## CITY OF BEARDSTOWN

## APPLICATION FOR LICENSE TO SELL LIQUOR

July	1,	through June	30,	
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## **Application Fees**

- The application fee for a current license holder who wishes to renew an existing license at the same location is \$50 per license.
- For a new liquor license applicant who does not currently hold a liquor license from the City, an initial, nonrefundable application fee of \$50 is required.

## License Fees

• License fees are as follows:

<u>License Classification</u>	Annual Fees
A-1	\$650.00
A-2	\$550.00
A-3	\$450.00
В	\$450.00
C	\$1,000.00
D	\$250.00
E	\$150.00
F	\$700.00
G	\$400.00
1-2	\$2,500.00

• License fees are renewal applications are due at time of application. Prorated license fees for a new applicant are due (2) weeks before business opens.

TO THE LIQUOR CONTROL COMMISSIONER OF THE CITY OF BEARDSTOWN, ILLINOIS: The undersigned hereby makes application and submits these application fees and license fees in the total amount of \$\_\_\_\_\_\_\_for a Class\_\_\_\_\_\_Liquor License under the provisions of the Beardstown of the Beardstown City Code for the term ending June 30, \_\_\_\_\_\_\_, and hereby certifies to the following facts:

	Renewal	Application	New/Initial App	olication
	<u>License Fee</u>	App.Fee	<u>License Fee</u>	App. Fee
A-1	\$	\$	\$	Ś
A-2	\$	\$	Ś	\$
A-3	\$	\$	\$	\$
В	\$	\$	\$	\$
С	\$	\$	\$	\$
D	\$	\$	\$	\$
Е	\$	\$	\$	\$
F	\$	\$	\$	\$
G	\$	\$	\$	\$
1-2	\$	\$	\$	\$
TOTAL	\$	\$	\$	Ś
	7000		r	T

A	A. Exact Name Business is Conducted Un	nder Principal Kind of Business
	Exact Name Business is Conducted Of	idei Filicipal Kind of Business
	Street Address (Including Floor, Room	Telephone Number
В	3. Is the applicant a (check one): □Sole	Proprietorship   Partnership   Corporation
C	<ul><li>C. Does the applicant own or lease the properties of Ownership.</li><li>If leased, please provide:</li></ul>	emises for which this license is sought:  □Lease (Provide a Copy of the Lease)
	Name of Lessor	
	Street Address	City, State, Zip Code
Ď	D. Does the lease on the premises cover the □Yes □No Period Covered	ne full period for which the license is sought? by Lease:
Е	Does the lease provide that the Lesson ☐ Yes ☐ No If yes, please give all de	will receive a percentage of profits or sales?
F.	. State the distance from nearest church	or school:
G	6. Illinois Municipal Retailers' Use & Ser address in the City of Beardstown (for	vice Occupation Tax Number registered to an each business, if more than one):
Н	State Liquor License Number with exp	iration date (for each business, if more than one)
I.	Has the applicant made application for in this application? □Yes □No If ye of application:	a similar license for premises other than describes, state date, location of premises, and disposition
. Th	he following information is also required rectors, and shareholders owning more th	of any sole proprietors and all partners, officers, an 5% of the stock of said business:
A.	. If the applicant is a <u>SOLE PROPRIET</u>	CORSHIP, please complete the following:
	> Date of Rirth:	Home Telephone:
	> Business Telephone:	
	Residence Address:	
	> Previous Address:	lateran state name and address of registered
	If not a resident of the City of Beard	lstown, state name and address of registered

