



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\_\_\_\_\_(Give street and number) Telephone\_\_\_\_\_

(d)Work Address\_\_\_\_\_Work Telephone\_\_\_\_\_

(e)Applicant's email address:\_\_\_\_\_

(f) Place of birth\_\_\_\_\_

(g) Are you a citizen of the United States'? \_\_\_\_\_

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

Court in which (or law under which) naturalized\_\_\_\_\_

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

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

(i) Have you ever been convicted of any felony under any Federal or State law? \_\_\_\_\_

If so, give date and state offense\_\_\_\_\_

(j) 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\_\_\_\_\_

(k) 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\_\_\_\_\_

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

(m) 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 \_\_\_\_\_

(n) Has any license previously issued to you by State, Federal or local authorities been revoked? \_\_\_\_\_

If so, state reasons therefore and date of revocation \_\_\_\_\_

(o) Does applicant currently hold a federal wagering stamp? \_\_\_\_\_ Does the licensed premises currently hold a federal wagering stamp? \_\_\_\_\_

(p) Is applicant a permanent resident of the City of Rockford? \_\_\_\_\_

(q) 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? \_\_\_\_\_

(r) 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?  
\_\_\_\_\_

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

(t) Does the applicant agree to conduct and submit BASSET training certification for managers and servers?  
\_\_\_\_\_

(u) Will the applicant hire private security licensed by the State of Illinois upon the written request of the liquor commissioner? \_\_\_\_\_

(v) Anticipated alcoholic, food, and general merchandise sales as a percentage of total revenue for the business (total revenue includes gaming revenue)?

Alcohol sales percentage of total revenue \_\_\_\_\_

Food sales percentage of total revenue \_\_\_\_\_

General merchandise sales percentage of total revenue \_\_\_\_\_

Percentage of revenue from other sources or total revenue (includes gaming revenue) \_\_\_\_\_

(w) 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\_\_\_\_\_

\_\_\_\_\_