Location of Premises: _____

All applicable codes and enforcements are pursuant to Chapter 5, Article 4 of the Adams County Code of Ordinances and 235 ILCS 5.

PAYMENT / FEE

\$600.00

Make checks payable to: Adams County Clerk

PAID: _____

Initials of
County Clerk
employee

RECEIVED DATE STAMP:
(Office use only)

**APPLICATION FOR
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County Liquor Commissioner
C/O County Clerk
507 Vermont Street
Quincy, Illinois 62301

The undersigned applicant, in compliance with the Adams County Ordinance regulating the sale of alcoholic liquors in territory outside of incorporated towns in Adams County, and the laws of the State of Illinois, hereby makes application for a Retail Liquor Dealer's License for premises located at _____ and to be operated under the trade name of _____.

Phone: _____

E-mail: _____

For purposes of obtaining approval of this application, the undersigned makes the following true statements of fact under oath (Please Print):

(1) Choose (a), (b), or (c)

a) INDIVIDUAL (Legal Name):

Name: _____ Date of Birth ____/____/____
Last First MI Mo. Day Yr.

Address: _____ Phone: _____

b) PARTNERSHIP (Legal Name):

c) Name: _____ Date of Birth ____/____/____
Last First MI Mo. Day Yr.

Address: _____ Phone: _____

a) Name: _____ Date of Birth ____/____/____
Last First MI Mo. Day Yr.

Address: _____ Phone: _____

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- d) In what business now engaged? _____
How long? _____
- e) Do you have a valid lease for above premises for term of license(Y/N)? ____
Cash value of merchandise and fixtures \$ _____
- f) Have you applied for similar license on premises other than above described?
(Yes/No) _____ Was same granted? (Yes/No) _____
- g) Have you ever been convicted of a felony? (Yes/No) _____
- h) Have you had any previous liquor license revoked? (Yes/No) _____
- i) Do you agree to observe all laws of the State of Illinois and ordinances of Adams
County, Illinois? (Yes/No) _____
- j) Are you a resident of the County of Adams? (Yes/No) _____
- k) Have you ever been convicted of pandering? (Yes/No) _____
- l) Have you ever been convicted of keeping a House of Ill Fame? (Yes/No) _____
- m) Are you a person of good character and reputation? (Yes/No) _____
- n) If premises are under manager or agent, does he or she pass required conditions of
license? (Yes/No) _____
- o) Have you ever been convicted of violation of State Liquor Laws or forfeited bond for
failure to appear for such violation? (Yes/No) _____
- p) Are you a Mayor, Alderman, County Board Member, County Board Chairman, or
law enforcement official? (Yes/No) _____
- q) Are you connected in any way with the manufacture, sale or distribution of alcoholic
liquor? (Yes/No) _____
- r) Are you eligible for a State of Illinois Retail Liquor Dealer's License? (Yes/No) _____
- s) Is the proposed location 100 feet away from a school, church, hospital, home for the
aged, indigent or veterans military or naval station or mortuary? (Yes/No) _____

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- t) Is anyone connected with the manufacture, jobbing or wholesaling of liquor giving you financial backing? (Yes/No) _____
- u) Do you agree to permit authorized County Officials access to premises? (Yes/No) _____
- v) Do you agree to abide by all County Health regulations? (Yes/No) _____
- w) Do you agree to maintain a clear view from the street or road into the premises? (Yes/No) _____
- x) Do you agree to furnish names and addresses of bartenders if requested? (Yes/No) _____
- y) Bartenders will be (Legal Name, Including Middle Initial):

Name			Date of Birth	Address
			/ / Mo. Day Yr.	
Last	First	MI		
			/ / Mo. Day Yr.	
Last	First	MI		
			/ / Mo. Day Yr.	
Last	First	MI		

- z) I offer the following named citizens of Adams County as references to my character.

NAME			ADDRESS
Last	First	MI	
Last	First	MI	
Last	First	MI	

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Last First MI

SWORN AFFIDAVIT OF APPLICANT

I (or we) _____ being first duly sworn,
affirm under oath, full knowledge of the foregoing statements and that all answers
set forth herewith are true and correct.

Signature of Applicant (s) _____

Duly acknowledge and sworn to before me this ____ day of _____, 20____.

Notary Signature

(Notary Stamp)

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ACTION TAKEN BY SHERIFF

After conducting a thorough review of the applicant and the premises in question, I have not discovered any compelling reason to deny the issuance of a license for the aforementioned premises.

DATE SIGNED BY SHERIFF OF ADAMS COUNTY _____

SHERIFF OF THE COUNTY OF ADAMS

APPROVAL

Approval of the foregoing application is hereby granted.

Signed this _____ day of _____, 20____.

County Liquor Commissioner

ISSUED

Date Issued: _____

Issued By: _____