

## City of DeKalb Local Liquor License Application Supplement

**1. Type of License(s) Sought**(Pick one primary license, and all applicable sub-licenses or categories desired):

- **Package Liquor Store**
  - + Tasting Permit
- **Grocery or Drug Store**
  - Size (Select One)
    - *Small (8,790 – 19,999 sq. ft.)*
    - *Medium (20,000 – 40,000 sq. ft.)*
    - *Large (40,001+ sq. ft.)*
  - + Tasting Permit
  - + Annual Caterer License
- **Bar (Primarily Bar)**
  - *With Over-The-Counter Package Liquor sales*
  - + Restaurant License
  - + Hospitality License for Banquet Sales
  - + Live Entertainment
  - + Tasting Permit
  - + Annual Caterer License
- **Public Entity / Non Profit (“PENP”)**
  - + Live Entertainment
- **BYOB**
- **Restaurant (Primarily Restaurant)**
  - Type of Alcohol Service (Select One)
    - *Low Alcohol by Volume*
    - *Unrestricted*
  - + Bar License
  - + Hospitality License for Banquet Sales
  - + Live Entertainment
  - + Tasting Permit
  - + Annual Caterer License
- **Hospitality (Hotel, Banquet, Bowling Alley)**
  - Primary Nature of Establishment:
    - *Hotel*
    - *Banquet*
    - *Bowling Alley*
  - + Live Entertainment
  - + Annual Caterer License

*Note: If you are applying for a license for Video Gaming Devices at the licensed establishment, a separate application must be filed.*

**2. Please Attach a Detailed Floor Plan for the proposed licensed establishment.** The Floor Plan should clearly reflect all entrances and exits, restrooms, areas where alcohol will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption (e.g. bar and restaurant), each area should be depicted (along with bathrooms intended to be used). Floor plans must comply with all requirements of state law and Chapter 38 of the City Code.

**3. Please Attach a Signed and Completed Waiver for Completion of Criminal Background Checks, for *all owners and managers*.**

**4. By submitting this signed application, you are certifying under oath, and subject to penalties of perjury, that:**

- a. No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.**
- b. You have reviewed Chapter 38 of the City of DeKalb Code of Ordinances and shall comply therewith, including but not limited to Sections 38.09, 38.21 and 38.23.**
- c. All of the contents of your State Liquor License Application, this Local Supplement, and any attachments hereto are true and accurate, and fully disclose all relevant facts and information.**
- d. You consent to the inspection provisions of Section 38.09(a).**

**5. Please attach a Certified Check for the Initial Application Fee, in the amount of \$500.00, payable to the City of DeKalb (non-refundable).**

**6. Please provide a detailed, written description of the security plan for the premises.** The security plan should address: a) measures for age verification prior to entry into the premises and/or prior to sale of alcohol; b) method of storing and securing alcohol prior to sale; c) method of securing site access; d) training to be provided to employees and alcohol servers; e) security plan for rowdy or disruptive patrons; f) anti-theft policies and countermeasures; g) surveillance equipment to be utilized and surveillance plan; and, h) any other related security information. In addition, please address any license-specific security measures (common examples: for bars, how will over-the-counter package sales be conducted; for hotels, how will mini-bars be secured from unauthorized access; for grocery stores, how will small containers (e.g. 'fifths') be secured).

**7. Please attach a certificate of insurance compliant with Section 38.06.** The certificate must name the City of DeKalb as additional primary insured without right of subrogation, and with a 30 day notice of cancellation, on statutory dram shop liability insurance and on a minimum \$1,000,000 comprehensive general liability insurance policy.

**8. If cross-marketing is permitted for your establishment, please provide a written description of your cross-marketing plan.**

**9. For PENP licenses, please attach proof of your governmental ownership or non-profit status.** Please also contact the City to discuss your operating agreement.



**10. Please provide a detailed signage plan.** Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved.

**11. If outdoor seating is desired, please provide a detailed outdoor seating plan.** This should include a site plan showing the outdoor seating area, fencing, controlled access points, location relative to parking, private property, and public rights of way, location where alcohol will be stored and served, seating area, occupancy limits, and similar information. Please also include a written narrative describing operational plans for running, servicing, monitoring and securing the outdoor seating area.