	> Soci	l Security Number:
		r's License Number:
		plicant a U.S. Citizen? □Yes □No
		ate and Place of Naturalization, if Applicable:
		a U.S. Citizen, Country of Citizenship:
,	> Leng	cter of Business:h of Time Applicant has been in Business:
,	20112	
B. 1	If the ani	licant is a PARTNERSHIP, please complete the following for each partner:
2	ir tire up	mount to a <u>1111(111)</u> , produce complete the 1010 mg
,	> Anni	cant's Full Name:
,	> Date	of Birth: Home Telephone:
Ý	> Buci	ess Telephone:
,	> Dusin	ence Address:
,	> Dravi	ence Address:
,	> If not	ous Address: a resident of the City of Beardstown, state name and address of registered
+	agein	Security Number:
		's License Number:
		olicant a U.S. Citizen?   No  No  No  No  No  No  No  No  No  N
+		ate and Place of Naturalization, if Applicable:
		a U.S. Citizen, Country of Citizenship:
/	Chara	cter of Business:n of Time Applicant has been in Business:
1	> Leng	1 of Time Applicant has been in Business:
1	1	42 Tull Mouse.
	Appi	cant's Full Name: Home Telephone:
	Date	f Birth: Home Telephone:
_	Dusii	ess Telephone:
_	Resid	ence Address:
	Previ	us Address:a resident of the City of Beardstown, state name and address of registered
,		10
_	_	
-	Socia	Security Number:
~	Drive	's License Number:
7		licant a U.S. Citizen?   Yes   No
		te and Place of Naturalization, if Applicable:
		U.S. Citizen, Country of Citizenship:
7	- Chara	ter of Business: of Time Applicant has been in Business:
>	Lengt	of Time Applicant has been in Business:
>	Appli	ant's Full Name:
>	Date	f Birth: Home Telephone:
	Busin	ss Telephone:
>	Resid	nce Address:
	Previo	us Address:
>	If not	resident of the City of Beardstown, state name and address of registered
	agent:	
>	agent: Social	Security Number:

	>	► Is Applicant a U.S. Citizen? □Yes □No	
		Date and Place of Naturalization, if Applicable:	
	>	If not a U.S. Citizen, Country of Citizenship:	
		Character of Business:	
	>	Length of Time Applicant has been in Business:	
C.	If	f the applicant is a CORPORATION, please complete th	e following:
	0.00		
	Le	Legal Name of Corporation:	4:>
	Da	Date of Incorporation (Attach Copy of Articles of Incorpor	ration):
	Sta	State Object for Which Corporation was Organized:	
			- Cl. Ab Capiel Converty
	Li	ist the names, titles, present and previous addresses, date	s of birth, Social Security
		Numbers, Driver's License Numbers of all officers, director	ors, and snareholders owining
	5%	% or more of the stock of the corporation:	
		Applicant's Full Name: Home  Date of Birth: Home  Business Telephone:	a Talanhone:
	7	Date of Birth:	e Telephone.
		Business Telephone:	
		Residence Address:	
	-	Previous Address:	and address of registered
		agent:	
	>	Social Security Number:	
		> Driver's License Number:	
		Is Applicant a U.S. Citizen? □Yes □No	
		Date and Place of Naturalization, if Applicable:	
		If not a U.S. Citizen, Country of Citizenship:	
	>	Character of Business:	
	>	Length of Time Applicant has been in Business:	
	>	Applicant's Full Name:	
		Date of Birth: Home	e Telephone:
	>	Business Telephone:	
		Residence Address:	
		Previous Address:	
	>	If not a resident of the City of Beardstown, state name	and address of registered
		agent:	
	>	Social Security Number:	_
	>	Driver's License Number:	
		Is Applicant a U.S. Citizen? □Yes □No	
		Date and Place of Naturalization, if Applicable:	
	>	If not a U.S. Citizen, Country of Citizenship:	
	>	Character of Business:	
	>	Length of Time Applicant has been in Business:	
		Applicant's Full Name:	Talanhana
	>	Date of Birth: Home	e lelepnone:
		Business Telephone:	

