

2016-2017 LIQUOR LICENSE APPLICATION

CLASSIFICATIONS/FEES

Class of License	Annual Fee	Application Fee
<input type="checkbox"/> Class B (Bar/Tavern License - Consumption Sales Only)	\$1,000	\$1,000
<input type="checkbox"/> Class B-1 (Bar/Tavern License - Consumption Sales and Package Sales)	\$1,400	\$1,000
<input type="checkbox"/> Class B/E (Bar/Tavern/Extended Premises License - Consumption Sales and Package Sales)	\$1,500	\$1,000
<input type="checkbox"/> Class C (Club License - Consumption Sales Only)	\$850	\$1,000
<input type="checkbox"/> Class C-1 (Club License - Consumption Sales and Package Sales)	\$1,050	\$1,000
<input type="checkbox"/> Class C/E (Club/Extended Premises License - Consumption Sales and Package Sales)	\$1,200	\$1,000
<input type="checkbox"/> Class CC (Convention Center License - Consumption Sales Only)	\$1,000	\$1,000
<input type="checkbox"/> Class G (Golf Course License - Consumption Sales Only)	\$1,200	\$1,000
<input type="checkbox"/> Class M (Retail Merchandise and Grocery Store License - Package Sales Only)	\$1,000	\$1,000
<input type="checkbox"/> Class P (Package Store License - Package Sales Only)	\$1,000	\$1,000
<input type="checkbox"/> Class P-1 (Package Store/Wine Tasting License - Package Sales and Limited Consumption Sales)	\$1,400	\$1,000
<input type="checkbox"/> Class R (Restaurant License - Consumption Sales Only)	\$1,000	\$1,000
<input type="checkbox"/> Class R-1 (Restaurant License - Consumption Sales and Package Sales)	\$1,400	\$1,000
<input type="checkbox"/> Class R/E (Restaurant/Extended Premises License - Consumption Sales and Package Sales)	\$1,500	\$1,000
<input type="checkbox"/> Class T (Theatre License - Consumption Sales Only)	\$100	\$1,000
<input type="checkbox"/> Class W-1 (Winery/Wine Shop License - Consumption Sales and Package Sales)	\$1,400	\$1,000
<input type="checkbox"/> Class W/E (Winery/Wine Shop/Extended Premises License - Consumption Sales and Package Sales)	\$1,500	\$1,000
<input type="checkbox"/> Class BP (Brew Pub License - Consumption Sales and Package Sales)	\$1,400	\$1,000
<input type="checkbox"/> Class BP/E (Brew Pub/Extended Premises License - Consumption Sales and Package Sales)	\$1,500	\$1,000

Fingerprinting Fee: No application for license shall be considered, and no license shall be issued until such time as fingerprinting has been completed and documentaion of completion is provided to the City.

\$75 per applicant listed on application
Non-Profit \$40 per person listed on application

Method of Payment: Payment of fees must be in the form of certified check, cashier check, bank money order, personal money order, or postal money order. **No personal or business checks accepted.**

Possible Additional Fees: Change of license classification \$500; change of ownership/change of business entity designation \$500; expansion of area of licensed premises \$100; change of location for licensed premises \$100

APPLICANT INFORMATION

1. Name of applicant (true legal business name – must be same as for State):

2. Trade name of business:

3. Mailing address:

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Address:

City:	State:	ZIP Code:
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Business phone:

4. Business address (if different from item #3):

Address:

City:	State:	ZIP Code:
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5. If premises are leased, give name and address of landlord and date when lease terminates. **Include with this application copy of lease or contract for deed.**

Name of landlord:	Date when lease terminates:
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Address:

City:	State:	ZIP Code:
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6. Give date you began (or will begin) liquor sales at the above premises:

7. Last year's City liquor license number:	8. State liquor license number:	9. IL retailer occupation tax number:
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10. Federal employer identification number:	11. Is food for human consumption to be sold?
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12. Is the location of applicant's business for which license is sought within 100 feet (property line to property line) of any school, hospital, home for aged or indigent persons or for war veterans, their wives or children, or any military or naval station, or 100 feet (building to building) from a church? Yes No