**12. Please describe the proposed hours of operation for the licensed premises.** If different areas of the premises are to have different hours of operation, please identify. Please ensure that hours of operation comply with City Code Section 38.25.

**13. Please provide a detailed description of your training plan for Alcohol Servers.** Please note that all Alcohol Servers, as defined in Section 38.01, *MUST COMPLETE A CERTIFIED ALCOHOL SERVER EDUCATION PROGRAM THAT IS STATE-ACCREDITED AS A BASSET PROGRAM AND/OR APPROVED BY THE CITY PRIOR TO THE DATE ON WHICH SUCH EMPLOYEES START SERVING, PREPARING OR SELLING ALCOHOL.*

**14. Please attach a copy of your City of DeKalb Fire Life Safety License, or a copy of your file-stamped application therefore.**

**15. Are you requesting a conditional liquor license (prior to issuance of Certificate of Occupancy)?** If yes, please describe the reasons for such request.

**16. Please attach a completed, signed copy of your application for a State of Illinois Liquor License, with all supplements.** Please note that by applying for a City liquor license, you are agreeing to provide copies to the City of all correspondence between your licensed establishment and the Illinois Liquor Control Commission.

**17. Please provide a brief narrative of your experience in the line of business you are seeking a license for.**

**18. Please attach any other information you believe would be helpful in the evaluation of your Application.**

Signed and submitted under Oath, this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Title



**LIQUOR LICENSE  
BACKGROUND INVESTIGATION FORM  
SUBMIT WITH APPLICATION FOR A LIQUOR LICENSE**  
(This document may be duplicated) (Original signature required)

NAME OF APPLICANT: \_\_\_\_\_  
(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY: \_\_\_\_\_

PRESENT HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS ADDRESS(ES) (past 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BIRTH DATE: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

BIRTH PLACE: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

CITIZEN OF U.S.? \_\_\_\_\_ DATE AND PLACE OF NATURALIZATION: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ RACE: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor.    \_\_\_ YES \_\_\_ NO    IF YES, ATTACH EXPLANATION.**

STATEMENT:

I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation, and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any such claims, losses or damages.

Date: \_\_\_\_\_

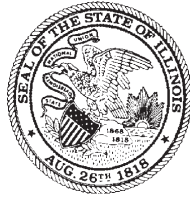
\_\_\_\_\_  
Signature of Applicant

STATE OF ILLINOIS    )  
                                  ) SS  
COUNTY OF DEKALB    )

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**Illinois Liquor Control  
Commission**



**Pat Quinn  
Governor**

**100 W. RANDOLPH ST.  
SUITE 7-801  
CHICAGO, ILLINOIS 60601  
TELEPHONE: 312-814-2206  
FAX: 312-814-2241  
TDD: 312-814-1844**

**101 W. JEFFERSON ST.  
SUITE 3-525  
SPRINGFIELD, ILLINOIS 62702  
TELEPHONE: 217-782-2136  
FAX: 217-524-1911  
WEB SITE: [www.state.il.us/LCC](http://www.state.il.us/LCC)**

**APPLICATION FOR STATE OF ILLINOIS  
RETAILER'S LIQUOR LICENSE**

**REMEMBER: YOU CANNOT PURCHASE OR SELL ALCOHOL  
WITHOUT A VALID STATE LIQUOR LICENSE!**

**DEFINITION:** A Retailer's Liquor License shall allow the licensee to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form; provided that any retail liquor license issued to a manufacturer shall only permit such manufacturer to sell alcoholic beverages at retail on the premises actually occupied by such manufacturer [235 ILCS 5/5-1(d)], the only exception being a wine-maker's retail license—2nd location [235 ILCS 5/5-1(i)]. All applicants for licensing as a liquor "retailer" must complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a state liquor license.

