



CITY OF EARLVILLE

DEFINITION: A retailer's liquor license shall allow licensees to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form; provided that any retail liquor license issued to a manufacturer shall only permit such manufacturer to sell alcoholic beverages at retail on the premises actually occupied by such manufacturer [235 ILCS 5/5-1(d)], the only exception being a wine-maker's retail license-second location [235 ILCS 5/5-1(i)].

All applications for licensing as a liquor "retailer" must fully and accurately complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a City of Earlville Liquor License.

MAKE CHECK OR MONEY ORDER PAYABLE TO THE CITY OF EARLVILLE.

PLEASE FILL IN THE INFORMATION REQUESTED IN THE SPACES PROVIDED. PRINT OUT FORM AND COMPLETE SIGNATURE / NOTARY SECTIONS. THE APPLICATION FORM MUST BEAR ORIGINAL SIGNATURES.

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1. APPLICANT – CORPORATE INFORMATION

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and obtain the forms you will need.

FEIN#

B. ILLINOIS BUSINESS TAX NUMBER (IBT OR SALES TAX NO.)

Enter the eight-digit Illinois Department of Revenue Business Tax (Sales Tax) Number. You must have an IBT or Sales Tax number for a license to be issued. **Attach a copy of your Revenue Business Tax certificate.** If you need to obtain this number, call the Illinois Department of Revenue in Chicago at (312) 814-5258 or in Springfield at (217) 785-2889.

ILLINOIS BUSINESS TAX #

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE #

D. NAME

Enter the name of the sole proprietor (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME

E. ADDRESS

Enter the street address, city, state, and zip code of the sole proprietorship, corporation, etc.

ADDRESS	CITY	STATE	ZIP CODE

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

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Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the state of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- | | |
|---|---|
| <input type="checkbox"/> SOLE PROPRIETORSHIP (Must live in City of Earlville) | DATE FILED WITH COUNTY CLERK _____ |
| <input type="checkbox"/> PARTNERSHIP | DATE OF FORMATION _____ |
| <input type="checkbox"/> ILLINOIS CORPORATION | DATE OF CORPORATION _____ |
| <input type="checkbox"/> FOREIGN CORPORATION | STATE OF INCORPORATION _____ |
| | DATE QUALIFIED TO DO BUSINESS IN ILLINOIS _____ |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | DATE FORMED _____ |

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-Profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **Before completing this section, check Question No. 6 – Eligibility.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, zip code, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership in the last box.

NAME: (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		
CITY	STATE	ZIP CODE	TITLE/POSITION	PHONE #	% OWNED

NAME: (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		
CITY	STATE	ZIP CODE	TITLE/POSITION	PHONE #	% OWNED

NAME: (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		
CITY	STATE	ZIP CODE	TITLE/POSITION	PHONE #	% OWNED

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NAME: (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		
CITY	STATE	ZIP CODE	TITLE/POSITION	PHONE #	% OWNED

NAME: (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		
CITY	STATE	ZIP CODE	TITLE/POSITION	PHONE #	% OWNED

4. BUSINESS PREMISE INFORMATION

If you want your renewal application, your license certificate and other City of Earlville correspondence sent to your business address, please check the box to the left.

A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business that will be selling or serving beverages at the licensed premises. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)

B. TELEPHONE/EMAIL

Enter the area code/telephone number/extension and email at the business premise location.

AREA CODE/TELEPHONE #	EMAIL ADDRESS

C. ADDRESS

In the next four boxes enter the address, city, state, and zip code of the business premises. This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate. If you are purchasing a business that is currently operating, the City requires some proof that the business has changed hands – a bill of sale, closing statement, lease, or the previous original liquor license certificate, etc. We request this information because we will need this documentation to deactivate the old license and issue a new license. You should also contact the Illinois Department of Revenue at (312) 814-3063 concerning filing of a Bulk Sales Stop Order, if applicable.

ADDRESS	CITY	STATE	ZIP CODE

*NOTE: Please initial to verify that the proposed location is not within 100 feet of any church, school, hospital, home for aged persons or Veterans, their wives or children, or any military or naval station. _____

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D. BUSINESS TYPE

Check which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- DRUG STORE / PHARMACY CONVENIENCE STORE & GAS
 RESTAURANT SMALL GROCERY
 CONVENIENCE STORE GAS STATION
 LIQUOR STORE OTHER _____
 BAR / TAVERN

E. Total amount of goods, wares and merchandise on hand at the time of application: \$ _____

F. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, zip code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

G. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, zip code and county.

