

City of East Peoria



**APPLICATION FOR CITY OF EAST PEORIA
RETAILER’S LIQUOR LICENSE**

Liquor Control Commission: David W. Mingus
Gary Densberger
Timothy Jeffers

401 W. Washington Street
East Peoria, Illinois 61611
Telephone: (309) 698-4715
Fax: (309) 698-4747
Website: www.cityofeastpeoria.com

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 may result in the rejection of the application and non-issuance of the City of East Peoria Retailer’s Liquor License.

LIQUOR LICENSE APPLICATION FEE

\$250.00

CITY OF EAST PEORIA LIQUOR

LICENSE APPLICATION

CLASS OF LICENSE APPLIED FOR: _____

DATE _____

PART 1

(To be completed by all applicants)

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

PHONE NO. (_____) _____

STATE THE TYPE OF BUSINESS OWNERSHIP APPLICABLE TO THIS LICENSE APPLICATION

() SOLE OWNER () PARTNERSHIP () CORPORATION () CLUB

STATE THE APPLICANT'S FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____

PART 2

(To be completed by all applicants)

LOCATION OF OR PROPOSED LOCATION OF LICENSED PREMISES _____

NAME OR PROPOSED NAME OF LICENSED PREMISES _____

DO YOU OWN THE PROPERTY? _____

ARE YOU LEASING OR PURCHASING THE PROPERTY WHERE THE LICENSED PREMISES ARE
LOCATED? _____

IF YOU ARE RENTING OR LEASING, STATE THE NAME AND ADDRESS OF THE LANDLORD _____

DATE OF LEASE _____ TERMINATION OF LEASE _____

A current copy of the lease must be submitted with this application.

List the name, address and phone number of at least three credit references and identify the name of the person
or entity in whose name the credit exists.

PART 3

(To be completed by partnership, corporation or club applicants only.
If sole owner applicant, skip to Part 4)

STATE THE FULL NAME OF THE CORPORATION, PARTNERSHIP OR CLUB _____

STATE THE DATE OF INCORPORATION OF FORMATION _____

STATE THE OBJECT FOR WHICH THE PARTNERSHIP, CORPORATION OR CLUB WAS ORGANIZED

HAS THIS PARTNERSHIP, CORPORATION OR CLUB EVER APPLIED FOR A LIQUOR LICENSE IN THIS OR ANY OTHER CITY? _____

IF SO, WHERE? _____ WHEN? _____

DISPOSITION OF APPLICATION _____

HAS THIS PARTNERSHIP, CORPORATION OR CLUB EVER HAD A LIQUOR LICENSE ISSUED IN ILLINOIS OR ANY STATE OR CITY REVOKED OR SUSPENDED? _____

GIVE THE REASON FOR THE SUSPENSION OR REVOCATION _____

IF THE BUSINESS IS TO BE OPERATED UNDER AN ASSUMED NAME, STATE THE NAME TO BE USED _____

IF SO, STATE THE DATE ON WHICH THE ASSUMED NAME WAS REGISTERED WITH THE TAZEWELL COUNTY CLERK _____

STATE THE NAME AND ADDRESS OF EACH PERSON OR ENTITY OWNING 5% OR MORE OF THE STOCK OF THE CORPORATION; OR IF A PARTNERSHIP APPLICANT, THE NAME AND ADDRESS OF EACH GENERAL PARTNER OR LIMITED PARTNER, OWNING MORE THAN 5% OF THE AGGREGATE LIMITED PARTNERSHIP INTEREST (EACH PERSON LISTED MUST COMPLETE A SEPARATE PART 4 OF THIS APPLICATION)

STATE THE NAME, ADDRESS AND TITLE OF EACH OF THE DIRECTORS OF THE CORPORATION OR CLUB (EACH PERSON LISTED MUST COMPLETE A SEPARATE PART 4 OF THIS APPLICATION)

STATE THE NAME, ADDRESS AND TITLE OF EACH OF THE OFFICERS OF THE CORPORATION OR CLUB (EACH PERSON LISTED MUST COMPLETE A SEPARATE PART 4 OF THIS APPLICATION)

STATE THE NAME AND ADDRESS OF EACH MANAGER OR ASSISTANT MANAGER WHO WILL MANAGE THE DAY TO DAY OPERATIONS OF THE LICENSED PREMISES (EACH PERSON IDENTIFIED MUST COMPLETE PART 4 OF THIS APPLICATION)

PART 4

(To be completed by a single individual for sole owner applicants. For all other applicants (partnerships, corporations and clubs) this section must be completed by each of the individuals identified in Part 3.)

NOTE: Additional copies of Part 4 are available upon request from the City Clerk or additional copies may be made of this application.

NAME _____
Last First M.I. Social Security Number

ADDRESS _____

PHONE NUMBER _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

AGE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

SPOUSE'S NAME _____ MAIDEN NAME (IF APPLICABLE) _____

ARE YOU EMPLOYED? _____ IF SO, STATE YOUR PRESENT OCCUPATION _____

STATE THE NAME, ADDRESS AND PHONE NUMBER OF YOUR PRESENT EMPLOYER _____

ARE YOU A PUBLIC OFFICIAL? _____ IF SO, GIVE FULL DETAILS OF THE POSITION HELD _____

DO YOU RENT OR OWN YOUR RESIDENCE? _____

IF RENTAL, NAME AND ADDRESS OF LANDLORD _____

HOW LONG AT PRESENT ADDRESS? _____

IF LESS THAN ONE YEAR, PRIOR ADDRESS _____

NAME, AGE AND RELATIONSHIP OF ALL PERSONS LIVING WITH YOU _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____

HOW LONG HAVE YOU BEEN A RESIDENT OF THE CITY OF EAST PEORIA? _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____

IF A NATURALIZED CITIZEN, GIVE DATE OF NATURALIZATION _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY GAMBLING OR PROSTITUTION RELATED OFFENSE? _____

