



**INDIVIDUAL PARTNERSHIP 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. Partner Applicant Information (All questions must be answered as they relate to each and every partner)

(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) Are you a citizen of the United States'? _____

If a naturalized citizen, when naturalized? _____ Where naturalized? _____
(Month) (Day) (Year) (City and State)

Court in which (or law under which) naturalized _____

(g) Last three home addresses, including exact street address, city and zip code:

i. _____

ii. _____

iii. _____

(h) Have you ever been convicted of any felony under any Federal or State law? _____

If so, give date and state offense _____

(i) 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 _____

(j) 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 _____

(k) Have you ever permitted a bond forfeiture for any of the violations mentioned in (h), (i), or (j)? _____

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

If so, give date, location of premises and disposition of application _____

(m) Has any license previously issued to you by State, Federal or local authorities been revoked? _____

If so, state reasons therefore and date of revocation _____

(n) Does applicant currently hold a federal wagering stamp? _____ Does the licensed premises currently hold a federal wagering stamp? _____

(o) Is applicant a permanent resident of the City of Rockford? _____

(p) 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? _____

(q) Does the applicant agree to not violate any of the laws of the State of Illinois or of the United States, or any ordinance of the City of Rockford in the conduct of applicant's place of business?

(r) Has applicant submitted his/her finger prints to the appropriate authorities for purposes of running a complete background check on applicant? _____ If yes, when did such submission occur? _____

(s) Will the applicant hire private security licensed by the State of Illinois upon the written request of the liquor commissioner? _____

(t) Has the applicant reviewed Chapter Four of the City of Rockford Code of Ordinances governing alcoholic liquor? _____

**STATE OF ILLINOIS SS.
COUNTY OF WINNEBAGO**

I swear 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.

Signature of Applicant

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

Notary Public