

Village of
Kingston

101 East Railroad Street
Kingston, Illinois 60145



Website: www.villageoffkingston.org
E-mail: kingston@tbcnet.com

Phone: (815) 784-5572
Fax: (815) 784-4398
Police: (815) 784-5943

APPLICATION FOR LIQUOR LICENSE

John Munro, President

Heather Edwards, Village Clerk

Date: _____

Application is hereby made to the Local Liquor Control Commissioner of the Village of Kingston for issuance of a Class(es) _____ liquor license, pursuant to the ordinances of the Village and laws of the State of Illinois. In support of said application the following is submitted.

GENERAL INFORMATION:

APPLICANT:

Name _____
Last First Middle initial

Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ - _____ Fax # (____) _____ - _____

E-mail address _____

Social Security # _____ - _____ - _____ Drivers License # _____ - _____ - _____

Date of Birth ____/____/____ Age ____ Place of Birth _____

Are you a citizen of the United States? _____ Resident of Kingston? _____

Years resident of Kingston? _____ County? _____ State? _____

Business or occupation now _____

Length of time in business _____

Name and address of employer _____

The location and description of the premises of the place of business, together with all entrances thereto, which is to be operated under the license.

Have you ever been convicted of a felony in this State or any other State? _____

If yes, explain. _____

Have you ever had a license revoked by State, Subdivision thereof, or the
Federal Government? _____ If yes, explain. _____

Do you have a lease? _____ If yes, for how long? _____

Do you own the premises and business? _____ If no, list owner's name and address

Operation of business by license holder only _____

Co-partnership _____ Corporation _____

Hired Manager _____

Retail Sales Tax Number _____

Special Tax Stamp Number (Federal) _____

Do you have Dram Shop Insurance at this time? _____ If yes, with what Insurance agency?

A statement from the insurance agency that the applicant has Dram Shop Insurance or will be so insured upon issuance of a license must be attached.

The undersigned applicant does hereby state and promise to make a part of this application his and/or her averment that he and/or she will not violate any of the laws of the state of Illinois or of the United States or any ordinance of the Village of Kingston in the conduct of his and/or her business for which this license application is made.

All owners, partnership, manager, etc. sign and date below with each individual signature notarized.

_____, 20____
Owner

Notary signature and stamp

_____, 20____
Owner

Notary signature and stamp

_____, 20____
Owner

Notary signature and stamp

_____, 20____
Owner

Notary signature and stamp

_____, 20____
Owner

Notary signature and stamp