

**OFFICE USE ONLY**

License No \_\_\_\_\_

Date Issued \_\_\_\_\_

Expire \_\_\_\_\_

Fee Due \_\_\_\_\_

**CITY OF SOUTH BELOIT**

**APPLICATION FOR RETAIL LIQUOR DEALER'S LICENSE, 1/1/20-12/31/20**

Check Class of License Applied For:

- Class "AA" Bar/Restaurant \$2,450.00  Individual
- Class "A" Bar Only \$2,450.00  Partnership
- Class "BG" Bar-Boutique Gaming License \$5,450.00  Corporation
- Class "C" Bar/Package Liquor \$2,950.00
- Class "CE" Crafting Establishment \$500.00
- Class "D" Package Liquor/Convenience Stores/Truck Stops \$2,450.00
- Class "D95" Ninety-five Percent Package \$2,450.00
- Class "E" Restaurant-Premise Kitchen (Food Only) \$100.00
- Class "EV" Special Events (per day fee) \$50.00
- Class "I" Liquor Consumption Hotel Premises \$3,450.00
- Class "J" Rental/Banquet Hall \$1,000.00
- Class "L" Outdoor Beer Garden \$300.00
- Class "SS" Salon/Spa \$350.00

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 (Circle 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:

- Assumed Name Date Filed with County Clerk \_\_\_\_\_
- Partnership Date of Formation \_\_\_\_\_
- Illinois Corporation Date of Incorporation \_\_\_\_\_
- Foreign Corporation State of Incorporation \_\_\_\_\_
- Foreign Corporation Date Qualified to do Business in Illinois \_\_\_\_\_

11. If a Corporation please state the following:
- a. Illinois Corporate Number: \_\_\_\_\_
  - b. Is the corporation 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?
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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:  
 \_\_\_\_\_
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.)  
 \_\_\_\_\_

27. If the applicant seeks a license to sell alcoholic liquor upon the premises as a restaurant is premises:
- Maintained and held out to the public as a place where meals are actually and regularly served? ( ) Yes ( ) No
  - What are the food service hours? \_\_\_\_\_
  - 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

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 charter:

(If Insufficient space, attach separate sheet)

51. If the applicant is a corporation, is the corporation a widely held corporation or a closely held corporation? \_\_\_\_\_

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

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

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

55. ( ) Yes ( ) No Has any officer, manager, or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, 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: \_\_\_\_\_

56. ( ) Yes ( ) No Has any officer, manager, or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, 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: \_\_\_\_\_

57. ( ) Yes ( ) No Has any officer, manager, or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, 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: \_\_\_\_\_

58. Applicant's work address (give street and number): \_\_\_\_\_

59. Applicant's work Telephone Number: \_\_\_\_\_

60. ( ) 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?

61. 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: \_\_\_\_\_

62. 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.  
Application MUST be accompanied by a \$10,000 Surety Bond.**