

CITY OF SPRINGFIELD, ILLINOIS
SUBCLASS 1 LICENSE APPLICATION
NON-REFUNDABLE APPLICATION FEE \$50.00
J. Michael Houston Mayor and Liquor Control Commissioner

This application is for a **SUBCLASS 1 LICENSE**. **ONLY THE HOLDER OF A CLASS "AA", "A" OR "G" LICENSE MAY APPLY**. The applicant further states and declares that the information tendered on the original application with respect to ownership, managers, etc., has remained unchanged. Be aware that the Code states the following: **"No licensee may apply for a Subclass 1 license until the licensee has operated the business under the primary license classification for at least six months."**

Name of Corp/Partnership/Owner: _____

D/B/A _____

Address _____ Zip Code _____ Phone _____

Classification _____ Current Manager on File & Date Employed: _____

Lease Expires: _____

EXPLAIN WHY YOU DESIRE TO OBTAIN A SUBCLASS 1 LICENSE:

AFFIDAVIT

The undersigned, being duly sworn, hereby attest, under penalty of perjury that I/we have paid all taxes or other debts owed to the City of Springfield. I/we understand that the commissioner shall refuse to issue this license until such time as all taxes and outstanding debts are paid.

AFFIDAVIT

The undersigned, being duly sworn, on oath, certifies that all information supplied in this application is true and correct as to myself/ourselves, and any partners or corporation and its stockholders, as well as managers listed and that I/we will advise the Liquor Commissioner, in writing, if any information supplied becomes invalid or additional information is required by the Springfield Liquor Code now or as hereafter amended.

(Signature required: Individual applicant or all partners, or signature of officer of corporation authorized to bind the corporation according to its Articles of Incorporation.)

Print Name _____

Print Name _____

Signature _____

Signature _____

Title _____

Title _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Title _____

Title _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

(SEAL)

Notary Public

SPACE BELOW IS FOR OFFICE USE ONLY

Received By: _____

Forward to Legal on: _____

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