

City of O'Fallon, Illinois Liquor License Renewal Application City Clerk's Office 618-624-4500

This renewal 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.)

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

Name of Applicant:

Individual		Partnership	Corporation	Limited Liability Co	mpany			
Address of A	Applicant:							
		ddress	Cit		State	Zip		
Phone Number of Applicant:								
Name under which business is conducted (DBA):								
Address for place of business for renewal:								
Liquor License Classification A change in license classification requires a new application to be completed in entirety.								
Clas	ss A (\$500)	Class B	8 (\$600)	Class C-1 (\$500)	Class C-2(	\$600)		
Clas	ss D-1 (\$700	) Class D	0-2 (\$700)	Class E (\$1100)	Class F (\$	900)		
Clas	Class G-1 (\$400)		6-2 (\$500)	Class H-1 (\$700 for profit / \$400 not-for-profit)				
Clas	Class I-I (\$100)		-2 (\$25)	Class J (\$100)				
Current manager on file for Liquor License A change in manager requires a new background check. Please contact the City Clerk's Office.								
Name:	ame:			none Number:				
Address of Manager:								
		dress	City		State	Zip		
Required Document Checklist Renewals will not be processed without attaching the following documents.								
Certificate of Dram Shop (Liquor Liability) Insurance								
Phot	Photocopy of Manager or Applicant's valid Illinois Driver's License							
Сорч	Copy of Lease Agreement or Warranty Deed							
Requ	Required Fees							
Nota	Notarized Renewal Application							

## AFFIDAVIT

The information provided in the renewal application is true and correct to the best of my knowledge. The information provided in the original liquor license application is true and correct to the best of my knowledge. I understand that any changes require a new application to be completed in entirety.

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 information provided above are true and correct to the best of my knowledge.

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		Printed Name & Title
Date signed		
State of Illinois County of St. Clair		
Subscribed and sworn to before me this	day of	, 202
Notary Public		
	OFFICE USE ONLY	
Approved by City Clerk's Office		
Liquor Commissioner	City Cle	rk