

OFFICE USE ONLY
 License No _____
 Date Issued _____
 Expire _____
 Fee Due _____

CITY OF SOUTH BELOIT

APPLICATION FOR RETAIL LIQUOR DEALER'S LICENSE, 1/1/25-12/31/25

Check Class of License Applied For:

- | | | |
|--|------------|--------------------------------------|
| <input type="checkbox"/> Class "AA" Bar/Restaurant | \$2,450.00 | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Class "A" Bar Only | \$2,450.00 | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Class "BG" Bar-Boutique Gaming License | \$7,500.00 | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Class "CE" Crafting Establishment | \$500.00 | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Class "D" Package Liquor/Convenience Stores/Truck Stops | \$2,450.00 | |
| <input type="checkbox"/> Class "D95" Ninety-five Percent Package | \$2,450.00 | |
| <input type="checkbox"/> Class "DW" Drive-through Window | \$300.00 | |
| <input type="checkbox"/> Class "E" Restaurant-Premise Kitchen (Food Only) | \$100.00 | |
| <input type="checkbox"/> Class "EV" Special Events (per day fee) | \$50.00 | |
| <input type="checkbox"/> Class "G" Convenience/Fuel Store Gaming | \$7,500.00 | |
| <input type="checkbox"/> Class "I" Liquor Consumption Hotel Premises | \$3,450.00 | |
| <input type="checkbox"/> Class "J" Rental/Banquet Hall | \$1,000.00 | |
| <input type="checkbox"/> Class "L" Outdoor Beer Garden | \$300.00 | |
| <input type="checkbox"/> Class "SS" Salon/Spa | \$350.00 | |
| <input type="checkbox"/> Class "WS" Winery Secondary | \$500.00 | |

1. Corporation/LLC Name _____
2. Corporation/LLC Contact Person _____, Title _____
3. Partnership Full Name: _____
4. Mailing Address _____
5. Business Name _____
6. Premise Address _____
7. Home Phone No _____ Business Phone No _____
8. Email Address: _____
9. Is the applicant a citizen of the United States? Yes No (Check One)
 born at _____ County of _____ State of _____
 born at _____ County of _____ State of _____

and became a naturalized citizen of the United States on the _____ day of _____
in the Court of the County of _____ State of _____

10. Check and Fill out if Applicable:

- | | | |
|--------------------------|----------------------|---|
| <input type="checkbox"/> | Assumed Name | Date Filed with County Clerk _____ |
| <input type="checkbox"/> | Partnership | Date of Formation _____ |
| <input type="checkbox"/> | Illinois LLC | Date of Formation _____ |
| <input type="checkbox"/> | Illinois Corporation | Date of Incorporation _____ |
| <input type="checkbox"/> | Foreign Corporation | State of Incorporation _____ |
| <input type="checkbox"/> | Foreign Corporation | Date Qualified to do Business in Illinois _____ |
| <input type="checkbox"/> | Foreign LLC | State of Incorporation _____ |
| <input type="checkbox"/> | Foreign LLC | Date Qualified to do Business in Illinois _____ |

11. If a Corporation or LLC please state the following:

- a. Illinois Corporate/LLC Number: _____
- b. Is the Corporation/LLC in good standing with the Illinois Secretary of State? Yes No

12. Does the applicant beneficially own or have a contract to purchase the premise for which the license is sought?

Yes No

If not, does the applicant have a lease on such premises covering the full period for which the license is sought?

Yes No

If so, please provide the following information:

a. Name and Address of Landlord: _____

b. Period covered by lease: From: _____ to _____

Please attached a copy of the lease to your application.

13. Is the proposed location within 100 feet of the property line of any church, school, hospital, mental health clinic, senior citizen housing, child care center, transitional service facilities, homeless/indigent shelters, hospices, community based housing as defined by the City of South Beloit Zoning Ordinance, nursing or personal care facilities, homes for veterans, their spouses or children, any military or naval stations, any church building used for worship or educational purposes or undertaking establishment heretofore established?

