



Village of North Utica

P.O. Box 188 - North Utica, IL 61373
Phone: 815-667-4111 Email: clerk@utica-il.gov
Fax: 815-667-4679 Web-Site : www.utica-il.gov

APPLICATION FOR / RENEWAL OF 20__ LIQUOR LICENSE

The undersigned hereby applies for a Class ____ Liquor License to sell alcoholic liquor in the Village of North Utica.
Individual Name of Applicant: _____ Date of Birth: _____
Address of Applicant (Street Number/Name): _____
(City/State/Zip): _____
Applicant Phone Number: _____ Applicant E-Mail Address: _____
Social Security Number: _____ Drivers License Number: _____ State: _____

Applicant Information: US Citizen? Yes ___ No ___
or Naturalized? Yes ___ No ___ Naturalization #: _____
Place of Naturalization: _____ Date: _____
Have you ever been convicted of a felony, either under the laws of the United States of America, the State of Illinois or have you been disqualified to receive the license being applied for?: Yes ___ No ___
Have you ever had a liquor license revoked? Yes ___ No ___

Business Name (& DBA Name if applicable): _____
Date Incorporated (if applicable): _____ Employer ID Number (EIN): ____ - _____
Business Address in Village: _____
Business Phone Number: _____ Business Fax Number: _____

If Partnership/Sole Proprietorship, complete the following for each partner/person entitled to share in the profits:

Name: _____ Date of Birth: _____
Address (Street #/Name): _____ City/St/Zip: _____

Name: _____ Date of Birth: _____
Address (Street#/Name): _____ City/St/Zip: _____

Name: _____ Date of Birth: _____
Address (Street#/Name): _____ City/St/Zip: _____

Name: _____ Date of Birth: _____
Address (Street#/Name): _____ City/St/Zip: _____

If Corporation, complete the following for each officer & director of corporation:

Name: _____ Title: _____
Address (Street#/Name): _____ City/St/Zip: _____

Name: _____ Title: _____
Address (Street#/Name): _____ City/St/Zip: _____

Name: _____ Title: _____
Address (Street#/Name): _____ City/St/Zip: _____

Name: _____ Title: _____
Address (Street#/Name): _____ City/St/Zip: _____



Village of North Utica

P.O. Box 188 - North Utica, IL 61373

Phone: 815-667-4111
Fax: 815-667-4679

Email: clerk@utica-il.gov
Web-Site : www.utica-il.gov

LIQUOR LICENSE APPLICATION (Continued)

If Corporation, complete the following for each officer & director of corporation: (Continued)

Name: _____ Title: _____
Address (Street#/Name): _____ City/St/Zip: _____

Name: _____ Title: _____
Address (Street#/Name): _____ City/St/Zip: _____

Name: _____ Title: _____
Address (Street#/Name): _____ City/St/Zip: _____

I confirm that the Business address listed above is not within 100 feet of any church, school or other location prohibited by law.

I am aware that the Village Liquor Commissioner may request additional documentation as needed to evaluate this application.

I swear that the above information is true & that I will not violate any laws of the State of Illinois or the United States of America or any of the ordinances of the Village of North Utica & the County of LaSalle in the conduct of the above named business hereunder.

Signed: _____ Date: _____

Subscribed and Sworn to by the said _____
before me a Notary Public in and for the County of LaSalle and the State of Illinois,
this _____ day of _____, A.D. 2008.

(SEAL)

Notary Public

License Fee: \$ _____ Date Paid: _____ Check #: _____

Approved by: _____ Date: _____
Village of North Utica Liquor Commissioner License #: _____