



City of
Edwardsville
Third Oldest City in Illinois

Office of the City Clerk/Collector
Dennis W. McCracken

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:** _____

APPLICANT (CORPORATE) NAME: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

LOCAL CONTACT: _____

CONTACT PHONE: _____ **FAX:** _____

TAX IDENTIFICATION NUMBER: _____

A. The filing date, location and name for the "Assumed Name" of business with the County Clerk:

B. If an Illinois Corporation, the date and location for said incorporation:

C. The date of qualification under the Illinois Business Corporation Act (if a foreign corporation):

D. The object for which the corporation is organized:

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 signature.
- This business is a Corporation/Club and the President and the Secretary will Attach their signatures. (Attach copy of Corporate Charter)
- Is this a LLC Limited Liability Company

3. The character of the current business of the applicant is:

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

and at the current address: _____

B. The amount of goods, wares and merchandise on hand in current business at the time of application for liquor license (attach Balance Sheet):

C. Provide description of premises to be operated:

D. Provide zoning classification of premises: _____

E. Total square footage of the facility: _____

F. Total square footage of the area to be used for the sale of liquor/lounge are, if any;

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

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

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

5. Has a previous liquor license been issued to the applicant: Yes No

A. If yes, by what authority: _____

B. By which state: _____

C. Date of issuance: _____

6. Has any previous liquor license issued to the applicant been revoked:

Yes No If yes, provide particulars:

7. What is the applicant's Retailer's Occupation Tax (ROT) registration no.:

8. Is the applicant presently delinquent in the payment of the Retailer's Occupation Tax (sales tax):

Yes No If yes, give reasons for delinquency:

9. Is the applicant presently delinquent under the thirty (30) day credit law:

Yes No If yes, give reasons for the delinquency:

10. Does the applicant possess a current federal wagering and gaming device stamp:

Yes No If yes, provide the reasons therefore:

11. 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 No If yes, provide particulars:

13. Are premises leased? Yes No

A. If yes, attach a copy of the lease.

B. Does the lease encompass the term of the license sought? Yes No

C. Name and address of owner or owners of premises:

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

14. If the premises are held in trust, provide names and addresses of all the owners of beneficial interest of such trust: (attach additional sheet if necessary)

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

15. 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: _____

Fingerprint Inquiry

Full Name _____

Date of Birth _____

Place of Birth (State) _____

Sex _____

Race _____

Height _____

Weight _____

Hair Color _____

Eye Color _____

Social Security # _____

Maiden Name (if Applicable) _____

Residence _____

Are you a Liquor License Applicant? _____

Please fax to 618-692-7575.

- 16.** New applicants shall not be licensed until such new applicants and managers, if any, have been fingerprinted and photographed by the city police department. Any investigation of the potential applicants and managers, if any, shall be conducted by the city police department and shall report their findings to the local liquor commissioner. A copy of the fingerprints and photographs shall be retained in the files of the Chief of Police. Arrange for fingerprinting at the city 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 with processing the fingerprints.
- 17.** The applicant, or the person signing on behalf of the applicant, affirms that if this applicant is granted a Liquor license, and thereafter the applicant acquires, hires, or appoints a new manager, not listed as a Manager in 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 and request a "New Manager Application Form:" said form shall be completed and returned to the City Clerk for further processing and approval by the appropriate authorities.
- 18.** Applicant has provided, in conjunction with the submittal of this application, the following:

 - A.** Six (6) copies of the floor plan for the subject premises, designating the square footage of the facility and the area where liquor will be sold. Restaurants should indicate seating capacity and lounge area, if any.
 - B.** If application includes a courtyard area, please provide six (6) copies of the site plan, including a detail of the wall construction.
- 19.** 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.
- 20.** 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, controlling the retail sale of alcoholic liquor and the conduct of his/her place of business. If you have been charged with an offense related to the sale of alcoholic liquor please disclose the dates, locations and type of offense that the applicant was charged with.
- 21.** 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 you have been charged with an offense related to the sale of alcoholic liquor please disclose the dates, locations and type of offense that the applicant was charged with.
- 22.** By attachment of his/her signature, the applicant, or the person signing on behalf of the applicant, and all individuals required to be identified in this application, affirm that they have never been convicted of a Felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any Matter or thing contained in the laws of the State of Illinois or the provisions of the Liquor Control Ordinance of the City of Edwardsville.
- 23.** 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.

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

Signature

Signature

Signature

Signature

STATE OF _____)

)SS

COUNTY OF _____)

The applicant(s) swear or affirms 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 (our) knowledge and belief.

CORPORATION SIGNATURES:

President

Corporate Seal _____

Secretary

INDIVIDUAL OR PARTNERSHIP SIGNATURES:

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ Day of _____, 20_____

Notary Public

(Stamp/Seal)