>	Previous A	Address:		
	If not a res	sident of the City of Bear	rdstown, state name and addres	s of registered
	agent:			
	Social Sec	urity Number:		
>	Driver's L	icense Number:		
>	Is Applica	nt a U.S. Citizen?   Yes	s □No	
	Date a	nd Place of Naturalization	on, if Applicable:	
	If not a U.	S. Citizen, Country of C	itizenship:	
>	Character	of Business:		
>	Length of	Time Applicant has been	n in Business:	
	Applicant	's Full Name:		
>	Date of Bi	rth:	Home Telephone	e:
A	Business T	elephone:		
×	Previous A	ddress:		
>	If not a res	ident of the City of Bear	dstown, state name and address	s of registered
1	agent:	urity Number:		
	Driver's L	nt a U.S. Citizen? \(\sigma\) Yes	ΠNo	
			n, if Applicable:	
7			tizenship:	
	Langth of	Fime Applicant has been	in Business:	
	Length of	Time Applicant has been	I III Business.	
3. Mana	ger or Degist	ered Agent for Rusiness	, if Applicable, must be finger	rinted by the Polic
	tment.	eted Agent for business	, il Applicable, must be imger	Military the Police
Дераг	tillellt.			
\X7;11 ±	he husiness h	se conducted by a local i	manager or a registered agent?	
44 111 (	ne ousiness t	oc conducted by a local i	manager or a registered agent.	
Name	of Manager	or Registered Agent Du	ring the <u>Previous</u> License Year	:
First		Middle	Last	
Name	of Manager	or Registered Agent dur	ing the <u>New</u> License Year:	
	C			
First		Middle	Last	
Home	Address in 1			
220111		1		
Home	Telephone	Social Security No.	Driver's License Number	Date of Birth
Place	of Birth			
Is Mai	nager or Reg	istered Agent a U.S. Cit	izen? □Yes □No	
Da	ite and Place	of Naturalization, if Ap	plicable:	
If not	a U.S. Citize	n. Country of Citizensh	ip:	

4.	If a majority interest of the stock is owned by one person or his nominee, state name and address of such person(s):					
	Name Address					
	Name Address					
5.	The following information is also required of any sole proprietorship and all partners, officers, directors, and all shareholders owning more than 5% of the stock:					
	<ul> <li>A. What is the present business of the applicant, where is this business located, and how long has the applicant been in that business?</li> <li>B. If the applicant has more than one present business, state each.</li> <li>C. If the applicant is a partnership, give the information for each partner.</li> <li>D. If the applicant is a corporation, give the information for each officer, director, and shareholder owning more than 5% of the stock.</li> </ul>	,				
Na	ne <u>Present Business</u> <u>Business Location</u> <u>Years in Business Location</u>	ness				
_						
_						
6. Na	List each and every other occupation or business with which the applicant has been associated for the 15 years prior to the date of this application and where it was located.  A. In the case of a partnership, list such information for each partner.  B. In the case of a corporation, list such information for each officer, director, and shareholder owning more than 5% of the stock of the corporation. (Attach additional sheet, if necessary.)  The Prior Business Name Complete Address of Business D	l ates				
INA	e ritor Business Name Complete Address of Business					
_						
_						
7.	f the applicant is now in business, whether as a sole proprietorship, partnership or corporation, and if the license is to be held in connection with such business, what is the approximate value of goods, wares, and merchandise on hand at this time? \$	8				
8.	Has the applicant made application for a similar or other license for some other location  Yes   No If yes, please state the disposition of each other application.	?				

9.	Have you familiarized yourself with all ordinances of the City of Beardstown pertaining to the sale of alcoholic liquor, including Section 3-3 of the Beardstown City Code, and do you agree to abide by them?
10.	Please attach certificate of dram shop insurance coverage, including name and address of insurance company for both the licensee and owner of the building in which the alcoholic liquor will be sold for the duration of the license.
11.	Please describe the parking facilities available to the business:
12.	Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any partners, ever been convicted of any violation of any law pertaining to alcoholic liquor?  Yes  No If yes, please give all details:
13.	Has the applicant, partner, general partner, limited partner, stockholder, manager, or any employee accepted, received or borrowed money, or anything else of value, or accepted credit (other than merchandise credit in the ordinary course of business for a period not to exceed 30 days) directly or indirectly from any manufacturer, importing distributor, or wholesaler of alcoholic liquor, or from any stockholder or officer of any corporation engaged in, or any other person connected with any such business?
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14.	Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever had a liquor license revoked or suspended?   Yes  No If yes, please attach an additional sheet stating the reasons for such revocation or suspension and the place and dates involved.
15.	Has the applicant ever been convicted of a felony, or is the applicant otherwise disqualified to receive a license by reason of the laws of the State of Illinois or the Ordinances of the City of Beardstown? If the applicant is a <u>partnership</u> , list such information for each partner; if the applicant is a <u>corporation</u> , list such information for each officer, director, and shareholder owning more than 5% of the stock of said corporation.
16.	List each arrest of the applicant for offenses other than traffic violations, indicating the place and date of arrest, the charge made, and the final disposition of the charge. If none, please state "none." If the applicant is a partnership, list such information for each partner, and if the applicant is a corporation, list such information for each officer, director, and shareholder owning more than 5% of the stock of said corporation.