**RETAILER'S LIQUOR LICENSE**

**FEE: \$500.00**

The following documents and information are **REQUIRED** prior to receiving for your state license:

- 1) Photocopy of **Certificate of Insurance** (not the "Policy Declaration") if alcohol will be consumed on-premise;
- 2) Photocopy of **Current Local Liquor License** (contact your local liquor commission);
- 3) **Prior State Liquor License** (if applicable);
- 4) **Bulk Sales Release Order—Address Release** (call IL Dept. of Revenue at 312-814-3063 if applicable);
- 5) **Proof of Purchase**, ie, bill of sale or closing statement (the closing on the purchase of business **MUST** occur prior to applying for your state license);  
**IMPORTANT:** You must also present proof that the applicant (ie, Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (ie, Deed or Lease). If there is an existing state liquor license on the premise, this license should be surrendered (if available);
- 6) **Federal Employer Identification Number (FEIN)**. Call 800-829-3676 to apply for number;
- 7) **Illinois Business Tax (Sales Tax Account) Number**, if applicable, visit [www.tax.illinois.gov](http://www.tax.illinois.gov), click on "Businesses, and then "Business Registration" to obtain this number. If you have any questions, call 217-785-3707.
- 8) **Check or Money Order** payable to the "Illinois Liquor Control Commission" (the Commission does **NOT** accept U.S. currency/cash as payment);
- 9) This application with the information requested printed or typed in the spaces provided. This form **MUST** bear an **Original Signature**.

**NOTE:** The date of expiration of your initial State license will coincide with the 12-month period that begins on the issue date of your local liquor license. In some cases, the term of your first year's State liquor license may be less than a full year in duration.

**IMPORTANT NOTICE:** THE I.L.C.C. IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE. FORM APPROVED BY THE STATE FORMS MANAGEMENT CENTER.

FOR OFFICE  
USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSONNEL

COUNTER

## Application for State of Illinois Retailer's Liquor License

### 1. APPLICANT - CORPORATE INFORMATION

If you want your renewal application, your license certificate and other ILCC correspondence sent to your "corporate" address, please check the box at left.

#### A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

#### B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit [www.tax.illinois.gov](http://www.tax.illinois.gov) and click on the "Businesses", and then the "Business Registration." If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

#### C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.
EXT.

#### D. COUNTY

Enter the county where the sole proprietorship, corporation, etc. is located.

COUNTY

#### E. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. **Note! This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.**

NAME

#### F. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc..

ADDRESS	CITY	STATE	ZIP CODE

## 2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

**NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.**

- A.  SOLE PROPRIETORSHIP      DATE FILED WITH COUNTY CLERK: \_\_\_\_\_
- B.  PARTNERSHIP      DATE OF FORMATION: \_\_\_\_\_
- C.  ILLINOIS CORPORATION      DATE OF INCORPORATION: \_\_\_\_\_
- D.  FOREIGN CORPORATION      STATE OF INCORPORATION: \_\_\_\_\_ DATE QUALIFIED TO DO BUSINESS IN ILL.: \_\_\_\_\_
- E.  LIMITED LIABILITY COMPANY      DATE FORMED: \_\_\_\_\_

If "C" or "D" is checked, indicate your current Secretary of State file number here \_\_\_\_\_  
 (If you do not have this number available, please contact the Secretary of State's office at 312-793-3380)

## 3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% , (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 6 - ELIGIBILITY.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

B.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

C.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

D.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST \_\_\_\_\_ %

**4. BUSINESS PREMISE INFORMATION**

If you want your renewal application, your license certificate and other ILCC correspondence sent to your business premise address, please check the box to the left.

**A. NAME/DOING BUSINESS AS (D/B/A)**

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. **Note! This name must be consistent with the name printed on your local liquor license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.**

NAME (DOING BUSINESS AS D/B/A )

**B. TELEPHONE**

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NO.
EXT.