14. Yes No Have you ever been denied a liquor license?

15. Yes No Have you ever had a previous liquor license suspended or revoked?
If so, state reasons therefore and date of revocation: _____

16. Yes No Have you ever been convicted of a felony?
If so, give date and state offense: _____

17. Yes No Have you ever been convicted of a gambling offense?

18. Yes No Have you ever been convicted of gambling, keeping a gambling place, being the keeper of or keeping a house of prostitution; or solicitation or other crime or misdemeanor opposed to decency and morality?
If so, give dates and state offense: _____

19. Yes No Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934?
If so, give dates and state offense: _____

20. Yes No Do you possess a current Federal Wagering or Gambling Device Stamp?

21. Yes No Does the licensed premises currently hold a Federal Wagering or Gambling Device Stamp?

22. Yes No Are you, or is any other person, directly or indirectly in your place of business, a public official?

23. Yes No Have you made an application for a liquor or gaming license for premises other than the premises described in this application?

If so, give date, location of premises and disposition of application:

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24. Yes No Is the applicant a permanent resident of the City of South Beloit?
25. Yes No Is the applicant disqualified from receiving a liquor license of any matter or item contained in the laws of the state of Illinois or any other Code or Ordinance of the City of South Beloit?
26. What is the character of the business? (i.e. tavern, restaurant, grocery store, gas station, night club, etc.)

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27. If the applicant seeks a license to sell alcoholic liquor upon the premises as a restaurant is premises:
- a. Maintained and held out to the public as a place where meals are actually and regularly served? Yes No
- b. What are the food service hours? _____
- c. Provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food? Yes No

28. The length of time the applicant has been in business of the character described above: _____

29. Yes No Will the applicant be personally, actively involved in the day-to-day operation of the business to be licensed?

30. Yes No Is the business or will the business for which the application is sought to be managed by a manager or agent?

31. Yes No Has or will the applicant apply for an Illinois Gaming License?

32. What is the anticipated alcoholic, food, and general merchandise sales as a percentage of total revenue for the business (total revenue includes gaming revenue)?

Alcohol sales percentage of total revenue:	_____	%
Food sales percentage of total revenue:	_____	%
General merchandise sales percentage of total revenue:	_____	%
Percentage of revenue from other sources or total revenue (includes gaming revenue)	_____	%

33. Yes No Is any law enforcing official, mayor, commissioner, or member of city council directly or indirectly interested in the business for which license is sought?

34. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advance money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period of 90 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Interior decorations and signs complying with state law exempted.) _____

35. Yes No Is the applicant engaged in the manufacture of alcoholic liquors? If so, at what location or locations? _____

36. Yes No Is the applicant conducting business of importing distributor or distributor of alcoholic liquors? If so, at what location or locations? _____

37. Yes No Do you hold any other current business licenses issued by the City of South Beloit?

If so, what type of license do you currently hold and what is the address of the licensed premises?

Type: _____	Address: _____
Type: _____	Address: _____
Type: _____	Address: _____
Type: _____	Address: _____
Type: _____	Address: _____

38. Yes No Has any previous license to the applicant or any partnership to which the applicant was a party to by any state or subdivision thereof, or by the federal government been revoked, suspended, or a fine issued pursuant to violations of any regulations?

If yes, please list the dates of said revocation, suspension or fines and the reasons therefor:

39. Yes No Does the applicant agree not to violate any of the laws of the State of Illinois or of the United States, or any ordinance of the City of South Beloit in the conduct of the applicant's place of business?

40. Yes No Has the applicant submitted his/her fingerprints to the appropriate authorities for purposes of running a complete background check on the applicant? If yes, when did such submission occur?

41. 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 5% interest. **If additional space is needed, type or print information in the same format and attach the sheet to this application.**

PLEASE PRINT

Name (First, Middle, Last)	Address	Date of Birth	Soc. Sec. Number	Position	Percentage of Ownership
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42. Yes No Have you ever applied for a State Liquor License before?

