

**JO DAVIESS COUNTY
LIQUOR CONTROL COMMISSION
330 N. BENCH ST.
GALENA, IL 61036
Ph: 815-777-6557
Fax: 815-777-2285**

License Number:

Date paid: _____
Amount: _____

APPLICATION FOR RETAILER'S LIQUOR LICENSE

All applicants for licensure as a retailer must 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 county liquor license.

All licenses issued by the commission shall be annual licenses and shall expire on December 31st following their issuance. All applications for renewal of a regular license must be submitted by December 1st of the year prior to the year for which the applicant is making application.

All applications must include a **current** Certificate of Liability Insurance.

Please print or type the information requested in the spaces provided. **The application form must bear an original signature and each signature must be notarized.**

1. APPLICANT – CORPORATE INFORMATION

A. NAME

Enter the name of your business, the sole proprietorship, partnership, corporation, or limited liability company in this space. This name must be consistent with your Illinois Department of Revenue Sales Tax Certificate.

NAME

B. ADDRESS

Enter the street address, city, state, and zip code of the business.

ADDRESS	CITY	STATE	ZIP CODE

C. TELEPHONE

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

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D. FEIN

Enter your Federal Employer Identification Number (FEIN) in this space. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only.

FEIN #

2. TYPE OF BUSINESS

Check the applicable box, which corresponds to your business' official papers filed with the Office of the Secretary of State.

SOLE PROPRIETORSHIP DATE NAME FILED WITH THE COUNTY CLERK _____

PARTNERSHIP DATE PARTNERSHIP FORMED _____

ILLINOIS CORPORATION DATE OF INCORPORATION _____

FOREIGN CORPORATION STATE OF INCORPORATION _____

DATE QUALIFIED TO DO BUSINESS IN ILLINOIS _____

LIMITED LIABILITY COMPANY DATE COMPANY FORMED _____

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described in Question 2. The following information must be provided by every individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate equal to or more than 5% of the stock 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 have less than 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.

Provide full name, home address, city, state, Zip Code, Social Security number, date of birth, sex, title/position, home telephone number and percentage ownership. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership at the bottom of the page.

NAME (Last, First, Middle Initial)		HOME ADDRESS			CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PHONE NUMBER		% OWNED	
				()			

NAME (Last, First, Middle Initial)		HOME ADDRESS			CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PHONE NUMBER		% OWNED	
				()			

NAME (Last, First, Middle Initial)		HOME ADDRESS			CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PHONE NUMBER		% OWNED	
				()			

NAME (Last, First, Middle Initial)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PHONE NUMBER		% OWNED
				()		

NAME (Last, First, Middle Initial)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PHONE NUMBER		% OWNED
				()		

NAME (Last, First, Middle Initial)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PHONE NUMBER		% OWNED
				()		

Total percentage of all stock held by all persons with less than 5% interest _____%.

3. BUSINESS PREMISE INFORMATION

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

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

NAME (Doing business as)

B. TELEPHONE

AREA CODE – NUMBER AND EXT OF PREMISE
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C. ADDRESS

Enter the address, city, state, and Zip Code of the business premises. **NOTE!** This information must be consistent with the address printed on your Illinois Department of Revenue Sales Tax Certificate.

If you are purchasing a business that is currently operating, we require some proof that the business has changed hands, a bill of sale, a letter from the previous owner, the previous liquor license certificate, etc. We request this information so that we may inactivate the old license and issue a new license.

ADDRESS	CITY	STATE	ZIP CODE

D. BUSINESS TYPE

Check the one box that best describes the type of business in operation. If the selections are inappropriate, describe the business under "other".

- | | | |
|----------------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Drug Store/Pharmacy | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Convenience & Gas |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Department Store | <input type="checkbox"/> Small Grocery |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Gas Station |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other |

E. WAREHOUSING

If any of your inventory is warehoused, provide the name, address, city, state and Zip Code.

NAME	ADDRESS	CITY	STATE	ZIP CODE

F. 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, and Zip Code.

LANDLORD NAME	AREA CODE/TELEPHONE	LEASE DATES		
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ADDRESS	CITY	STATE	ZIP CODE	

5. LIQUOR LICENSE HISTORY

A. FIRST LICENSE APPLICATION – LICENSE HISTORY

Indicate by completing the correct information whether or not this is the corporation's, sole proprietorship's etc., first application for a liquor license at any premises in Jo Daviess County. If this is a first application or an application for a new premises, you **MUST** attach an accurate scale drawing of the site of the premises proposed to be licensed, and of the surrounding area for a distance of at least 500 feet from the boundaries of the site, showing the locations of street and property lines.

