

Approved by: _____
(Sangamon County Liquor Commissioner)

Zoning: _____
CPU: _____

**BEFORE THE LIQUOR CONTROL COMMISSION
SANGAMON COUNTY, ILLINOIS**

LIQUOR LICENSE APPLICATION - PERMANENT LICENSE

The undersigned hereby applies for a Sangamon County Liquor License to sell alcoholic beverages under the Laws of the State of Illinois and the ordinances of Sangamon County now in force or which may be hereafter passed, and the undersigned supports its application as follows:

1. a. Classification of license applied for:
- | | | | |
|----------|----------|----------|---------|
| ____ 1AA | ____ 1BB | ____ 1E | ____ 1K |
| ____ 1FF | ____ 1RR | ____ 1GG | |
| ____ 2AA | ____ 3AA | ____ 1WW | |

- b. Application for:
- ____ Application for license for a proposed new alcoholic liquor business
 - ____ Application for an annual renewal of license number
 - ____ Application for a new license as purchasers of license number
 - ____ Application to update information of license number

2. Name of applicant: Please circle to indicate if applicant is an individual, partnership or a corporation.

*** Please note that P.O. Box addresses are not acceptable as a place of residence ***

- a. If an individual applicant, please provide the following:

Name: _____

Residence Address: _____ Business Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone Number: _____ Phone Number: _____

Drivers License Number: _____

Social Security Number: _____

- b. If the applicant is a partnership, please furnish the name of the partnership and each name and address of the partner(s).

Name of partnership: _____

Name of Partner(s)	Address	City/State/Zip	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide a copy of the partnership agreement. If more space is needed, please provide the information on a separate piece of paper entitled "Partnership Information".

c. If the applicant is a corporation, please provide the following:

- i. Name of Corporation: _____
- ii. State of Incorporation: _____
- iii. Please attach Articles of Incorporation
- iv. Please attach a list of the names and addresses of all officers, directors and stockholders owning more than 5% of the stock.

d. If the applicant is a club, please provide the following:

- i. Name of the club: _____
- ii. Please attach two copies of a list of the names and residences of membership.

3. Manager or Supervising Agent who will conduct business:

Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ How long has he/she been employed: _____

Date of Birth: _____ Social Security Number: _____

4. Please provide the following information with respect to the manager or supervising agent in charge of the premises for which this license is applied for:

- a. Is the manager or supervising agent a person who is of good character and reputation in the community in which he/she resides? ____ Yes ____ No
- b. Is the manager or supervising agent a person who has been convicted of a felony under federal and state law? ____ Yes ____ No
- c. Is the manager or supervising agent a person who has been convicted of being a keeper or is keeping a house of ill fame? ____ Yes ____ No
- d. Is the manager or supervising agent a person who has been convicted of pandering or other crime or misdemeanor opposed to decency and morality? ____ Yes ____ No
- e. Is the manager or supervising agent a person whose license has been previously revoked for any cause? ____ Yes ____ No
- f. Is the manager or supervising agent a person who has violated any state or federal law regarding the manufacturing or possession or sale of alcoholic beverages? ____ Yes ____ No
- g. Is the manager or supervising agent a person who is a law enforcing public official?
____ Yes ____ No
- h. Is the manager or supervising agent a person convicted of a gambling offense?
____ Yes ____ No
- i. Is the manager or supervising agent a person whom a federal wagering stamp has been revoked by the Federal government? ____ Yes ____ No
- j. Is the manager or supervising agent a United States Citizen? ____ If not, please indicate the date and place of naturalization _____
- k. Has the manager filled out the following forms: ____ Yes ____ No

- i. Authority to Release Information for tax violations
- ii. Authority to Release Information for criminal background check

5. If any individual applicant partners of applicant, corporate officers, directors, stockholders owning more than 5%, managers and/or supervising agents are not naturalized citizens, please provide the following:

Name	Age	Place of Birth	Date and Place of Naturalization

6. If any individual applicant, partners of applicant, corporate officers, directors, stockholders owning more than 5%, managers and/or supervising agents have had a license revoked or suspended for the sale of alcoholic liquors, please provide the following:

Name	Age	Crime	Date and Place of Conviction

7. If any individual applicant, partners of applicant, corporate officers, directors, stockholders owning more than 5%, managers and/or supervising agents applied for a similar or other licenses on premises other than those described in this application, please provide the following:

Name	License Applied For	Date of Application	Disposition of Application

8. If any individual applicant, partners of applicant, corporate officers, directors, stockholders owning more than 5%, managers and/or supervising agents are non-residents of Sangamon County, please provide the following:

Name	Individual, Partner, Corp. Officer, etc.	Place of Residence

9. Applicants information:

a. How long has applicant been a resident of Sangamon County? ____Years ____ Months

b. Has the applicant, or any partners of applicant, corporate officers, directors, stockholders owning more than 5%, managers and/or supervising agents name, accepted, received or borrowed money or anything else of value, or accepted or received credit (other than merchandising credit in the ordinary course of business for a period not to exceed thirty days) from any manufacturer, importing distributor or

wholesaler of alcoholic liquor or from any stockholder or officer of any corporation engaged in, or any person connected with such business? If yes, please provide the following:

Name	Individual, partner, corp officer, etc.	Nature of relationship

10. Location/Type of Business:

a. Name of Business: _____

b. Location of Business: _____

c. Does the applicant own the premises: ____ Yes ____ No

If not owned, please indicate owner's name: _____

Owner's address: _____

Owner's phone number: _____

- * Please attach the lease or rental agreement
- * Date lease/rental agreement expires: _____

d. Type of business: _____

e. Will food be served?: ____ Yes ____ No

Sangamon County Department of Public Health License Number: _____

f. Is the property line of the proposed location within one hundred feet of the following:

- i. Church ____ Yes ____ No
- ii. School ____ Yes ____ No
- iii. Hospital ____ Yes ____ No
- iv. Home for the aged or indigent persons ____ Yes ____ No
- v. Home for war veterans, their wives or children ____ Yes ____ No
- vi. Military or naval station ____ Yes ____ No

11. Where will the alcoholic beverages be sold/delivered:

a. Number of bars/stands serving alcoholic liquors _____

b. Will alcoholic liquors be sold or delivered outside any building or structure situated on said premises:
____ Yes ____ No

c. Will alcoholic liquors be sold for consumption on premises: ____ Yes ____ No

12. Special Permits applied for: (please indicate the number of permits)

____ Beer Garden ____ Drive-Up Window ____ Video Gaming
____ Additional Bars ____ Package Liquor

13. Employment of applicant or any other person named above:

a. Is the applicant or any other person named above an employee of the Sangamon County Sheriff's Office: ____ Yes ____ No

- b. Is the applicant or any other person named above, the spouse or household member of an employee of the Sangamon County Sheriff's Office: ____ Yes ____ No
- c. Does any employee of the Sheriff's Department of Sangamon County have any interest, either directly or indirectly, in the license for which application is herein made or in the premises or in the profits or proceeds from the sale of alcoholic liquor under the license applied for?: ____ Yes ____ No
- d. Is the applicant or any other person named above a law enforcing public official, a member of the local liquor control commission, a mayor, alderman, member of the city council or commission, president of a village board of trustees, member of a village board of trustees, or president or member of a county board?: ____ Yes ____ No
- e. If any of the answers to (a), (b), (c) or (d) is "yes", please explain:

14. The applicant hereby agrees to the following:

- a. The undersigned has the authority to fill out the information in this application.
- b. The applicant shall not violate any of the laws of the United States or State of Illinois or any ordinances of Sangamon County in the conduct of his/her business.
- c. The applicant shall agree that in the event the foregoing promise is broken the license herein applied for may be immediately suspended or revoked.
- d. The applicant shall agree that the license applied for, if granted, may be immediately suspended or revoked if any statement above made by applicant herein is not true.
- e. The applicant shall, if required by the Local Liquor Commissioner, permit a record of his/her fingerprints to be made by the Sangamon County Sheriff's Office for purpose of additional investigation in determining whether this application should be granted.
- f. The applicant shall, if required by the Local Liquor Commissioner, permit a record of the manager's or supervising agent's fingerprints to be made by the Sangamon County Sheriff's Office for purposes of additional investigation in determining whether this application should be granted.
- g. The applicant shall testify under oath to all relevant and material questions asked of him/her in any hearing by the Local Liquor Control Commission before or after issuance of a license to him/her.
- h. The applicant shall agree to inform the Dept. of Zoning & Building Safety of any changes in the information in this application.
- i. The applicant shall agree to inform the Dept. of Zoning & Building Safety of any failure to operate the business at the location referred to in the license for a period of sixty continuous days.
- j. The applicant shall not permit any unlawful, disorderly, or immoral practice upon the licensed premises.

CERTIFICATION OF APPLICATION BY APPLICANT

I, _____ on oath states as follows:

1. That I have received a copy of the Liquor Ordinance of Sangamon County.
2. That I will read said ordinance prior to conducting business as a licensed premise.
3. I will not violate any of the ordinances of the County of Sangamon or the laws of the State of Illinois or the laws of the United States of America.
4. That I have filled out the information required by this application and the statements contained in this application are true and correct and to the best of my knowledge and belief.
5. That I understand that the attached information is incorporated into the application and the statements contained in the attached information are true and correct to the best of my knowledge and belief.

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

Notary Seal

Signature of Notary Public

Signature of Applicant