



CITY OF EDWARDSVILLE LIQUOR LICENSE APPLICATION

118 Hillsboro Avenue
Edwardsville, IL 62025
618-692-7500

Applications for a City of Edwardsville liquor license should be filed with the Office of the City Clerk. There are several steps required. Please follow these instructions carefully. Questions should be directed to Tammy Perry who can be reached at 618-692-7500.

Please print or type information on all forms. Please answer all questions, provide all requested documents, or write N/A for not applicable.

APPLICATION CHECK LIST

- _____ 1. Liquor License Application form.
- _____ 2. New Applicants must be fingerprinted/background checked by the City of Edwardsville Police Department. Any investigation of potential applicants and managers, if any, shall be conducted by the Police Department, who shall report their findings to the local liquor commissioner (Mayor). A copy of the fingerprints and photographs obtained shall be retained in the files of the Chief of Police. You must arrange for fingerprinting at the City of Edwardsville Police Department by calling 618-656-2131. A one hundred dollar (\$100) fee, payable to the City of Edwardsville is due at the time of fingerprinting for state and federal charges associated.
- _____ 3. A Liquor Surety Bond in the amount of \$2,000.00 from an insurance company (in force through December 31st of the current liquor license expiration year) is required. This is separate from the required liquor liability (dram shop) insurance.
- _____ 4. If the applicant is leasing the building, a copy of the lease must be included. The lease should be in force at least to the end of the current license expiration date and must be leased to the individual. Subleases must have documentation showing permission from the owner of the building to sublet and a copy of the deed or an agreement/contract to purchase the building must be included.
- _____ 5. A current Certificate of Liquor Liability Insurance.

The applicant, or the person signing on behalf of the applicant, affirms that if this applicant is granted a City of Edwardsville Liquor License, and thereafter the applicant acquires, hires, or appoints a new manager not listed as a manager on this retail liquor license application, **that within thirty (30) days of the date the new manager commences his duties, the applicant shall notify the City Clerk to request a "Finger Print Inquiry Form" and said form shall be completed,** and the applicant shall contact the City of Edwardsville Police Department to schedule an appointment (618-656-2131) for fingerprinting/photographing for processing and approval by the appropriate authorities.

_____ (Please Initial)

By attachment of his/her signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer. _____ (Please Initial)

By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application have not in the past and will not in the future violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the City of Edwardsville controlling the retail sale of alcoholic liquor or the conduct of his/her place of business. If the applicant has been charged with an offense related to the sale of alcoholic liquor please disclose the dates, locations, and type of offense the applicant was charged with. _____ (Please Initial and attach separate sheet if needed)

By attachment of his/her signature, the applicant affirms that he/she, and all individuals required to be identified in this application, have never sold, delivered, or given away alcoholic liquor in violation of any state law or City ordinance to a person under the minimum age required to purchase or possess liquor. If the applicant has been charged with an offense related to the sale of alcoholic liquor, please disclose the dates, locations, and type of offense. _____ (Please Initial and attach separate sheet if needed)

The applicant and all individuals required to be identified in this application acknowledge that the granting of a liquor license is a matter of privilege and not a right; that citizens of the City of Edwardsville have traditionally and customarily enjoyed and professed a high regard for decency and morality; and that certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control Ordinance of the City of Edwardsville. _____ (Please Initial)

The applicant hereby acknowledges having read and received Ordinance 5953-9-14, Ordinance Amending Chapter 810 of the Codified Ordinances of the City of Edwardsville (Alcoholic Liquor Dealers – Closing Hours) _____ (Please Initial)

The applicant hereby acknowledges having read and received Ordinance 6051-08-17, Ordinance Amending Chapter Six of the Codified Ordinances of the City of Edwardsville (Alcoholic Beverages – Section 6-57. Training for Licensees and Employees) _____ (Please Initial)

The applicant hereby acknowledges having read and received Ordinance 6619-10-19, Ordinance Amending Chapter Six of the Codified Ordinances of the City of Edwardsville (Alcoholic Beverages Section 6-34. Classification of Licenses; fees – Caterer's Permit) _____ (Please Initial)
(Please note there is an additional yearly fee of \$300.00 to add the Caterer's Permit)