Is this your first license application in Jo Daviess County YES NO

If no, provide date you first applied: _____

Disposition: GRANTED DENIED WITHDRAWN

Address of first County application:

ADDRESS	CITY	STATE	ZIP CODE

Is a site drawing attached: YES NO

B. TYPE OF LIQUOR LICENSE

Check the box which describes the manner in which you sell alcoholic beverages to consumers.

- Class A - General Liquor, on-premise consumption by the glass as well as package for consumption off-premise. \$1400.00 plus Clerk's fee of \$50.00
- Class B - Package goods only for off-premise consumption. \$1050.00 plus Clerk's fee of \$50.00
- Class C - Not-For-Profit Corp., on-premise consumption by the drink only. \$600.00 plus Clerk's fee of \$50.00
- Class D - Beer and Wine Package goods only for off-premise consumption. \$500.00 plus Clerk's fee of \$50.00
- Class E - Vineyard License, wine only by the glass for consumption on-premise or packaged wine for off-premise consumption. \$600.00 plus Clerk's fee of \$50.00
- Class X1 - Not-For-Profit Corp., beer and wine on-premise consumption by the drink only. **Special event license.** \$50.00 plus one-time Clerk's fee of \$50.00 **for the first day.** Each additional consecutive day is \$25.00. Date(s) for license requested: _____
- Class X2 – Private or Public Organizations, other than Not-For-Profit., on-premise consumption by the drink only. **Special event license.** \$50.00 (per day) plus one-time Clerk's fee of \$50.00. Date(s) for license requested: _____

6. ELIGIBILITY QUESTIONS

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

- YES NO If operating a sole proprietorship or a partnership are you or your partner(s) currently not residents of Jo Daviess County.
- YES NO If operating a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or Resident Aliens with legal status?
- YES NO Have you, or any other person with a direct interest in your place of business, ever been convicted of a felony or any crime or misdemeanor opposed to decency and morality?
- YES NO Have you ever applied for and been denied a Liquor License?
- YES NO Have you had any previous Liquor License revoked?
- YES 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?

REFERENCES

List at least three business/personal references.

NAME	ADDRESS	CITY	STATE	ZIP CODE

NAME	ADDRESS	CITY	STATE	ZIP CODE

NAME	ADDRESS	CITY	STATE	ZIP CODE

7. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or officially authorized agent of the business, and Notarized on the next page.

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 Jo Daviess County 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 of the laws of Jo Daviess County, the State of Illinois, or the United States of America, in particular, the Jo Daviess County Alcoholic Beverages Ordinance. I further authorize the Jo Daviess County Sheriff’s Office to conduct a criminal/background check on the applicants and or managers in addition to contacting all references.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT TITLE/POSITION DATE

IMPORTANT NOTICE: THE JO DAVIESS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE COUNTY ALCOHOLIC BEVERAGES ORDINANCE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE.

NOTARY

STATE OF ILLINOIS,

COUNTY OF _____

_____, being first duly sworn upon
oath states that _____ read the above and foregoing application and knows the
contents thereof, and that the same and the facts therein are true.

Signed and sworn to before me on _____

_____, _____

Notary Public

To be completed by the Jo Daviess County Liquor Commission.

Application for Retailer's Liquor License was approved this _____ day of _____,
_____.

By: _____

By: _____

By: _____

FORM APPROVED BY:
THE JO DAVIESS COUNTY LIQUOR COMMISSION
DATE: 04/2014

Instructions for obtaining a background check for Jo Daviess County Liquor license:

~Applicants must call the Jo Daviess County Sheriff's Office at 1-815-777-2141 to schedule an appointment. Fingerprinting will be done on Tuesdays only.

~Applicants must supply the following information at the time of the call: County ORI ILL14516L, name, address and date of birth. Inform the Sheriff's Office that this is for a liquor license.

~Each owner listed on the liquor application will need to be fingerprinted and have a background check.

~A fee of \$57.50 per person must be paid to the Jo Daviess County Sheriff at the time of the appointment. Check or money order only, no cash accepted.

~Address is Jo Daviess County Public Safety Building, 330 N. Bench St., Galena, IL 61036.

~Illinois State Police will inform the Jo Daviess County State's Attorney of the results.

Notice of Certificate of Liquor Liability Insurance Coverage

The applicant hereby files with this application a Certificate of Insurance, by a company authorized to do business in the State of Illinois. The Certificate of Insurance certifies that the applicant has in force and effect the Dram Shop (Liquor Liability Insurance Coverage) and agrees to maintain said insurance for the duration of this licensing period. The minimum limits of Dram Shop or other insurance required by Illinois law or higher minimum limits as may be prescribed by Jo Daviess County shall be maintained, and remain in full force, by the liquor licensee at all times. No liquor licensee may be issued a packaged liquor license or tavern license without showing valid proof that the liquor licensee has an active Dram Shop Insurance in force and meets the minimum insurance requirements of the State of Illinois and Jo Daviess County.