

**APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES
IN THE CITY OF O'FALLON, ILLINOIS**

This application is made pursuant to the provisions of Chapter 116 of the Code of Ordinances of the City of O'Fallon which regulates the sale of alcoholic liquors within the City of O'Fallon, as authorized by the Illinois Liquor Control Act (235 ILCS 5/1 et. seq.)

1. This application must be completed in its entirety and submitted to the City Clerk's Office at O'Fallon City Hall, 255 S. Lincoln Ave., O'Fallon, Illinois. Attach extra sheets if necessary.

Establishment means the entity to which a liquor license will be issued. The applicant signs for the establishment and is responsible for the sale of alcohol on premises – may be owner or manager. (The person responsible for the liquor license will be fingerprinted and go through the background check process)

Name of the Establishment: _____, (Must be the same as the name on the Dram Shop Insurance/Certificate of Liability Insurance)

Street address of business: _____, O'Fallon, Illinois.

Mailing address: _____.

Select the Class of Liquor License being applied for:

Class A (\$500) Class B (\$600) Class C-1 (\$500)

Class C-2 (\$600) Class D-1 (\$700) Class D-2 (\$700)

Class E (\$1100) Class F (\$900) Class G-1 (\$400)

Class G-2 (\$500) Class H-1 (\$700-For profit/\$400-Not for profit)

Class I-1(\$100) Class I-2 (\$25) Class J (\$100)

Principal kind of business: (circle one)

Restaurant Bar/Grill Liquor/Package Store Hotel/Motel Movie Theater
Fraternal Organization Microbrewery Grocery Store Bowling Alley
Pharmacy Other _____

Applicant Information:

Name: _____
Home address: _____.
Contact telephone number: _____.
Email address: _____.
Date of birth: _____.
Place of birth: _____.
Driver's License number: _____.
Applicant's Social Security Number: _____.

- Sole proprietor see Section 1
- Partnership see Section 2
- Corporation see Section 3
- Limited liability company see Section 4

SECTION 1. Sole Proprietorship (Individual)

Name of Sole Proprietor: _____.

Business name: _____.

Home address: _____.

Mailing address: _____.

Contact telephone number: _____.

Business telephone number: _____.

Business email address: _____.

Date of birth: _____.

Driver's License number: _____.

Applicant's Social Security Number: _____.

SECTION 2. Partnership

Name of Partnership: _____.

Type of Partnership: _____.

Date Partnership was formed: _____.

Partnership's mailing address: _____.

Partnership's telephone number: _____.

Business telephone number: _____.

Partnership's email address: _____.

Partnership's Federal Identification Number (FEIN): _____.

Attach a list of the name of the general partners along with the home address and contact telephone number for each.

SECTION 3. Corporation

Name of Corporation: _____.

Corporation's mailing address: _____.

Corporation's telephone number: _____.

Corporation's business telephone number: _____.

Corporation's email address: _____.

Corporation's Federal Identification Number (FEIN): _____.

Attach a list of the names of the shareholders, directors and officers of the Corporation along with their home address and contact telephone number.

Yes No Is the corporation incorporated in the State of Illinois? (Attach a copy of the Articles of Incorporation)

Yes No Is the corporation a foreign corporation which is qualified under the "Business Corporation Act" of 1983 (805 ILCS 5/1.01 et seq.) to transact business in Illinois? (Attach a copy of the Articles of Authority to Transact Business in Illinois)

Yes No Is the corporation in "Good Standing" with the State of Illinois? (Attach a copy of a Certificate of Good Standing from the Illinois Secretary of State)

Yes No Are all stock holder(s) owning in the aggregate more than five percent of the stock of such corporation and all officers, managers and directors thereof, are eligible to receive a license based on the requirements contained herein, with the exception of citizenship and residence in the City?

SECTION 4. Limited Liability Company (LLC)

Name of Company: _____.

Company's mailing address: _____.

Company's telephone number: _____.

Company's business telephone number: _____.

Company's email address: _____.

Company's Federal Identification Number (FEIN): _____.

Attach a list of the names of the members, managers and officers (if any) of the LLC along with their home address and contact telephone number.

Yes No Is the company organized in the State of Illinois? (Attach a copy of the Articles or Organization)

Yes No Is the company a foreign limited liability company which is qualified under the "Business Corporation Act" of 1983 (805 ILCS 180/1.1 et seq.) to transact business in Illinois? (Attach a copy of the Articles for Authority to Transact Business in Illinois)

Yes No Is the company in "Good Standing" with the State of Illinois? (Attach a copy of a Certificate of Good Standing from the Illinois Secretary of State)

Yes No Are all member(s), owning in the aggregate more than five percent of the membership interest of such company and all managers and officers are eligible to receive a license based on the requirements contained herein, with the exception of citizenship and residence in the City.

SECTION 5. (To be completed by sole proprietorship, partnership, corporation and LLC applicants).

1. Yes No Is the Applicant or its authorized representative a resident of the City of O'Fallon (Individual or Partnership applicants only)?