13. Is any applicant, his or her spouse, or any member of the applicant's household a member or employee of the Police Department of the City of Effingham? Yes No

14. Is any member or employee of the Police Department of the City interested in any way, either directly or indirectly, in the license for which is being applied, the premises, or the profits or proceeds from the sale of alcoholic liquor under the license for which is being applied? Yes No

15. Is any law enforcing public official, mayor, member of the City Council or Commission directly or indirectly interested in the business for which license is sought? Yes No

16. Has any manufacturer, importing distributor, or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? Yes No

17. Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent directly or indirectly engaged in the manufacture of alcoholic liquor? Yes No

18. Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent engaged directly or indirectly in the business of importing distributor, or distributor of alcoholic liquor? Yes No

19. Have you applied for other applications/licenses for premises? Yes No
If yes, what is the disposition of such application?

20. Business Ownership: (Please check which one applies, answer any questions and **include required attachments.**)

<input type="checkbox"/> Sole Owner/General Partnership – Must be a resident of City of Effingham Include with this application proof of ownership in the form of a copy of deed, tax bill, or other qualifying documents.	<input type="checkbox"/> Limited Partnership (Illinois) - Date of formation: Include with this application copy of filed certificate of limited partnership & certificate of good standing from the IL Secy of State.	<input type="checkbox"/> Limited Partnership (foreign) - Date & state of formation: Include with this application copy of filed certificate of limited partnership from IL Secy of State for admission to transact business as a foreign limited partnership in Illinois.
<input type="checkbox"/> Limited Liability Company (Illinois) – Date of formation: Include with this application copy of the articles of organization and a certificate of good standing from the IL Secy of State.	<input type="checkbox"/> Limited Liability Company (foreign) - Date & state of incorporation: Include with this application certificate from the IL Secy of State to conduct business in Illinois as a foreign limited liability company.	<input type="checkbox"/> Corporation (Illinois) Date of incorporation: Include with this application copy of articles of incorporation & a certificate of good standing from the IL Secy of State.

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Corporation (foreign) - Date & state of incorporation:

Include with this application certificate from the IL Secy of State to conduct business in Illinois as a foreign corporation.

Club – **Must provide 2 copies of a list of names and residences of club members. Must file within 10 days of the election of any additional members his/her name and address.**

21. Certificate of dram shop Insurance: **Include with this application certificate of dram shop insurance designating the City as an additional insured, on a primary, non-contributory basis.**

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Effingham Liquor Control Commission, whether the said records are of public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation which is developed upon this Release Authorization will be considered in determining my suitability for issuance of a liquor license by the City of Effingham. I release the City of Effingham from any and all liability which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

(Applicant's signature at the end of this application constitutes applicant's authorization of the aforesaid.)

IF SOLE OWNER, PLEASE PROVIDE INFORMATION BELOW

(SOLE OWNER MUST LIVE IN CITY OF EFFINGHAM)

Print FULL name:

Address:

City:	State:	ZIP Code:	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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Written Signature of Applicant:	Date of Birth:	Position:
	Phone Number:	Social Security Number:

IF PARTNERSHIP, CORPORATION OR CLUB, PLEASE PROVIDE INFORMATION BELOW.

(EVERY APPLICANT, PARTNER, OFFICER, DIRECTOR, MEMBER OR STOCKHOLDER OWNING OVER 5% OR MORE OF THE BUSINESS STOCK MUST SUPPLY THE FOLLOWING INFORMATION.) IF BUSINESS IS INCORPORATED OR BUSINESS IS NOT MANAGED BY LICENSEE, THE RESIDENT MANAGER MUST LIST THE FOLLOWING. (If additional space is needed, please attach sheet to application.)

