

**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:**

- 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 1 (All Liquor – Combination On-Premises and Package Sales)      \$1,000.00
- Class 2 (All Liquor – On-Premises)      \$700.00
- Class 3 (Package Sales Only)      \$500.00
- Class 4 (Club – Membership List Required)      \$1.20/member
- Class 5 (Non-Profit Event)      No Charge
- Class 6 (Special Event)      \$250.00

*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: \_\_\_\_\_

*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 a Jersey County resident?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own or lease the premises to be licensed?
<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 crime with a state or federal felony classification?

**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

<i>Liquor Control Committee use only</i>		
<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>

**Section 6, Ownership Information, Continued:**

*Use this page for additional owner names:*

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: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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