



**Application to LaSalle County
Liquor Control Commission
for Retailer's License for Sale of Alcohol**

County License #
Date County Issued
County Yearly Expiration Date
June 30th

To the Liquor Control Commission of the **County of LaSalle** and State of Illinois:

The undersigned hereby makes application for a license for the sale at retail of alcoholic liquors under the provision of an Act entitled, "An Act relating to alcoholic liquors," approved January 31, 1934, in force February 1, 1934, and in support of said application states:

1. Federal Employer ID # (FEIN) and State Tax # (IBT or SalesTax#) Information

FEIN # (9 digit #) _____ IL Business Tax # _____

2. State of Illinois Liquor License Information (required on RENEWALS)

YOU MUST PROVIDE A PHOTOCOPY OF YOUR CURRENT STATE LIQUOR LICENSE

Your State license must contain the expiration date, issue date, and license number

NOTE: You are required to send a Photocopy of the CURRENT YEAR State Liquor License. If your license will be expiring, then send your current license and upon receiving the your renewal then it MUST Be SENT

State License #	Date State Issued	State Expiration Date	Date you began Liquor Sales at this Premise

3. Applicant or Corporation Information

(a) Name of applicant [name to be printed on your license & consistent with IL Revenue Sales Tax Registration Certification]

(b) Address of applicant [to be printed on your license & consistent with IL Revenue Sales Tax Registration Certification]

City

State

Zip

(c) Area Code/Telephone # of the sole proprietorship, corporation, etc.

Home _____ Cell if applicable _____

(d) Email addresses **Required**

Business: _____ Owner/President: _____

4. Status of Business

(a) Check the appropriate box below for the type of business which corresponds with your official papers filed with the Illinois Secretary of State office:

NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

Print Clearly or Type

Sole Proprietorship	<input type="checkbox"/>	Date filed with County Clerk	_____
Partnership	<input type="checkbox"/>	Date of Formation:	_____
Illinois Corporation	<input type="checkbox"/>	Date of Incorporation	_____
Foreign Corporation	<input type="checkbox"/>	State of incorporation	_____ Date qualified for business in IL _____
Limited Liability Company	<input type="checkbox"/>	Date Formed	_____

If "Illinois" or "Foreign" Corporation is checked, indicate your current Secretary of State file number here
(If you do not have this number available, please contact the Secretary of State's office at 312-793-3380)



5. Ownership Information: Print or Type the below information

Provide the owner/officer/partner information in accordance with the business status described under Question 3. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

(a)

Name [PRINT]	Title/Position	US Citizen	YES	NO
Home Phone]	% Owned	Place of Birth		
Home Address	Date of Birth/Age	If Citizen – <u>No</u> (see below)		
City	STATE, ZIP			

The applicant was naturalized on _____ day of _____, A.D. _____ (year) by order of _____ Court of the County of _____ and State of _____.

(b)

Name [PRINT]	Title/Position	US Citizen	YES	NO
Home Phone]	% Owned	Place of Birth		
Home Address	Date of Birth/Age	If Citizen – <u>No</u> (see below)		
City	STATE, ZIP			

The applicant was naturalized on _____ day of _____, A.D. _____ (year) by order of _____ Court of the County of _____ and State of _____.

(c)

Name [PRINT]	Title/Position	US Citizen	YES	NO
Home Phone]	% Owned	Place of Birth		
Home Address	Date of Birth/Age	If Citizen – <u>No</u> (see below)		
City	STATE, ZIP			

The applicant was naturalized on _____ day of _____, A.D. _____ (year) by order of _____ Court of the County of _____ and State of _____.

(d)

Name [PRINT]	Title/Position	US Citizen	YES	NO
Home Phone]	% Owned	Place of Birth		
Home Address	Date of Birth/Age	If Citizen – <u>No</u> (see below)		
City	STATE, ZIP			

The applicant was naturalized on _____ day of _____, A.D. _____ (year) by order of _____ Court of the County of _____ and State of _____.

TOTAL percentage of all stock by all persons with less than 5% interest _____ %

6. BUSINESS PREMISE INFORMATION

A. _____ :

<input type="checkbox"/>	Drug Store/Pharmacy
<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Convenience
<input type="checkbox"/>	Supermarket

<input type="checkbox"/>	Liquor Store
<input type="checkbox"/>	Department Store
<input type="checkbox"/>	Bar/Tavern
<input type="checkbox"/>	Hotel/Motel

<input type="checkbox"/>	Convenience & Gas
<input type="checkbox"/>	Small Grocery
<input type="checkbox"/>	Gas Station
<input type="checkbox"/>	Golf Course

Other _____

(a) Number of Years has been in the above business for: _____

(b) On hand goods, wares and merchandise in the amount of: _____

Consisting of (example: food, beverage & wares) _____



B. Establishment Name / Doing Business As (DBA):

[Must be name consistent with State of Illinois's records/filings]

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. **Note! This name must be consistent with the name printed on your local liquor license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.**

(a) Name/Doing Business AS (DBA)

Enter the address, city, state, Zip Code and township/county of the business premises. This address information must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

Remember, you MUST close on the business purchase prior to applying for your license. Proof of business purchase is required (ie, bill of sale, closing statement). **IMPORTANT:** You must also present proof that the applicant (ie, Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (ie, Deed or Lease). If there is an existing state liquor license on the premise, this license should be surrendered (if available). The applicant will also need to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order ("Address Release") if applicable, which can be obtained by contacting the Illinois Dept. of Revenue at 312-814-3063.