17.	Has the applicant ever filed bankruptcy proceedings?   Yes  No If yes, please state the date and place of such filing:
18.	Has there ever been issued to the applicant, a stamp relative to the Federal Tax on wagers?
19.	If the applicant is a partnership, has such stamp ever been issued to any partner?
20.	If the applicant is a corporation, has such stamp ever been issued to any officer, director, or shareholder owning 5% or more of the stock of said corporation?   —Yes —No If yes, please state the dates and places where said stamp was held by the applicant and the purposes for which the stamp was held.
21.	Does the applicant agree not to allow gambling devices or gambling on the premises?  □Yes □No
22.	Is the applicant, or any member of applicant's household, or any partner, general partner, limited partner, or any stockholders of a corporation a member or employee of the police department, an alderperson, or mayor, or is any such person interested in any way, directly or indirectly, in the license applied for, the premises, or the profits or proceeds from the sale of alcoholic liquor under the license applied for. $\Box$ Yes $\Box$ No. If yes, please give all details:
23.	Does the applicant agree not to violate any of the laws of the State of Illinois, of the United States, or any Ordinance of the City of Beardstown in the conduct of its place of business?
	GENERAL AGREEMENTS AND UNDERSTANDINGS

The applicant hereby states that the applicant will not violate any of the laws of the State of Illinois or any Ordinance of the City of Beardstown in the conduct of the applicant's business pursuant to any license issued hereunder.

The applicant understands that fingerprinting of the applicant and manager will be conducted by the Beardstown Police Department. In the case of a partnership, each partner will be fingerprinted, and in the case of a corporation, each officer, director, and shareholder owning 5% or more of the stock of the corporation may be fingerprinted. (Fingerprinting is not required for the renewal of a license, if the applicant has once been fingerprinted.)

The applicant also understands that no license shall be issued until at least thirty (30) days from the date of filing of this Application and that a copy of this Application will be forwarded to the Chief of Police for investigation by said Chief of Police who shall supply a copy of his report of investigation to the Liquor Commissioner of the City of Beardstown.

The applicant further understands that if any information submitted in this Application should change during the term of the liquor license, the applicant is required to notify the City of Beardstown Liquor Control Commissioner and submit to him or her an amended Application containing the new information.

Date of this Application:	
Signature of Applicant, if Sole Proprietorship	Signature of Partner, if a Partnership
Signature and Title of President or Vice President, if Corporation	Signature of Partner, if a Partnership
Signature of Corporate Secretary	Signature of Manager or Registered Agent, if applicable
NOTE: BOTH APPLICATION AND VERIF (Verification must be signed in front of a N	TICATION MUST BE SIGNED AS FOLLOWS: otary Public.)
Sole Proprietorship - By Owne Partnership - By All Partners Corporation - By President (or If business is to be operated by	
A E	Liquor Control Commissioner Attention: Ms. Jan Vermillion Beardstown City Hall 05 West Third Street Beardstown, IL 62618
VERI	FICATION
STATE OF ILLINOIS ) ss. COUNTY OF CASS )	

being first duly sworn upon oath, states that they have read the foregoing Application for License to Sell Liquor and the answers to the above questions and knows the contents of said Application, and that each of the statements contained in said Application are true in substance and in fact.

Signed and sworn to before me			
		7	
	(SEAL	)	
Notary Public			

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