

CITY OF SPRINGFIELD, ILLINOIS
LIQUOR LICENSE CHANGE OF BUSINESS NAME APPLICATION
NON-REFUNDABLE APPLICATION FEE \$15.00
Jim O Langfelder, Mayor and Liquor Control Commissioner

WARNING: THE *FILING* OF THIS APPLICATION DOES NOT PERMIT THE APPLICANT TO ENGAGE IN THE SALE OF ALCOHOLIC LIQUOR UNDER THE PROPOSED D/B/A NAME CHANGE.

This application is for a **CHANGE OF BUSINESS NAME ONLY**. The applicant further states and declares that the information tendered on the original application with respect to ownership, managers, etc., has remained unchanged.

CURRENT INFORMATION:

*Name of Corp / Partnership/Owner: _____
*D/B/A: _____
*Address: _____ Zip Code _____
*License # 0 *Classification _____ Phone _____
**(Must be exactly as appears on current license)*
Who is Current *Manager* on File & Date Employed? _____

When does Current *Lease/Contract For Deed* Agreement Expire?: _____

PROPOSED NEW D/B/A NAME: _____

THE FOLLOWING MUST BE ATTACHED:

_____ Copy of Liquor Liability Insurance with hours covering hours of sales (Dram Shop Insurance) ; **AND**
_____ Lease/Contract for Deed - A properly executed copy of the lease, signed by lessee and lessor. (Note: The lease must reflect the new business name, *if the d.b.a. is referenced in the current lease*)

AFFIDAVIT

The undersigned, being duly sworn, on oath, certifies that all information supplied in this application is true and correct as to myself/ourselves, in 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; If limited partnership, all general partners and any limited partner owning more than 50% interest in such limited partnership; If corporation, all officers, directors and any stockholder owning more than 50% of stock of such corporation. All signitors must also indicate their official title or position.)

Signature _____	Signature _____
Print Name _____	Print Name _____
Title _____	Title _____

NOTARIZATION OF SIGNATURE IS REQUIRED

SUBSCRIBED AND SWORN to before me this ___ day of _____,

(SEAL) _____ Notary Public

Application RECEIVED on: _____

BY: _____

APPLICATION approved / denied: Date _____ By: _____