

SUPPLEMENTAL INFORMATION FOR CORPORATE OWNERS, PARTNERS, INDIVIDUALS HOLDING MORE THAN 5% INTEREST IN BUSINESS AND ALSO FOR CORPORATE OFFICERS AND DIRECTORS.

Please provide the following information about ALL persons or corporations owning 55% or more of the corporate stock or entitled to 5% or more of the partnership profits or entitled to all of the individual profits. If more space is required, please attach a separate sheet containing all of the requested information for each additional person or corporation or send to liquor@mchenrycountyil.gov. Also, please provide the same information, on separate sheets, for all officers and directors of the applicant corporation, if application is being made by a corporation. The Chairman of the McHenry County Board, his authorized agents, the McHenry County Law & Government/Liquor Committee, its duly authorized agents, or the Sheriff of McHenry County, or his duly authorized agents, RESERVE THE RIGHT TO INSPECT THE CORPORATE, PARTNERSHIP OR INDIVIDUAL RECORDS OF EACH APPLICANT.

1. Name: _____
2. Date of Birth (MM/DD/YYYY): _____
3. Place of Birth: _____
4. Address: _____
5. Telephone Number: _____
6. Social Security #: _____
7. Are you a citizen of the United States? YES NO
 - a. If a naturalized citizen, when and where were you naturalized? _____
 - b. Court? _____
8. Have you ever permitted a bond forfeiture, been convicted of a crime under the Illinois Criminal Code or been convicted of any felony? YES NO
 - a. If yes, please provide the following information for all forfeitures or convictions:
 - i. Date (MM/DD/YYYY): _____
 - ii. Offense: _____
 - iii. Location/Court of Jurisdiction: _____
 - iv. Sentence: _____
9. Has any license previously issued to you by any state, federal or local authority ever been suspended or revoked? YES NO
 - a. If yes, indicate type of license: _____
 - b. Date of Action (MM/DD/YYYY): _____
 - c. Action taken: _____
 - d. Name of Issuing Authority: _____
 - e. Reason for Revocation/Suspension: _____

I hereby acknowledge that all of the statements and information contained in this application are true to the best of my knowledge and belief.

I further agree that if a license is issued hereunder, I will notify the Chairman of the Law & Government/Liquor Committee of the McHenry County Board of changes in the information contained herein which may occur during the license period, and also upon the removal of all such licensed devices from service in McHenry County.

Signature(s)

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Public

COIN-OPERATED AMUSEMENT DEVICES

Make/Model/Type	Location of Machine	Serial #	Office Use Only