**C. ADDRESS**

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

**Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (ie, bill of sale, closing statement). IMPORTANT: You must also present proof that the applicant (ie, Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (ie, Deed or Lease). If there is an existing state liquor license on the premise, this license should be surrendered (if available). The applicant will also need to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order ("Address Release") if applicable, which can be obtained by contacting the Illinois Dept. of Revenue at 312-814-3063.**

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

**D. BUSINESS TYPE**

Check the one box which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> A. DRUG STORE/PHARMACY | <input type="checkbox"/> E. LIQUOR STORE     | <input type="checkbox"/> I. CONVENIENCE & GAS |
| <input type="checkbox"/> B. RESTAURANT          | <input type="checkbox"/> F. DEPARTMENT STORE | <input type="checkbox"/> J. SMALL GROCERY     |
| <input type="checkbox"/> C. CONVENIENCE         | <input type="checkbox"/> G. BAR/TAVERN       | <input type="checkbox"/> K. GAS STATION       |
| <input type="checkbox"/> D. SUPERMARKET         | <input type="checkbox"/> H. HOTEL/MOTEL      | <input type="checkbox"/> L. OTHER _____       |

**E. WAREHOUSING**

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

**F. LEASED PREMISES**

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, Zip Code and county.

LANDLORD NAME			AREA CODE/TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE	COUNTY



## 5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

### A. LOCAL LIQUOR LICENSE INFORMATION

#### **YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE**

**Your local license must contain the expiration date, issue date, and license number.**

Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license and the date you intend to begin selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date that the State liquor license is issued. If you have begun selling alcoholic beverage products before obtaining this license, you will be required to fill out a "delinquency affidavit" to explain the circumstances.

**Note! In unincorporated areas, the county acts as the local liquor licensing authority.**

MUNICIPALITY/COUNTY ISSUING LOCAL LIQUOR LICENSE	LOCAL LICENSE NO.	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES AT THIS PREMISE

### B. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc's first application for a State liquor license at any premises. If you check "no", indicate the date of your first State liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first State liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PROVIDE DATE FIRST APPLIED: \_\_\_\_\_

DISPOSITION:  GRANTED  DENIED  WITHDRAWN

ADDRESS OF FIRST STATE APPLICATION: \_\_\_\_\_  
\_\_\_\_\_

### C. TYPE OF LIQUOR LICENSE

Check the box which describes the manner in which you sell alcoholic beverages to consumers - "on-premise"; "off-premise"; or "combined". This information must be consistent with your approval granted by the local liquor licensing authority.

- ON-PREMISE CONSUMPTION (PATRONS CONSUME ALCOHOLIC BEVERAGES ON PREMISE ONLY)
- OFF-PREMISE CONSUMPTION (CARRY-OUT PURCHASES ONLY)
- ON/OFF-PREMISE CONSUMPTION COMBINATION (BOTH ON-PREMISE CONSUMPTION AND CARRY-OUTS)

## 6. CERTIFICATE OF INSURANCE

#### **ATTACH PHOTOCOPY OF YOUR "CERTIFICATE OF INSURANCE" (NOT THE "POLICY DECLARATION")**

**You MUST provide a copy of your Certificate of Insurance if alcohol is consumed on-premise (this certificate is not required for carry-out only establishments).** The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) The applicant named as the insured (e.g. if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed.); 2) The address of the location where the liquor is being consumed; and 3) The dates of coverage and the coverage limits.

## 7. ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed on page 3 of this form. If any questions are answered with a "Yes" attach a full written explanation to this document.

- 7A  YES  NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)? [235 ILCS 5/6-3]
- 7B  YES  NO Are you delinquent under the "cash beer" law?
- 7C  YES  NO If retailer, are you delinquent under the "30-day credit" law?
- 7D  YES  NO Have you ever made application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]
- 7E  YES  NO Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
- 7F  YES  NO Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]
- 7G  YES  NO Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a).11, "gambling;" 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling;" and 720 ILCS 5/28-3 "keeping a gambling place"?
- 7H  YES  NO Do you possess a current Federal Wagering Stamp?
- 7I  YES  NO Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]
- 7J  YES  NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
- 7K  YES  NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]
- 7L  YES  NO Are you in violation of the required liquor liability insurance coverage stated in section 6-21(a) of the Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?
- 7M  YES  NO If a Corporate Licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-2(a)(10a)]

## 8. HOURS OF OPERATION

List the daily hours open for business. This information will assist Commission field agents in choosing an inspection time which causes the least disruption to the business.

MON	TUES	WED	THURS	FRI	SAT	SUN

## 9. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, or partner. **The signature must be an original, rubber stamps are not accepted.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

**FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.** (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE/POSITION

\_\_\_\_\_  
DATE