**CITY OF EDWARDSVILLE
LIQUOR LICENSE APPLICATION**

**DEPARTMENT OF FINANCE
118 Hillsboro Avenue
Edwardsville, IL 62025
618-692-7500**

RENEWAL _____ **NEW APPLICANT** _____ (Please check one)

Pursuant to provisions of Chapter 6, Section 6-30 and 31, of the Edwardsville City Code, 1978, as amended, regulating the sale of Alcoholic Liquor in the City of Edwardsville, County of Madison, Illinois, and all amendments thereto now in force and effect, the undersigned hereby makes application for a Retail Liquor Dealer's License.

1. DATE: _____ **LICENSE CLASS:** _____

Add Caterer's Permit YES OR NO (Please Circle One)

APPLICANT (CORPORATE) NAME:

APPLICANT (CORPORATE) ADDRESS:

NAME OF BUSINESS:

BUSINESS ADDRESS:

EMAIL ADDRESS: _____

LOCAL CONTACT NAME:

LOCAL CONTACT PHONE: _____ **FAX:** _____

TAX IDENTIFICATION NUMBER: _____

2. Check the appropriate category:

- I am the sole proprietor of this business.
- This business is a partnership and a general partner will attach his/her signature.
- This business is a Corporation/Club and the President and the Secretary will attach their signatures.
- This is a LLC Limited Liability Company.

3. The character of the current business of the applicant is (example, restaurant/lounge, convenience store, etc.):

A. Indicate the length of time applicant has been in current business: _____

B. Provide description of premises to be operated (if new business): _____

C. Provide zoning classification of premises: _____

D. Total square footage of facility: _____

E. Total square footage of the area to be used for the sale of liquor/lounge:

F. Total seating capacity, if any: _____ Lounge seating capacity, if any: _____

G. If you are a new business or you are remodeling an existing business, have plans been submitted to the City of Edwardsville Department of Public Works? Yes or No (Circle One)
If no please contact the City of Edwardsville Department of Public Works at (618)692-7535.
No license may be issued until this requirement has been met.

4. Do you have a similar application for a liquor license for any other location: Yes or No (Circle One)
If yes, please provide location and status of other liquor license application(s): _____

A. Has a previous liquor license been issued to the applicant: Yes or No (Circle One)
1. If yes, by what authority: _____
2. By which state: _____
3. Date of issuance: _____

B. Has any previous liquor license issued to the applicant been revoked:
Yes or No (Circle One) If yes, provide particulars: _____

5. Retailer Occupation Tax (ROT) Registration Number: _____
(same as the Illinois Business Tax (IBT) number)

A. Are you delinquent in payment of Retailers' Occupation Tax (sales tax)? Yes or No (Circle One)

B. Are you delinquent under the 30 Day Credit Law? Yes or No (Circle One)

6. Do you possess a current Federal Wagering Stamp and or gaming device stamp?
Yes or No (Circle One)

7. Is the applicant, any individual identified in the application, or any other person, directly or indirectly interested in the place of business, a public official: Yes or No (Circle One)
If yes, provide particulars:

8. Do you lease the premises? Yes or No (Circle One)

- a) If yes, attach a copy of the lease (Applies to new applicants)
- b) Does the lease encompass the term of the license sought? Yes or No (Circle One)
- c) Name and address of owner of premises:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

9. Identify the person who will manage this business: (Manager's must be at least 21 years of age)

NAME: _____

HOME ADDRESS: _____

PHONE NO: _____ BIRTH DATE: _____

10. The applicant and all individuals required to be identified in this application acknowledge that they have read, understand, and will obey the provisions of the Liquor Control Ordinance of the City of Edwardsville.

Signature

Signature

Signature

Signature

STATE OF _____

COUNTY OF _____

The applicant(s) swear of affirm that he/she (we) (or the corporation in whose name this application is made, if a corporation) reaffirms all of the foregoing statements, and that all statements are true and correct to the best of his/her knowledge and belief.

CORPORATION SIGNATURES (If applicable):

President

Secretary

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS

_____ DAY OF _____, 20 _____

Notary Public