

Class: _____ **Amount Due:** _____

Date Approved: _____

Additional Info: _____

Mayor Jenny Gain Meyer, Liquor Commissioner

FNGPRINT/BKGRD CK

CITY OF BELLEVILLE

FEE (PER PERSON)-\$50.00

101 South Illinois Street

APPLICATION PROCESSING FEE

Belleville, IL 62220-2105

(Class A, B, C, and F)--- \$750.00

LIQUOR LICENSE APPLICATION

ANNUAL FEE:

___ CLASS A1--- \$700.00

___ CLASS A2--- \$700.00

___ CLASS B --- \$700.00

___ CLASS C1--- \$800.00

___ CLASS C2--- \$800.00

___ CLASS D --- \$400.00

___ CLASS E --- \$100.00

___ CLASS F1--- \$500.00

___ CLASS F2--- \$400.00

___ 1:00AM Closing --- No Additional Charge

___ 2:00AM Closing --- \$250.00 Additional Charge

MAKE ALL CHECKS PAYABLE TO: CITY OF BELLEVILLE

PLEASE TYPE OR PRINT WITH INK

Submit original form only. Photocopies or faxes are not accepted.

The undersigned hereby make(s) application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term beginning _____, 20____ and hereby certifies to the following facts:

1. **Applicant's Full Name** _____
(If a partnership or corporation, list names of all persons owning more than 5% of the business)
Each person listed in question #1, must complete pages 3 and 4 of this application

2a. **Business Name:** _____

2b. **Name of Corporation, LLC, etc.** _____
(If applicable)

3. **Business Address:** _____
(Include city/state/zip)

4. **Mailing Address:** _____
(If different then business address) (Include city/state/zip)

5. **Business Phone:** _____ **Emergency Phone:** _____

EMAIL: _____

6. **Check and provide information where applicable:**
___ Assumed Name Date filed with County Clerk _____
___ Partnership Date of Formation _____
___ IL Corporation Date of Incorporation _____
___ Foreign Corporation State of Incorporation _____
Date Qualified to do Business in IL _____
___ Limited Partnership Date of Formation _____

7. Will alcoholic liquors be stored or kept at any location other than above? YES NO
If yes, give location: _____
8. Do you plan to have an outdoor area for consumers? YES NO
If so, please attach a photo or drawing with a description and intended use of the outdoor area.
- 9a. Date liquor business will begin at this location by applicant: _____
9b. Date any other liquor business was begun by applicant (if applicable): _____
10. Has liquor license been revoked at this location within the past five years: YES NO
11. Are premises leased? YES NO IF YES, PROVIDE COPY OF LEASE
12. Is applicant's business located within 100 feet of: any church; school; hospital; home for the aged; indigent; veterans or their wives or children; or any military station? YES NO
If yes, is the business a hotel offering restaurant service, an organized club, or other establishment where the sale of liquor is not the principal business? YES NO
If yes, on what date was business begun: _____
13. Will this business be conducted by an agent or manager? YES NO
If yes, this person is also required to complete pages 3 & 4 of this form.
14. Retailers Occupation Tax (ROT) Registration Number: _____
(Same as the Illinois Business Tax (IBT) number)
15. Document Control Number on your Federal Tax Stamp: _____
16. Are you delinquent in payment of Retailers' Occupation Tax (sales tax)? YES NO
17. Are you delinquent under the Cash Beer Law? YES NO
18. Are you delinquent under the 30 Day Credit Law? YES NO
19. Do you hold any other current business license issued by the City of Belleville? YES NO
20. Have you ever applied for a liquor license which was been denied? YES NO
21. Have you ever had any previous liquor license suspended or revoked? YES NO
22. Have you ever been convicted of a felony? YES NO
23. Have you ever been convicted of a gambling offense? YES NO
24. Do you possess a current Federal Wagering Stamp? YES NO
25. Are you, or is any other person directly in your place of business a public official? YES NO
26. 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? YES NO

Every individual applicant, sole owner, partner, corporate officer or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock, (including officers, directors and stockholders of more than 5% for all corporate stockholders), manager, or agent conducting the business must supply the following information.

All not-for-profit organizations and associations must supply the requested information for all officers, directors and managers.

Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than a 5% interest.

If additional space is needed, type or print information in the same format and attach the sheet to this application.

BY LAW, YOU ARE REQUIRED TO NOTIFY THE COMMISSION, IN WRITING, OF ANY CHANGES IN THE INFORMATION LISTED IN QUESTION 6 OR 27 OF THIS APPLICATION WITHIN 30 DAYS.

27. Name of Business: _____

Applicant's Full Name (Include middle initial): _____

Applicant's Title: _____ % of Ownership: _____
(Manager, Owner, Partner, etc.)

Home Address: _____

City/State/Zip: _____ Phone: _____

EMAIL: _____

Sex: M F Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in this application are true and correct, are made upon my personal knowledge and information, are made for the purpose of requesting the City of Belleville, Illinois to issue the license applied for and that the applicant is qualified and eligible to obtain the license applied for.

I further swear or affirm that the applicant will not violate any of the laws of the United States of America, the State of Illinois, and the City of Belleville, Illinois, in particular those regulations in the Liquor Control Acts and the civil rights section thereof.

Signature of Applicant or Authorized Agent

Title or Position

Date Signed

IMPORTANT NOTICE: This city agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Liquor Control Act, Ch. 235 Illinois Compiled Statutes 1992. Disclosure of this information is MANDATORY. Failure to provide any information will result in non-issuance of your license.

**-A COPY OF THE DRAM SHOP COVERAGE (LIQUOR LIABILITY) MUST BE ATTACHED-
-ATTACH A COPY OF CORPORATE PAPERS (IF APPLICABLE)-**

