

CITY OF SOUTH BELOIT

APPLICATION FOR RETAIL LIQUOR DEALER'S LICENSE, 1/1/18-12/31/18

Check Class of License Applied For:

- | | | |
|---|---------|--------------------------------------|
| <input type="checkbox"/> Class "AA" Liquor at table only | 2000.00 | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Class "A" Liquor Consumption on premises | 2000.00 | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Class "B" Liquor and Package | 2500.00 | |
| <input type="checkbox"/> Class "BB" 6AM Opening-M-SA/B & E Req'd | 25.00 | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Class "BG" Bar-Boutique Gaming License | 5000.00 | |
| <input type="checkbox"/> Class "C" Liquor and Package Room | 2500.00 | |
| <input type="checkbox"/> Class "D" Package Store Only | 2000.00 | |

OFFICE USE ONLY

- | | | |
|---|----------------------------------|-------------------|
| <input type="checkbox"/> Class "D95" Ninety-five Percent Package | 2000.00 | License No _____ |
| <input type="checkbox"/> Class "E" Restaurant-Premise Kitchen | 100.00 | Date Issued _____ |
| <input type="checkbox"/> Class "EV" Special Events (per day fee) | 50.00 | Expire _____ |
| <input type="checkbox"/> Class "PE" Public Event (per day fee) | 25.00-Served not sold to patrons | Fee Due _____ |
| <input type="checkbox"/> Class "F" Machine Food | 25.00 | |
| <input type="checkbox"/> Class "G" Additional Hour | 450.00 | |
| <input type="checkbox"/> Class "H" Dancing | 50.00 | |
| <input type="checkbox"/> Class "I" Liquor Consumption Hotel Premises | 3000.00 | |
| <input type="checkbox"/> Class "J" Live Entertainment | 1000.00 | |
| <input type="checkbox"/> Class "L" Outdoor Patio Sales (additional info required) | 300.00 | |

1. Corporation/LLC Name _____

2. Mailing Address _____

3. Business Name _____

4. Premise Address _____

5. Home Phone No _____ Business Phone No _____

6. 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 _____

7. 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 _____

8. If premises are leased give name and address of landlord (copy of lease must be attached). _____

9. Is the proposed location within 100 feet of the property line of any church, school, hospital, or undertaking establishment heretofore established? _____

10. Yes No Have you ever been denied a liquor license?
11. Yes No Have you ever had a previous liquor license suspended or revoked?
12. Yes No Have you ever been convicted of a felony?
13. Yes No Have you ever been convicted of a gambling offense?
14. Yes No Do you possess a current Federal Wagering or Gambling Device Stamp?
15. Yes No Are you, or is any other person, directly or indirectly in your place of business, a public official?

16. 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 that 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

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.**

**Ordinance 1733 – An Ordinance Providing for a Permit Process for Serving Alcohol at No Charge at Public Events
See Attachment for Requirements**