If yes, please provide current State Liquor License Number: _____

If no, please be advised that once you have acquired a State Liquor License you will need to provide the State Liquor License Number to the City as soon as it is received.

43. Please provide your Retailer's Occupation Tax (ROT) Registration Number: _____

44. Please state whether or not you are delinquent in the payment of the Retailer's Occupational Tax (sales tax), and if so, the reasons why you are delinquent:

45. If you are applying for a renewal of your liquor license, please state if you have made any political contributions within the past 2 years, and if so, please state the particulars thereof.

46. Yes No Other than merchandising credit in the ordinary course of business for a period not to exceed ninety/90 days, as expressly permitted by the Liquor Control Act, has OR will the applicant

received or borrowed any money or anything else of value, directly or indirectly, from any manufacturer, distributor(s) or importing distributor(s)?

47. Yes No Does the applicant state that she or he is not a party and will not be a party, in any way, directly or indirectly, to any violation by a manufacturer, distributor or importing distributors of the Act?

48. Yes No Does the applicant agree to conduct and submit BASSET training certification for managers and servers? Please note that BASSET certification must be provided to the City prior to the issuance of a license.

49. Yes No Has the applicant reviewed the City of South Beloit's Code of Ordinances governing alcoholic liquor?

50. If the applicant is a corporation, state the Object of corporation, as set forth in articles of incorporation or articles of organization:

(If Insufficient space, attach separate sheet)

51. If the Corporation or LLC is conducting business under a different business name other than what is listed above, provide the name under which business is to be conducted:

52. Yes No Has the Corporation/LLC (applicant) or any officer, manager, or director of said corporation, or any member or stockholder(s) owning in the aggregate more than five percent (5%) of the stock or interest of the Corporation or LLC, made application for a similar license for this period for any premises other than those described above?

53. Yes No If the applicant is a club, has it met the qualifications described in the Illinois Act relating to alcoholic liquors?

54. Yes No Has any officer, manager, member, or director of said Corporation or LLC, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock or interest of such Corporation or LLC, or members, ever been convicted of any felony under any Federal or State Law? If so, give the name of the person so convicted, stated date and offense:

55. Yes No Has any officer, manager, member, or director of said Corporation or LLC, or any stockholder or stockholders or members owning in the aggregate more than five percent (5%) of the stock or interest of such corporation or LLC, ever been convicted of a violation of any Federal or State liquor law since February 1, 1934? If so, give name of person so convicted, and give date:

56. Yes No Has any officer, manager, or director of said corporation/LLC, or any stockholder or stockholders or members owning in the aggregate more than five percent (5%) of the stock or interest of such corporation or LLC, ever been convicted of gambling, keeping a gambling place, of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality? If so, give name of person so convicted, giving dates and stating offense:

57. Applicant's work address (give street and number): _____

58. Applicant's work Telephone Number: _____

59. Yes No Is the applicant disqualified from receiving a liquor license by reason of any matter or item contained in the laws in the State of Illinois, this chapter, or any other code or ordinance of the City of South Beloit?

60. Dram Shop Coverage: List dram insurance coverage including name address of insurance company for licensee and premises for which the alcoholic liquor will be sold for the duration of the license (attach a copy of the policy declaration to this application).

Insurance Company Name: _____
 Address: _____
 Policy Number: _____ Coverage Limits: _____

61. BASSET Certification: Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to this application:

	Employee Name	BASSET Training Provider	Certification Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of requesting the City of South Beloit, Illinois to issue the license herein 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 City of South Beloit, or the State of Illinois in particular, the liquor Control Act and the civil rights section thereof.

 Signature of Applicant or Authorized Agent

 Signature of Applicant or Authorized Agent

 Title or Position

 Title or Position

 Date Signed

 Date Signed

Subscribed and sworn to before me this

_____ day of _____ 20 _____

 A Notary Public for said County and State

NOTE: Signatures must be notarized.