IF SO, GIVE DATE, LOCATION, CHARGE AND DISPOSITION OF CASE _____

HAVE YOU EVER FILED A PETITION IN BANKRUPTCY? _____

IF SO, GIVE DATE AND COURT WHERE FILED. _____

DO YOU OWN AN AUTOMOBILE? _____

IF SO, GIVE MAKE, MODEL AND LICENSE NUMBER _____

STATE YOUR EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS GIVING EMPLOYER'S NAME, ADDRESS, POSITION, DATES OF EMPLOYMENT AND REASON FOR LEAVING.

EMPLOYER'S NAME AND ADDRESS	POSITION HELD	DATES OF EMPLOYMENT	REASON FOR LEAVING

IF YOU HAVE LIVED AT YOUR PRESENT RESIDENCE FOR LESS THAN TEN (10) YEARS, STATE THE ADDRESS OF EACH RESIDENCE YOU HAVE LIVED AT IN THE PAST TEN (10) YEARS.

HAVE YOU EVER APPLIED FOR A LIQUOR LICENSE PREVIOUSLY IN THIS OR ANY OTHER CITY? _____ IS SO, WHERE? _____ WHEN? _____ DISPOSITION OF APPLICATION _____

HAVE YOU EVER HAD AN OWNERSHIP INTEREST (STOCKHOLDER, PARTNER) IN ANY BUSINESS ENTITY THAT HAS APPLIED FOR A LIQUOR LICENSE IN THIS OR ANY OTHER CITY? _____

IF SO, STATE THE NAME OF THE BUSINESS _____

WHERE LOCATED _____ IS THE LICENSE STILL VALID? _____

IF NOT, STATE THE REASON WHY THE LICENSE IS NOT VALID _____

IF THE LICENSE IS STILL VALID, STATE THE AMOUNT OF YOUR OWNERSHIP INTEREST _____

DO YOU POSSESS A CURRENT FEDERAL WAGERING STAMP? _____

IF SO, GIVE THE REASONS THEREFORE _____

HAVE YOU EVER POSSESSED A FEDERAL WAGERING STAMP? _____

IF SO, WHEN? _____

LIST THE NAME, ADDRESS AND PHONE NUMBER OF FIVE (5) CHARACTER REFERENCES OTHER THAN RELATIVES. THESE PERSONS MAY BE CONTACTED WITH REGARD TO YOUR QUALIFICATIONS TO HOLD A LIQUOR LICENSE IN THE CITY OF EAST PEORIA.

I have carefully read the Illinois Liquor Control Act and Chapter 3 of the East Peoria City Code. I understand that it is my responsibility to remain familiar with all state and local liquor control regulations as modified from time to time. I understand that the license applied for may be revoked for any violation of a state or local regulation, including but not limited to, sale of alcohol to a minor, failure to report an altercation, or sale to an intoxicated person.

Signature

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

I, the undersigned, a Notary Public in and for the County and State aforesaid, do hereby certify that the person whose signature appears above, appeared before me in person and being sworn on oath, stated that the information hereinabove given was the truth.

Dated this _____ day of _____, 20____.

Notary Public

Commission expires

I hereby certify that to the best of my knowledge, all statements made herein are truthful and accurate.

Signature of Applicant
(If a corporation, give the title of the person signing the application.)

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

I, the undersigned, a Notary Public in and for the County and State aforesaid, do hereby certify that the person whose signature appears above, appeared before me in person and being sworn on oath, stated that the information hereinabove given was the truth.

Dated this _____ day of _____, 20____

Commission expires:

Notary Public

Applicant was fingerprinted: _____ and photographed _____

Processed _____

Completed _____

East Peoria Police Department

Checklist for Liquor Licenses

In an effort to ensure that all liquor license applications are processed in a timely manner, the following checklist has been provided.

- _____ Liquor License Application (Parts 1 and 2 must be completed by all applicants, Part 3 must be completed by partnership, corporation, LLC or club applicants only, and Part 4 must be completed by each partner, directors and officers of the corporation, LLC or club and each manager or assistant manager of the licensed premise;
- _____ Background investigation completed on every person completing Part 4 and \$250.00 application fee payable to the City of East Peoria and \$55.00 per person investigation fee cash payment to the City of East Peoria Police Department;
- _____ A copy of the current lease/purchase agreement;
- _____ A Financial Statement;
- _____ A copy of Dram Shop Liability Insurance;
- _____ A copy of the 'Articles of Incorporation'; and
- _____ A certificate of bond in the sum of \$500 to the city as oblige.
- _____ Statement that the proposed location is not within 100 feet of any church, school other than an institution of higher learning, hospital, home for aged or indigent persons or for veterans, their spouses or children or any military or naval station.
- _____ Compliance with all applicable provisions of the East Peoria City Code, including the East Peoria Building Code, East Peoria Plumbing Code, East Peoria Electrical Code and any applicable fire safety codes.

It is the responsibility of the liquor license holder to be aware of all state and local liquor control regulations.

If there is a change in stockholders/corporation directors/officers or manager, the City must be notified and the person(s) must complete Part 4 of the application and a background investigation must be completed.

All licenses issued shall be considered a personal privilege and no license may be transferred to or used by any other person(s).