Village of Downs
211 S. Seminary, PO Box 18
Downs, IL 61736-0018
Voice/Fax: 309-378-3221
Email: Info@VillageOfDowns.org
Website: www.VillageOfDowns.org

AFFIDAVIT FOR LIQUOR LICENSE APPLICATION

State of Illinois)
County of McLean) SS

The undersigned, being first duly sworn on oath or affirmation, warrants and represents that the undersigned has the authority to bind the undersigned and bind the business entity making application to the Village of Downs as set forth in said Application. The undersigned further warrants and represents that the undersigned, individually and on behalf of the officers and directors of any business entity named in this application, shall not violate any of the ordinances of the Village of Downs or the laws of the State of Illinois or of the United States of America in the operation of the place of business described herein and that the statements contained in this application are true and correct to the best of the knowledge of the undersigned.

(Any intentional misrepresentation made by any applicant shall be cause for denial or revocation of any license granted by the Village of Downs)

SUBSCRIBED and sworn to _____
before me this _____ day Signature and Title
Of _____,
A.D. 20__ .

_____
Notary Public

(Corporate Seal)

IMPORTANT
If the Applicant is a corporation or LLC, attach a copy of the by-laws and/or Resolution authorizing the applicable parties to sign this Application.