



City of Carbondale
 City Clerk
 200 S. Illinois Avenue
 Carbondale, Illinois 62901
 Phone (618) 457-3280
 Fax (618) 457-3283
 Explorecarbondale.com

CITY OF CARBONDALE LIQUOR LICENSE APPLICATION FOR RENEWAL

TO THE LOCAL LIQUOR CONTROL COMMISSION:

The undersigned hereby makes application for the renewal of a city retailer’s license for the sale of alcoholic liquor for the period beginning July 1, 20____, and ending on June 30, 20____, and hereby certifies to the following facts, and agrees that any license issued shall be issued on the basis of the following facts, and that if any of the following facts are changed, without prior approval of the Liquor Control Commission, said license may be revoked or suspended at the sole discretion of the Liquor Control Commission.

Applicants are advised that the Liquor Advisory Board and Local Liquor Control Commission may request additional information not included on this application in order to make the determination whether a license will be approved.

Complete and accurate responses are required for each question on this application.

Incomplete or inaccurate applications will be returned for correction/completion and may result in the delay of approval or denial of the request for a liquor license.

NOTE: For the purpose of the following questions, the term “Applicant” refers to the Corporation; any officers, directors or registered agents of the corporation; any stockholders owning 5% or more of the corporate stock; any members, individuals or partners listed on this application.

| | | | | |
|----------------------------|---|------------------|---------------------------|-----------------------------------|
| 1. | Name of Establishment | | | |
| | Business Phone | | Email | |
| | Business Address | | | |
| | Mailing Address | | | |
| 2. | Business Hours (opening and closing for each day) | | | |
| | | | | |
| 3. | Describe any changes in licensed premises from previous application | | | |
| | | | | |
| 4. | This application is being made as (check one) | | | |
| | Corporation | LLC | Individual | Partnership |
| FOR OFFICE USE ONLY | | | | |
| | Application Received | Base License Fee | Additional Liquor Options | Total License Fee: Date Paid |
| | Notes | | | |

CORPORATION INFORMATION

If application is being made as a Corporation, complete the information below.
If application is being made as a Limited Liability Company, skip to the Limited Liability section.

Name of Corporation

President's Name

Phone

Home Address

Vice President's Name

Phone

Home Address

Secretary's Name

Phone

Home Address

Treasurer's Name

Phone

Home Address

NOTE: If none of the above reside within the Carbondale city limits, answer "Yes" to question #13. A manager or agent who meets the residency requirements must complete the attached Resident Manager/Agent statement on page 9.

LIMITED LIABILITY COMPANY INFORMATION

If application is being made as a Limited Liability Company, complete the information below.
If application is being made as an Individual or Partnership, skip to that section.

Name of Limited Liability Company

Member's Name

Phone

Home Address

Member's Name

Phone

Home Address

Member's Name

Phone

Home Address

Member's Name

Phone

Home Address

Managing Member's Name

Phone

Home Address

NOTE: If none of the above reside within the Carbondale city limits, answer "Yes" to question #13. A manager or agent who meets the residency requirements must complete the attached Resident Manager/Agent statement on page 9.

INDIVIDUAL/PARTNERSHIP INFORMATION

If application is being made as an Individual or Partnership, complete the information below. The below information must be given for all individuals or partners applying for a Carbondale alcoholic liquor license.

| | | |
|--|-------|----|
| Name | Phone | |
| Home Address | | |
| Do you reside within Carbondale City Limits? (attach proof of residency) | Yes | No |
| Are you a citizen of the United States? | Yes | No |
| If you are a naturalized citizen, when and where were you naturalized? | | |
| Name | Phone | |
| Home Address | | |
| Do you reside within Carbondale City Limits? (attach proof of residency) | Yes | No |
| Are you a citizen of the United States? | Yes | No |
| If you are a naturalized citizen, when and where were you naturalized? | | |
| Name | Phone | |
| Home Address | | |
| Do you reside within Carbondale City Limits? (attach proof of residency) | Yes | No |
| Are you a citizen of the United States? | Yes | No |
| If you are a naturalized citizen, when and where were you naturalized? | | |
| * Use additional pages if necessary | | |
| NOTE: If none of the above reside within the Carbondale city limits, answer "Yes" to question #13. A manager or agent who meets the residency requirements must complete the attached Resident Manager/Agent statement on page 9. | | |