**CONTINUING OBLIGATION OF LICENSEE TO SUPPLY INFORMATION
(If any supplied information or statements become invalid, it is the duty of the Licensee to provide updated information to the Local Liquor Control Commissioner.)**

Print FULL name:

Address:

City:	State:	ZIP Code:	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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Written Signature of applicant:	Date of Birth:	Ownership Percentage:	Position:
	Phone Number:	Social Security Number:	

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Print FULL name:			
Address:			
City:	State:	ZIP Code:	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Signature of applicant:	Date of Birth:	Ownership Percentage:	Position:
	Phone Number:	Social Security Number:	

Print FULL name:			
Address:			
City:	State:	ZIP Code:	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Signature of applicant:	Date of Birth:	Ownership Percentage:	Position:
	Phone Number:	Social Security Number:	

Print FULL name:			
Address:			
City:	State:	ZIP Code:	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Signature of applicant:	Date of Birth:	Ownership Percentage:	Position:
	Phone Number:	Social Security Number:	

Print FULL name:			
Address:			
City:	State:	ZIP Code:	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Signature of applicant:	Date of Birth:	Ownership Percentage:	Position:
	Phone Number:	Social Security Number:	

**MANAGER OR RESIDENT MANAGER INFORMATION
(MUST LIVE WITHIN EFFINGHAM COUNTY)**

**CONTINUING OBLIGATION OF LICENSEE TO SUPPLY INFORMATION
(If manager or resident manager information changes, it is the duty of the Licensee to provide updated information to the Local Liquor Control Commissioner.)**

Print FULL name:			
Address:			
City:	State:	ZIP Code:	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Written Signature of applicant:	Date of Birth:	Ownership Percentage:	Position:
	Phone Number:	Social Security Number:	

IF ANY QUESTIONS ARE ANSWERED "YES" IN ITEM #22 THROUGH Item #30, PLEASE ATTACH SHEET GIVING FULL PARTICULARS.

22. Have you ever made application for a liquor license which has been denied? Yes No
23. Have you ever had any previous license issued by Federal, State or Local authorities suspended or revoked? Yes No

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|---|--|
| 24. Have you ever been convicted of a felony under any Federal or State Law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Have you ever been convicted of a gambling offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Have you ever been convicted of any crime or misdemeanor opposed to decency or morality such as pandering or keeping a house of ill fame? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Do you possess a current Federal Wagering or Gambling Device Stamp? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Are you or have you ever been delinquent in payment of Retailer's Occupational Tax (sales tax)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Are you or have you ever been delinquent under the Cash Beer Law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Are you or have you ever been delinquent under the 30 Day Credit Law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

INFORMATION RELEASE

I, (PRINT name of applicant) _____, have executed and delivered the City of Effingham 2016-2017 Liquor License Application. I hereby acknowledge that said document and the information contained herein is subject to the Freedom of Information Act and I recognize and agree that I have no expectation of privacy regarding the information contained herein.

Applicant's Signature: _____

Date _____

RECEIPT OF LIQUOR CODE ORDINANCE AND AGREEMENT TO NOT VIOLATE ORDINANCES, ETC.

I, (PRINT name of applicant) _____, acknowledge that I am in receipt of Ordinance No. 13-2012, The City of Effingham Alcoholic Liquor Dealers Ordinance, and I hereby understand that said document and information contained therein is provided to me by the City Liquor Control Commissioner to better inform me of the regulation of the sale of alcoholic liquor within the corporate boundaries of the city of Effingham, Illinois. I hereby agree not to violate any provision of this Ordinance or other ordinances of this City or any law of the United States or of the State in the conduct of my business, and that in the event such promise is broken or if any statement contained in the Application is not true, that the license applied for may be immediately suspended or revoked.

Applicant's Signature _____

Date _____

LIQUOR CONTROL COMMISSIONER APPROVAL

CITY OF EFFINGHAM

Approved by:

Jeff T. Bloemker, Mayor
Liquor Control Commissioner

Date: _____