



VILLAGE OF MINOOKA APPLICATION FOR LIQUOR LICENSE FOR LOCAL AGENT

Name of Business: _____ Date: _____

Name of Local Agent: _____ Age: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address if different from above: _____

Contact Phone Number/s: _____

Citizenship: _____ If Naturalized, Date & Place: _____

Location and description of premises to be operated under license: _____

Applicant, as a resident of the village, must be available to receive a summons, mail and notices for the business. This local agent must also be a person who would be eligible to receive a license hereunder, subject to background investigation.

The applicant certifies that they have never been convicted of a felony and is not disqualified to receive a license by reason of any matter or thing contained in the Village of Minooka Liquor Control Ordinance, offence or law regarding moral turpitude. The applicant will not violate any of the laws of the State of Illinois of the United States, or the Ordinances of the Village of Minooka in the conduct of the place of business.

Signature of Applicant

Witness