LANDLORD NAME			AREA CODE/TELEPHONE#	
ADDRESS	CITY	STATE	ZIP CODE	COUNTY
LEASE START DATE		LEASE END DATE		

5. PREVIOUS LICENSE INFORMATION/LIQUOR LICENSE HISTORY

FIRST LIQUOR LICENSE APPLICATION – LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc., first application for a City of Earlville Liquor License at any premises within in the City of Earlville. If you check "no", indicate the date of your Local License Application. Also indicate whether the license(s) was granted, denied or withdrawn. Provide the address of any Local liquor license application. **If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances of the denial or withdrawal.**

IS THIS YOUR FIRST LOCAL LICENSE APPLICATION? YES NO

IF NO, PROVIDE DATE FIRST APPLIED: _____

LENGTH OF TIME APPLICANT HAS BEEN IN BUSINESS: _____

DISPOSTION: (Check) GRANTED DENIED WITHDRAWN EXPIRED

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PREVIOUS LIQUOR LICENSE INFORMATION

Please enter any previous local liquor license number, the date issued, the date it expires, the municipality or county that issued the license, and the date you began selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date the City of Earlville liquor license is issued.

MUNICIPALITY/COUNTY ISSUING LICENSE	LOCAL LICENSE #	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES

TYPE OF LIQUOR LICENSE

Check the type which best describes the manner in which you intend to sell alcoholic beverages to consumers. **Note:** the annual license fee for each class of license shall be the amount provided on the City Fee / Rate Schedule which can be found on the City of Earlville website: earlvilleil.org under Departments > Administration/Finance.

- Class A - Retail license for the sale of alcoholic liquors to be consumed either on or off the premises.
- Class B - Package liquor store license for the sale of alcoholic liquors on the premises but not for consumption on the premises.
- Class C - Restaurant license for the sale of alcoholic liquors to be consumed on the premises in a restaurant.
- Class D - Wine and beer license for the retail sale of wine and beer only, to be consumed only on the premises where sold and not for resale in any form.
- Class E - Day license for the retail sale of alcoholic liquor for consumption only on the premises where sold and not for resale in any form to be issued for temporary stands, booths and counters, such as those used at picnics, celebrations, pay-days and other temporary special events. Class E licenses are available only to not-for-profit corporations, religious corporations and charitable organizations.

6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions must be answered. If questions are not answered, the application will be rejected. If any question is checked “yes”, a written, detailed explanation is required and must be attached to this application.

- A. Yes or No Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- B. Yes or No Are you delinquent under the “cash beer” law?
- C. Yes or No Are you delinquent under the “30-day credit” law?
- D. Yes or No Have you ever applied for and been denied a liquor license in any jurisdiction?
- E. Yes or No Have you had any previous license revoked?
- F. Yes or No Have you ever been convicted of a felony?
- G. Yes or No Have you ever been convicted of gambling offense as defined under the section 5/16-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, “gambling”, 720 ILCS 5/28-101(a)-(d) “syndicated gambling”, and 720 ILCS 5/28-3 “keeping a gambling place”?
- H. Yes or No Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)?
- I. Yes or No Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- J. Yes or No 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?

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- K. Yes or No If operating as a sole proprietorship or a partnership, are you or any of your partner(s) currently not citizens of the United States or resident aliens with legal status?
- L. Yes or No Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? (5 ILCS 100/10-65(c))

7. HOURS OF OPERATION

List the daily hours open for business. (This information will assist the City of Earlville in choosing an inspection time which causes the least disruption to business).

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

8. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. An owner, an officer, a partner or an officially authorized agent of the business must sign the application. The signature must be an original- rubber stamps are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF EARLVILLE TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE CITY OF EARLVILLE, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, CITY OF EARLVILLE LIQUOR ORDINANCES, CITY OF EARLVILLE CITY ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.

FURTHER, I AGREE TO NOTIFY THE CITY OF EARLVILLE WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT TITLE/POSITION DATE

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

Notary Public