| | | | | |
|---|---|------------------------|-------------------|----|
| 5. | LICENSE TYPE AND OPTIONS | | | |
| <i>Principle kind of business (check one)</i> | | | | |
| Restaurant | Bar | Liquor Store | Hotel/Motel | |
| Fraternal Organization | Microbrewery | Winery | Public Arts Venue | |
| Golf Course | Distillery | Theater | Grocery Store | |
| Gaming Parlor | Bed & Breakfast | Senior Living Facility | Farmer's Market | |
| Other | | | | |
| 6. | Is entertainment offered in this establishment? | | Yes | No |
| If yes, describe | | | | |
| | | | | |
| | | | | |

| 7. | License Types | <i>Please check one of the following</i> | | | Annual Fee |
|--|---------------|---|----------------------|-----------------------|-----------------|
| | Class A1 | Beer and wine for consumption on-premises (restaurant) | | | \$225 - \$675 |
| | Class A2 | All alcoholic liquor by for consumption on premises (restaurant) | | | \$750 - \$2,250 |
| | Class A3 | All alcoholic liquor for consumption on premises (pari-mutual) | | | \$750 - \$2,250 |
| | Class B1 | Beer and wine for consumption on-premises (bar) | | | \$375 - \$1,125 |
| | Class B2 | All alcoholic liquor for consumption on premises (bar) | | | \$750 - \$2,250 |
| | Class B3 | All alcoholic liquor for consumption on premises (primary function video gaming) | | | \$500 - \$2,250 |
| | Class B4 | On premises consumption – special conditions (attach request for conditions) | | | \$500 - \$2,250 |
| | Class C1 | All alcoholic liquor in original package only (packaged liquor store) | | | \$2,250 |
| | Class C2 | Beer and wine in original package only (grocery store) | | | \$2,250 |
| | Class D1 | Bed and breakfast establishment of all alcoholic liquor | | | \$100 |
| | Class D2 | Hotels and motels | | | \$2,250 |
| | Class D3 | Senior living facility | | | \$750 |
| | Class E | Fraternal organization (all alcoholic liquor by glass only) | | | \$1,125 |
| | Class G | Golf course (all alcoholic liquor) | | | \$1,125 |
| | Class H1 | Sale of wine, beer and spirits regionally produced | | | \$100 |
| | Class H2 | Sale of wine, beer and spirits in a facility authorized to ship products | | | \$900 |
| | Class I1 | Farmer's markets to conduct wine, beer or spirits tastings | | | \$50 |
| | Class I2 | Farmer's markets sale of regionally produced beer, wine or spirits by the package | | | \$50 |
| | Class J | Not for profit public arts venue (all alcoholic liquor for consumption) | | | \$100 |
| | Class K | Movie theater (all alcoholic liquor for consumption on premises) | | | \$2,250 |
| OPTIONS: | | Beer Garden (\$100/\$400) | Microbrewery (\$100) | By the drink (\$100) | Package (\$100) |
| NOTE: For the following two options, complete the Catering Application on page 11. There are no additional fees for catering. | | | | Civic Center Catering | SIU Catering |

| | | | |
|--|--|---|----|
| 8. | For Class A1 or A2 (restaurant) applicants ONLY: Indicate what time kitchen closes and/or the time full menu service stops for each day | | |
| | | | |
| 9. | For the past year: | Estimate percentage of liquor sales | |
| | | Estimate percentage of food sales | |
| | | Estimate percentage of sales within the establishment <i>other than</i> liquor and food | |
| | | Total of all should equal 100% | |
| Complete the Business Data Report on page 12 to show the monthly sales breakdown for Class A1, A2, B3 and B2 licenses that have video gaming machines. | | | |
| | | | |
| 10. | Has the applicant been convicted of a violation under federal, state or local law (including driving under the influence of alcohol or drugs, but excluding other types of traffic violations)? | Yes | No |
| If yes, give the names of the person(s), date, nature of the offense, and the disposition of the conviction | | | |
| | | | |
| 11. | Has the applicant ever had any liquor license suspended, revoked, or had fines imposed as a result of a violation of the liquor code? | Yes | No |
| If yes, give amounts of fines, dates and length of suspension and reason therefor | | | |
| | | | |
| 12. | Has any license previously issued to this applicant been revoked, or application for a liquor License been denied or revoked by state, federal or local authorities? | Yes | No |
| If yes, state date(s) and reason for denial or revocation | | | |
| | | | |
| 13. | In order to comply with the residency requirement, will the business be conducted by a manager or agent other than one of the officers, directors, registered agents, or stockholders of the corporation, one of the partners in a partnership, or the individual who will hold this liquor license? | Yes | No |
| If yes, complete and submit the attached resident manager/agent statement on page 9. | | | |
| | | | |

AFFIDAVIT

State of Illinois)
County of Jackson)

