

**CITY OF BEARDSTOWN  
APPLICATION FOR LICENSE TO SELL LIQUOR**

**Application Fees**

The application fee for a current license holder who wishes to renew an existing license at the same location is \$50.00 per license.

The application fee for an individual or business who does not currently hold a liquor license from the City of Beardstown or wishes to purchase a license at a different location, the initial nonrefundable application fee of \$ 50.00 is required.

Application	Fees	Applicable Fee
Initial Application	\$ 50.00	
Renewal Fee	\$ 50.00	
Total		\$

**License Fees**

License Classification	Annual Fees	Applicable Fees
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	
H	\$ 1,000.00	
I-2	\$ 2,500.00	
Total		\$

**TO THE LIQUOR CONTROL COMMISSIONER OF THE CITY OF BEARDSTOWN, ILLINOIS:** the undersigned hereby makes application and submits these application license fees in the total amount of \$\_\_\_\_\_ for a Class\_\_\_\_\_ Liquor License under the provisions of the Beardstown City Code.

For the LIQUOR LICENSE YEAR July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_.

\*License and renewal fees are due at the time of application. Prorated license fees for a new applicant are due two weeks before a business opens.

1. The applicant seeks a liquor license(s) for the following business and premises:

A.	Exact Name Business is Conducted Under	Principal Kind of Business
	Street Address (Including Floor, Room, Etc.)	Telephone Number

B. Is the applicant a (check one): ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

C. Does the applicant own or lease the premises for which this license is sought:  
☐ Own (Provide Proof of Ownership)      ☐ Lease (Provide a Copy of the Lease)  
 If leased, please provide:

Name of Lessor

### Street Address

City, State, Zip Code

D. Does the lease on the premises cover the full period for which the license is sought?  
☐ Yes ☐ No Period Covered by Lease: \_\_\_\_\_

E. Does the lease provide that the Lessor will receive a percentage of profits or sales?  
☐ Yes ☐ No If yes, please give all details: \_\_\_\_\_

F. State the distance from nearest church or school:

G. Illinois Municipal Retailers' Use & Service Occupation Tax Number registered to an address in the City of Beardstown (for each business, if more than one): \_\_\_\_\_

H. State Liquor License Number with expiration date (for each business, if more than one):

I. Has the applicant made application for a similar license for premises other than described in this application? ☐ Yes ☐ No If yes, state date, location of premises, and disposition of application: \_\_\_\_\_

2. The following information is also required of any sole proprietors and all partners, officers, directors, and shareholders owning more than 5% of the stock of said business:

A. If the applicant is a **SOLE PROPRIETORSHIP**, please complete the following:

➤ 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: \_\_\_\_\_

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 UNDERSTANDING

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. 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 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 the 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 new information.

DATE OF THIS APPLICATION: \_\_\_\_\_

NOTE: THE APPLICATION MUST BE SIGNED AS FOLLOWS: SOLE PROPRIETORSHIP—BY OWNER, PARTNERSHIP—BY ALL PARTNERS, CORPORATION—BY PRESIDENT (OR VICE PRESIDENT) AND SECRETARY. IF OPERATED BY A MANAGER—MANAGER MUST SIGN.

SIGNATURE OF APPLICANT, IF SOLE PROPRIETORSHIP

SIGNATURE OF PARTNER, IF A PARTNERSHIP

SIGNATURE OF PRESIDENT OR VICE PRESIDENT,  
IF CORPORATION

SIGNATURE OF CORPORATE SECRETARY

SIGNATURE OF MANAGER OR REGISTERED AGENT, IF APPLICABLE

VERIFICATION MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC BY ONE OF THE ABOVE SIGNATORIES.

### VERIFICATION

STATE OF ILLINOIS        )  
                                      ) ss.

COUNTY OF CASS )

I, \_\_\_\_\_

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.

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed (or subscribed or attested) before me on \_\_\_\_\_ (date)

by \_\_\_\_\_ (name/s of person/s).



(Seal)

\_\_\_\_\_  
(Signature of Notary Public)