



**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. APPLICANT PARTNERSHIP INFORMATION

- a. Applicant’s partnership name: _____
- b. Applicant’s partnership address: _____
- c. Applicant’s email address: _____
- d. Name under which business is to be operated: _____

2. APPLICANT BACKGROUND 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) Applicant’s email address: _____
- (f) Place of birth _____
- (g) 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 _____
- (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 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- (n) Has any license previously issued to you by State, Federal or local authorities been revoked?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) Will the applicant hire private security licensed by the State of Illinois upon the written request of the liquor commissioner? _____
- (s) Does the applicant agree not to 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?

- (t) Has the applicant submitted his/her fingerprints to the appropriate authorities for purposes of running a complete background check on applicant? _____ If yes, when did submission occur? _____
- (u) Does the applicant agree to conduct and submit BASSET training certification for managers and servers as required pursuant to City of Rockford Ordinance Section 3-68? _____
- (v) Has the applicant reviewed Chapter Three of the City of Rockford Code of Ordinances governing alcoholic liquor?

- (w) Anticipated alcoholic, food/non-alcoholic beverages, 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/non-alcoholic beverage sales percentage of total revenue	_____ %
General merchandise sales percentage of total revenue	_____ %
Percentage of revenue from other sources or total revenue (includes gaming revenue)	_____ %

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.

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

 Signature of Applicant

 Notary Public