2. Yes No Is the applicant or its authorized representative of good character and reputation in the City?

3. Yes No Is the Applicant or its authorized representative a US citizen or naturalized citizen? (Sole Proprietor or Partnership Applicants only) If a naturalized citizen, please provide the following:

Place of Birth: _____

Copy of Certificate of Naturalization: _____

4. Yes No Has the applicant or its authorized representative ever been convicted of a felony under any Federal or State Law?

5. Yes No Has the Applicant or its authorized representative ever been convicted of being the keeper or is not keeping a house of ill fame?

6. Yes No Has the Applicant or its authorized representative ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality?

7. Yes No Has the Applicant or its authorized representative ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, subsequent to the passage of the Illinois Liquor Control Act of 1934?
8. Yes No Has the Applicant or its authorized representative ever been convicted of a gambling offense as prescribed by any of subsections (a) (3) through (a) (10) of Section 5/28-1 of, or as proscribed by Section 5/28-1 of the "Criminal Code of 1961", as amended (720 ILCS 5/28-1 et.seq.)?
9. Yes No Has the Applicant or its authorized representative ever had a previous license revoked by any State or Subdivision thereof, a municipality or by the Federal Government? If a revocation has occurred, please explain:
- _____
- _____.
10. Yes No Does the Applicant agree that the premises used for the retail sale of alcoholic liquor, or for the storage of such liquor for sale, shall be kept in full compliance with the laws and ordinances regulating the condition of premises used for the storage of sale of food for human consumption?
11. Yes No Is the Applicant a titled owner or a beneficial owner of the property? (Attach a copy of the deed or other proof of ownership)
12. Yes No If the Applicant or its authorized representative answered "no" to question #11, is the Applicant leasing the premise. (Attach a signed copy of the Lease)
13. Yes No Will the business be conducted by a manager or agent?
If yes provide the following information for the manager or agent:
Name: _____.
Home address: _____.
Contact telephone number: _____.
Email address: _____.
Date of birth: _____.
Place of birth: _____.
Driver's License number: _____.
Applicant's Social Security Number: _____.
14. Yes No If the place of business is conducted by a manager or agent, does that manager or agent possess the same qualifications required by the licensee, with the exception of being a titled or beneficial owner of the premises or having a lease thereon?

15. Yes No Is Applicant current in payment of Retailer's Occupation Tax (sales tax)? N/A
16. Yes No Is the location of the Applicant's business for which the license is sought, within one hundred feet (property line to property line) from institutions of higher learning, a school, hospital, home for the aged or indigent persons or veterans, their wives or children, or one hundred feet from (building to building) from a church?
17. Yes No Has any manufacturer, importing distributor directly or indirectly paid or agreed to pay for this license, advanced applicant money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person or entity directly interested in the ownership, conduct or operation of the place of business?
18. Yes No Is the Applicant engaged in the business of an importing distributor or distributor of alcoholic liquors?
19. State whether the applicant(s) has made an application for a similar or other licenses at any other location other than in the City of O'Fallon. If yes, explain the disposition of such license application.
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ASSERTIONS

The Applicant(s) will familiarize themselves with all of laws of the United States, State of Illinois, and the ordinances of the City of O'Fallon pertaining to the sale of alcoholic liquor and abide by them.

The Applicant(s) will not violate any of the laws of the United States, State of Illinois, or any ordinances, rules or resolutions of the City in the conduct of his, her or its place of business.

The Applicant(s) understands that in the event there is a change of ownership in a licensed business, or partners in a partnership, or shareholders in a corporation or members of a limited liability company or change of managers, a background check for the new owner, partner, shareholder, member or manager shall be required.

The Applicant is not a law enforcing public official, including members of the Local Liquor Control Commission, the City Mayor, any member of the City Council or any president, chairman or member of a County Board; and no such official shall be interested directly in the manufacture, sale or distribution of alcoholic liquor, except that license may be granted to such official in relation to premises which are not located within the territory subject to the jurisdiction of that official if the issuance of such license is approved by the Local Liquor Control Commission.

The Applicant(s) understands that any and all licenses issued pursuant to Chapter 116 of the O'Fallon Municipal Code of Ordinances shall be subject to any and all changes or amendments which may be hereafter made, and any and all rules adopted by the Liquor Commissioner or Liquor Commission. Any and all license shall be subject to any restrictions or conditions deemed desirable by the Liquor Commissioner or Liquor Commission.

Applicant will, prior to the issuance of a liquor license, provide the City with a certificate of Liquor Liability Insurance Coverage for the premises in the maximum amount as set forth in the Liquor Control Act of 1934 (Illinois Compiled Statutes Chapter 235, Section 5/6 et. seq.).

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear and affirm that the matters stated in the forgoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of inducing the City of O'Fallon to issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for.

The undersigned further covenants and agrees that any misrepresentations made by the applicant herein, or any violation of the terms and conditions of this application or any of the laws, statutes, ordinances, rules, regulations and covenants above described, shall be just cause for revocation of the license herein applied for by the Local Liquor Control Commissioner, after a hearing on said matter.

Signature of applicant or authorized agent

Print Name

Title or position

Date signed

STATE OF ILLINOIS)
)
COUNTY OF ST. CLAIR)

Subscribed and sworn to before me
this _____ day of
_____ 201_.

(SEAL)

Notary Public