(b) Address, City, Zip, Township/County of applicant

(c) Area Code/Telephone # of the business premises.

Email address Business:

Owner/President:



For MAILING PURPOSE ONLY - Check, if you want your renewal application, license certificate and any other correspondence sent to a different address than stated above.

IF CHECKED then complete the information below

Name

Address

City, ST Zip

Telephone

ext

Email Address

C. Leased Premises:

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the below information and a CURRENT COPY of the LEASE MUST BE PROVIDED

Landlord Name:

Address:

City, ST Zip, County:

Telephone:

ext

(a) The location description of the premises or place of business which is to be operated under said retail license is as follows:

which said premises are outside of limits of any city, village, or incorporated town.

D. (1) Type of Liquor License (check which describes the manner in which you sell)

- Class A – as described in Section One Definition (h 1) of Liquor Resolution
- Class B – as described in Section One Definition (h 2) of Liquor Resolution
- Class C – GOLF COURSE** as described in Section One Definition (h 3) of Liquor Resolution
- Beer Garden Permit (Must have a Class "A" or "B" license to qualify for a Beer Garden Permit)**

D. (2) On – OFF Premises (check which describes the manner in which you sell)

- ON-PREMISES CONSUMPTION (patrons consume alcoholic beverages on the premises only)
- OFF-PREMISES CONSUMPTION (carry-out purchases only)
- ON/OFF-PREMISES CONSUMPTION COMBINATION (both on the premises consumption and carry-outs)

E. License – First Application or History

Is this your First License Application?

Yes No

If **No Checked**, Provide Date First Applied

Deposition: Granted Denied Withdrawn

Address of First Application



7. Certificate of Insurance:

ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF INSURANCE (not the Policy Declaration)

You **MUST** provide a copy of your Certificate of Insurance if alcohol is consumed on the premises (this certificate is not required for carry-out only establishments). The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) the applicant named as the insured (e.g., if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed); 2) the address of the location where the liquor is being consumed; and 3) the dates of coverage and the coverage limits

8. Eligibility Questions:

The below questions apply to the applicant and any other person listed under Section 3. These questions **MUST** be answered. IF THE QUESTIONS ARE NOT CHECKED, THE APPLICATION WILL BE REJECTED. If any questions are checked "Yes", a written, detailed explanation is required and must be attached to this application

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc)? [235 ILCS 5/6-3]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you delinquent under the "cash beer" law for State of IL?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are delinquent under "30-day credit" law for State of IL
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever applied for and been denied a liquor license?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the act which, includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, "gambling;" 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling," and 720 ILCS 5/28-3 "keeping a gambling place"?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you possess a current federal wagering stamp? (Issued by the US IRS to tax wagering activity)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you, or any other person with a direct interest in your place of business, a public official or law enforcing official in the same jurisdictions as the license? [235 ILCS 5/6-2(14)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the US or resident aliens with legal status?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order (5 ILCS 100/10-65(c))?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you in violation of the required liquor liability insurance coverage stated in Section 6-21(a) of the Illinois Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?

9. Video Gaming:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you possess a current Illinois Video Gaming License? If YES, please provide the information below VIDEO GAMING LICENSE NUMBER: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you made an application for an Illinois Video Gaming License that is currently pending? _____ If YES, please provide VIDEO GAMING Application #: _____

Applicant will not violate any of the laws of the State of Illinois or of the United States in the conduct of his place of business.

Applicant has not received or borrowed money or anything else of value and he will not receive or borrow money or anything else of value (other than merchandising credit in the ordinary course of business for a period of not to exceed ninety (90) days, as expressly permitted under Section 4 of Article VI of said Act entitled "An Act relating to alcoholic liquors", directly or indirectly from any manufacture, importing or distributor, representative of any such manufacturer, importing distributor, nor be a party in any way directly or indirectly, to any violation by a manufacturer, distributor or importing distributor of Section 5 of Article VI of said Act entitled, "An Act relating to alcoholic liquors."

The said location meets all stipulations required by the Township, which it is located, and all County requirements. The above and forgoing application and the contents thereof, and the facts therein stated are true.

The said location where the application proposes to sell alcoholic liquors at retail is not within 100 feet of any church, school, hospital, home for aged or indigent person, or of veterans, their wives or children, or any military or naval station.

10. Signature/Title/Date:

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business.

The signature must be an original, rubber stamps are not accepted.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct; they are made upon my personal knowledge and information; they are made for the purpose of requesting the state of Illinois to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the united states of America or the state of Illinois, in particular, the Illinois liquor control act, rules and regulations, and the civil rights sections thereof.

Further, I agree to notify this commission within **30 Working Days of changes** in any of the above information. (note: if the person signing this application is not listed in section 3, they must provide the state with their personal information as indicated in section 3 even if they do not own 5% or more of the business.)