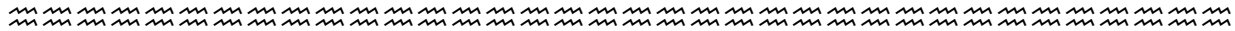




APPLICATION FOR LIQUOR LICENSE RENEWAL

- 1. NAME OF MANAGER (Background Check/License Holder): _____
- 2. HOME PHONE NUMBER: _____
- 3. NAME OF BUSINESS: _____
- 4. BUSINESS PHONE NUMBER: _____
- 5. HOURS OF OPERATION:
 Sunday ___ to ___ / Monday ___ to ___ / Tuesday ___ to ___ / Wednesday ___ to ___ /
 Thursday ___ to ___ / Friday ___ to ___ / Saturday ___ to ___
- 6. Will you and all your employees refuse to sell or serve alcohol to an intoxicated person or to a minor?
 YES NO



STATE OF ILLINOIS
COUNTY OF HENRY

_____, being first duly sworn deposes and says that he/she has read the above and foregoing application, caused the answers to be provided thereto, and all of the information given by him/her on said application is true and correct.

Signature of Applicant

Subscribed and sworn to before me this ___ day of _____, A. D. 20__.

Notary Public