

For County Clerk's Office only:
License Class:
Fee Paid: \$
Application signed
Photo ID(s)
Proof of Insurance
Notarized
Membership List?
Checked by:

APPLICATION FOR LIQUOR LICENSE

<input type="checkbox"/>	New (\$500 Initial Fee)
<input type="checkbox"/>	Renewal

1. BUSINESS LOCATION TO BE LICENSED:

Name of Business: _____

D/B/A (if applicable): _____

Address: _____

Business Phone Number: _____

2. TYPES(S) OF BUSINESS OPERATED ON PREMISES:

- Restaurant
- Convenience or Gas Station
- Supermarket or Grocery Store
- Liquor Store
- Bar/Tavern
- Hotel/Motel
- Other _____

3. HOURS OF OPERATION *(For one-time event, provide date and hours)*

SUN	MON	TUES	WED	THUR	FRI	SAT

4. TYPE OF LICENSE FOR WHICH APPLICATION IS BEING MADE:

- Class A (Beer Only) \$250.00
- Class B (All Liquor) \$700.00
- Class C (Package) \$500.00
- Class D (Club) \$1.20 per member – Membership List Required
- Class E (No Charge) Non-Profit one-time event

Note: Applicants who receive a license between July 1 and January 1 shall pay a full year's fee. Applicants who obtain a license between January 1 and July 1 shall pay one-half year's fee

5. STATUS OF BUSINESS:

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Corporation
- Limited Partnership
- Limited Liability Partnership
- Not-For-Profit

FEIN: _____

Date Business Name Filed with County Clerk (if applicable): _____

Date of Incorporation (if applicable): _____

Current State Liquor License Number: _____

Date liquor sales began at this place of business: _____

6. OWNERSHIP INFORMATION:

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer, or director, or shareholders with interests equal to or exceeding 5%. Not-For-Profit organizations and associations must provide the requested information for all officer holders, directors, and managers. *Please attach a copy of a photo ID for each person listed.*

Full Legal Name: _____

Title/Position: _____ Percent Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone Number: _____

Social Security Number: _____

Driver's License or ID Number: _____

Date of Birth: _____

Is the Applicant a Resident of Jersey County? Yes No

Is the Applicant a U.S. Citizen? Yes No

Use space on last page for more names if needed.

7. ELIGIBILITY QUESTIONS:

The questions below pertain to the applicant and any other person listed in Section 6 of this form. If any questions are answered with a “yes”, please attach a full written explanation to this document. All applicants will be subject to a Jersey County criminal background check.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Are you delinquent in the payment of any Jersey County real estate taxes?
<input type="checkbox"/>	<input type="checkbox"/>	Are any delinquent real estate taxes owed on the property at the business address listed in Section 1?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a public official or law enforcement official in Jersey County, Illinois?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of violating any County ordinance?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony under any federal or state law?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a violation of any federal or state law concerning the manufacture, possession, or sale of alcoholic liquor?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever made application for a liquor license which was denied?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a Liquor License suspended or revoked?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a gambling offense?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been issued a federal wagering stamp?
<input type="checkbox"/>	<input type="checkbox"/>	Are you delinquent under the “Cash Beer Law”?
<input type="checkbox"/>	<input type="checkbox"/>	Are you delinquent under the “30 Day Credit Law”?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a license, or suppliers of alcoholic products?

8. DRAM SHOP LIABILITY INSURANCE

Does the applicant have dram shop liability insurance in the amount currently required by the State of Illinois? Yes No

If yes, please provide a Certificate of Insurance issued by an insurance company licensed to do business in the State of Illinois.

9. AFFIRMATION

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and accurate to the best of my knowledge.

I agree to comply with the terms and conditions of the current Jersey County Liquor Ordinance.

I agree to notify, in writing, the Jersey County Liquor Commissioner of any change in any of the information provided in this application that occurs at any time during the term of any license that is issued pursuant to this application. (Term is July 1 to June 30 annually)

Signature (Must be Notarized) _____

Title _____ Date _____

Signed and sworn to before me this ____ day of _____, 20__.

Notary Public

Liquor Control Committee use only

<i>Applicant Business Name:</i>		
<i>Complete Application Rec'd Date:</i>		
<i>Jersey County Sheriff's Dept Response Rec'd Date:</i>		
<i>Liquor Commissioner Response:</i>	<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Denied (explanation attached)</i>
<i>Signature of Liquor Control Committee:</i>		

Section 6, Ownership Information, Continued:

Full Legal Name: _____

Title/Position: _____ Percent Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone Number: _____

Social Security Number: _____

Driver's License or ID Number: _____

Date of Birth: _____

Is the Applicant a Resident of Jersey County? Yes No

Is the Applicant a U.S. Citizen? Yes No

Full Legal Name: _____

Title/Position: _____ Percent Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone Number: _____

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Is the Applicant a Resident of Jersey County? Yes No

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Use additional copies of this page for more names if needed.