

**CITY OF BEARDSTOWN**

**APPLICATION FOR LICENSE TO SELL LIQUOR**

**July 1, \_\_\_\_\_, through June 30, \_\_\_\_\_.**

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>	<u>Annual Fees</u>
A-1	\$650.00
A-2	\$550.00
A-3	\$450.00
B	\$450.00
C	\$1,000.00
D	\$250.00
E	\$150.00
F	\$700.00
G	\$400.00
I-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:

	<u>Renewal Application</u>		<u>New/Initial Application</u>	
	<u>License Fee</u>	<u>App.Fee</u>	<u>License Fee</u>	<u>App. Fee</u>
A-1	\$_____	\$_____	\$_____	\$_____
A-2	\$_____	\$_____	\$_____	\$_____
A-3	\$_____	\$_____	\$_____	\$_____
B	\$_____	\$_____	\$_____	\$_____
C	\$_____	\$_____	\$_____	\$_____
D	\$_____	\$_____	\$_____	\$_____
E	\$_____	\$_____	\$_____	\$_____
F	\$_____	\$_____	\$_____	\$_____
G	\$_____	\$_____	\$_____	\$_____
I-2	\$_____	\$_____	\$_____	\$_____
<b>TOTAL</b>	<b>\$_____</b>	<b>\$_____</b>	<b>\$_____</b>	<b>\$_____</b>



- 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: \_\_\_\_\_

B. If the applicant is a **PARTNERSHIP**, please complete the following for each partner:

- **Applicant's Full Name:** \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Home 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:** \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Home 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:** \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Home 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: \_\_\_\_\_

C. If the applicant is a **CORPORATION**, please complete the following:

Legal Name of Corporation: \_\_\_\_\_  
 Date of Incorporation (Attach Copy of Articles of Incorporation): \_\_\_\_\_  
 State Object for Which Corporation was Organized: \_\_\_\_\_

List the names, titles, present and previous addresses, dates of birth, Social Security Numbers, Driver's License Numbers of all officers, directors, and shareholders owning 5% or more of the stock of the corporation:

- **Applicant's Full Name:** \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Home 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:** \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Home 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:** \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Home 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:** \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Home 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: \_\_\_\_\_

3. Manager or Registered Agent for Business, if Applicable, must be fingerprinted by the Police Department.

Will the business be conducted by a local manager or a registered agent? \_\_\_\_\_

Name of Manager or Registered Agent During the Previous License Year:

\_\_\_\_\_  
 First Middle Last

Name of Manager or Registered Agent during the New License Year:

\_\_\_\_\_  
 First Middle Last

Home Address in Full

\_\_\_\_\_  
 Home Telephone Social Security No. Driver's License Number Date of Birth

Place of Birth

Is Manager or Registered Agent a U.S. Citizen?  Yes  No

Date and Place of Naturalization, if Applicable: \_\_\_\_\_  
 If not a U.S. Citizen, Country of Citizenship: \_\_\_\_\_

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:

- A. What is the present business of the applicant, where is this business located, and how long has the applicant been in that business?
- B. If the applicant has more than one present business, state each.
- C. If the applicant is a partnership, give the information for each partner.
- D. If the applicant is a corporation, give the information for each officer, director, and shareholder owning more than 5% of the stock.

<u>Name</u>	<u>Present Business</u>	<u>Business Location</u>	<u>Years in Business</u>

6. 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.)

<u>Name</u>	<u>Prior Business Name</u>	<u>Complete Address of Business</u>	<u>Dates</u>

7. If 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. 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?  Yes  No
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?  Yes  No **If yes, please give all details:** \_\_\_\_\_  
 \_\_\_\_\_
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 partnership, list such information for each partner; 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.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
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. Yes 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?  
Yes No

### 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.





\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed and sworn to before me

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

(SEAL)

Notary Public