



700 N. Division St.
Morris, Illinois 60450

City of Morris
Chris Brown
Mayor

Phone: (815) 942-5438
Fax: (815) 941-5236

APPLICATION FOR RENEWAL OF LIQUOR LICENSE

1. Applicant Information:

Applicant(s) Name: _____
Email: _____ Phone: _____
Address: _____
City: _____ State: _____ ZIP: _____
Age: _____ Date of Birth: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

2. Licenses:

Class of License Requested: _____ City of Morris License No.: _____
Illinois Liquor License No.: _____

3. Change in Ownership:

Have there been any changes in ownership, partnership, or in the case of a corporation, any changes in Officers, interest, or stock in the corporation Yes No (If yes, please provide a statement of changes and a copy of the state filing demonstrating changes)

4. Eligibility:

A. Is applicant disqualified to receive a liquor license under State law? Yes No

B. Has applicant been convicted of a felony or misdemeanor since last renewal? Yes No If yes, please provide a statement of the nature of the crime: _____

Date and place of conviction (include case number if available): _____

C. Does any fine or judgment whatsoever, remain unpaid in Grundy County? Yes No

D. Is business to be conducted by a manager or agent? Yes No If yes, complete the Manager/Agent section below:

Manager / Agent Information

Name: _____ Date of Birth: ____ / ____ / ____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

I, undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and correct, are made upon my personal knowledge and information, and that the applicant is qualified and eligible to obtain the license applied for under penalty or perjury.

Signature: _____ Title/Position _____
Date: _____

FOR CITY OF MORRIS USE ONLY

Fee Tendered Herewith: \$ _____

Date: _____ Granted Denied

By: _____