

2016-2017 LIQUOR PERMIT APPLICATION

CLASSIFICATIONS/FEES

Class of Permit	Fee
<input type="checkbox"/> Temporary-1 (Special Use Permit – Consumption Sales Only, for up to three (3) consecutive days) Must be a current liquor license holder of the town, city or village within Effingham County. Consumption sales only within an area specifically designated in the Permit. Application submitted 14 days prior to event.	\$100 per 1-day event for resident liquor license holder \$200 per 2-or-3 day event for resident liquor license holder \$200 per event for nonresident liquor license holder \$300 per 2-or-3 day event for nonresident liquor license holder
<input type="checkbox"/> Temporary-2 (Special Non-Profit Event Permit – Consumption Sales and Limited Package Sales) Educational, fraternal, political, civic, religious or other non-profit organization. Consumption sales on the premises or within any area specifically designated in the permit. If sponsored by the City in whole or in part, may sell wine or beer only in package form. Application submitted 14 days prior to event.	\$50 per event for a resident of the City of Effingham \$75 per event for nonresident of the City of Effingham

Non-Profit Organization: (Please check which one applies.)

<input type="checkbox"/> Educational	<input type="checkbox"/> Fraternal	<input type="checkbox"/> Political
<input type="checkbox"/> Civic	<input type="checkbox"/> Religious	<input type="checkbox"/> Other: Please elaborate.

<input type="checkbox"/> Wine and Beer Permit (Consumption Sales and Limited Package Sales) Must be a current liquor license holder of the town, city, village, or county within the state of Illinois. Can make package sales of wine and beer only for off-premises consumption Application submitted 14 days prior to event.	\$100 per event
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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. Payment must accompany application.

APPLICANT INFORMATION

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

2. Trade name of business:

3. Mailing address:

Address:

City:

State:

ZIP Code:

Business phone:

4. Name of Event and Location:

Address:

City:

State:

ZIP Code:

5. Proof of Dram Shop Insurance ***Include proof of dram shop insurance covering the premises to be utilized in this permit for the period of the permit (Certificate of Insurance) with this application.***

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6. Written Description and Diagram of Area of Liquor Sales ***Include a written description and diagram of the proposed area to be permitted, including fencing if required and security measures.***

7. If Applicant is not owner of record for the property designated for the site of the event, the Applicant must submit the written consent of the owner of such premises which shall be attached to this application. The written consent shall be dated not more than 30 days prior to the application. ***Include letter of consent from property owner with this application.***

Name of property owner:

Address:

City:

State:

ZIP Code:

8. Dates and times of liquor sales at the above premises:

9. City or County liquor license number:

10. State liquor license number:

11. IL retailer occupation tax number:

12. Federal employer identification number:

13. Is food for human consumption to be sold?

Yes No

14. Is the location of applicant's event 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

15. 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

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

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

18. Has any manufacturer, importing distributor, or distributor directly or indirectly paid or agreed to pay for this permit, 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

19. 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

20. 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

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

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 permit 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.)

CONTACT PERSON INFORMATION

Print FULL name:

Address:

City:

State:

ZIP Code:

U.S. Citizen Yes No

Date of Birth:

Ownership Percentage:

Position:

Phone Number:

Social Security Number:

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| 22. Have you ever made application for a liquor license/permit which has been denied? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Have you ever had any previous license/permit issued by Federal, State or Local authorities suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 Permit 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: _____

LIQUOR CONTROL COMMISSIONER APPROVAL

CITY OF EFFINGHAM

Approved by: _____

 Jeff T. Bloemker, Mayor
 Liquor Control Commissioner

Date: _____

CITY OF EFFINGHAM
TEMPORARY-1 SPECIAL USE PERMIT (CONSUMPTION SALES ONLY,
FOR UP TO THREE CONSECUTIVE DAYS)

Permit Purpose	
<p>Must be a current holder of a liquor license issued by the City of Effingham, a current holder of a comparable license issued by any town, city or village within Effingham County, Illinois or a current holder of a comparable license issued by the County of Effingham, Illinois.</p> <p>Permittee shall be allowed to sell at retail alcoholic liquor CONSUMPTION SALES ONLY within an area specifically designated in the Permit.</p>	
Requirements	
1.	Submit completed application at least 14 days prior to the date for which the Temporary-1 Permit shall be used.
2.	Submit a statement of the days and hours during which alcoholic liquor is to be sold.
3.	Describe the boundary of the area in which alcoholic liquor is to be sold.
4.	If applicant is not the owner of record for the property where the event will be held, applicant must submit the written consent of the owner as an attachment to the application. The written consent shall be dated not more than 30 days prior to the date of application.
5.	Provide proof of dramshop insurance specifically designating the City as an additional insured, on a primary, non-contributory basis.
6.	Provide a written description and diagram of the proposed area to be permitted, including security measures to be implemented at the proposed location of the event, which shall be subject to the review and approval of the Local Liquor Control Commissioner.
7.	A copy of the Temporary-1 Permit shall be displayed in a conspicuous location during the event.
8.	No more than 8 such Temporary-1 Permits shall be issued to any person in any one calendar year.
9.	Permittee need not be a resident of the City of Effingham, but shall be a resident of the County of Effingham.
10.	The Temporary-1 Permit, if issued, shall not in any manner be regarded to relieve the Permittee of complying with any other requirement of law. Please check with the State of Illinois Liquor Control Commission to inquire about the State's requirements for this event. (For details and requirements visit www.state.il.us/LCC).
11.	Permittee may be required to hire off-duty City police officer(s) or other law enforcement officer(s) or security personnel approved by Effingham City Police Chief. Security personnel are to ensure that alcohol is only being sold to and consumed by persons 21 years of age or older.
12.	Permittee is required to abide by all requirements of City ordinances, State liquor laws and occupancy and safety requirements.
13.	Permittee must review the regulations listed above with the Mayor or Deputy Liquor Control Commissioner prior to the event.
Fee	
<p>\$100 per 1-day event for resident of the City of Effingham \$200 per 2-or-3-day event for resident of the City of Effingham OR \$200 per 1-day event for nonresident of the City of Effingham \$300 per 2-or-3-day event for nonresident of the City of Effingham</p> <p>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. Payment due upon submission of application.</p>	