The undersigned do/does hereby swear (or affirm) that the applicant in whose name this application is made will not violate any of the ordinances of the City of Carbondale or the laws of the State of Illinois or the United States of America, in the conduct of the place of business described herein, and that the statements contained in this application are true and correct to the best of my/our knowledge and belief and I/we understand the violation of any ordinances or laws shall constitute grounds for suspension or revocation of the license.
NOTE: In case of a corporation, this application must be signed by the President and Secretary.

| | |
|--|--------------------|
| Signature | Title of Applicant |
| Signature | Title of Applicant |
| Subscribed and sworn to before me this _____ day of _____, 20____ | Notary Public |

**CARBONDALE LIQUOR CONTROL COMMISSION
RESIDENT MANAGER'S/RESIDENT AGENT'S STATEMENT
(PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE)**

TO THE LOCAL LIQUOR CONTROL COMMISSION:

This statement is being submitted pursuant to 235 ILCS 5/6-2(11) and Carbondale Revised Code, Section 2-4-4.

| | | |
|----|--------------------------|-------|
| 1. | Name of Establishment | |
| 2. | Name of Manager or Agent | Phone |

Home Address (Must live within Carbondale city limits)

| | | | |
|----|--|-----|----|
| 3. | Is applicant a citizen of the United States? | Yes | No |
|----|--|-----|----|

If you are a naturalized citizen, when and where were you naturalized?

| | | | |
|----|---|-----|----|
| 4. | Has the applicant been convicted of a violation under federal, state or local law (including driving under the influence of alcohol or drugs, but excluding other types of traffic violations)? | Yes | No |
|----|---|-----|----|

If yes, give the names of the person(s), date, nature of the offense, and the disposition of the conviction

| | | | |
|----|--|---------|-------|
| 5. | In what capacity are you employed by the liquor establishment? | Manager | Agent |
|----|--|---------|-------|

Give name and title of person(s) who appointed you in that capacity

Date of Appointment

AFFIDAVIT

State of Illinois)
County of Jackson)

The undersigned do/does hereby swear (or affirm) that the applicant in whose name this application is made will not violate any of the ordinances of the City of Carbondale or the laws of the State of Illinois or the United States of America, in the conduct of the place of business described herein, and that the statements contained in this application are true and correct to the best of my/our knowledge and belief and I/we understand the violation of any ordinances or laws shall constitute grounds for suspension or revocation of the license.

| | |
|--|--------------------|
| Signature | Title of Applicant |
| Subscribed and sworn to before me this | Notary Public |
| _____ day of _____, 20____ | |



200 S. Illinois Avenue
P.O. Box 2047
Carbondale, IL 62902-2047
Phone (618) 457-3280
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MEMORANDUM

TO: Carbondale Liquor License Holders
FROM: Jennifer R. Sorrell, City Clerk

The City of Carbondale is pleased to provide local liquor license holders the exclusive right to cater alcohol at any and all events taking place at the Carbondale Civic Center, at select locations on the SIU Campus, and at private functions. Section 2-4-11 of the *Carbondale Liquor Code* outlines the procedures for the sale and service of alcohol through catering.

Civic Center

If any alcohol is brought into the Civic Center - regardless of whether it is sold or given away - it may only be done by a liquor establishment licensed by the City of Carbondale. In order for a licensed liquor establishment to be permitted to provide alcohol for Civic Center events, the licensee must exercise an option to its existing liquor license. The licensees that have exercised the Civic Center option are placed on a list of "approved Civic Center liquor licensees." That list is provided to any group or individual that requests information regarding Civic Center space rental. Alcohol may only be sold, delivered or served by employees or representatives of the licensed establishment who are BASSET trained. Individuals and/or groups are not permitted to bring alcohol into the Civic Center, serve alcohol, give away alcohol, provide alcohol on the tables, etc. without going through a licensed establishment.

Private Function Catering

Private function catering must be by invitation only and not open to the public. The sale of alcohol to guests or invitees is not permitted at the private function.

There is no fee associated with the Catering option. However, in order to exercise the catering option, the application form printed on the reverse side of this letter must be completed and returned to the City Clerk's Office.

In addition, please provide a certificate of dram shop insurance coverage which (1) names the City of Carbondale as an additional insured, and (2) verifies that the dram shop insurance covers the physical location where sale/delivery of alcohol will occur. *In the alternative*, you may submit a letter from your insurance company certifying that the above-described dram shop insurance will be provided "as needed" if your business is retained to cater an event. If you are retained to cater an event, you will need to provide the above-referenced certificate of insurance at least one week prior to the event.

The catering application and the certificate of insurance may be submitted at any time during the license year. If you have questions, please contact me at 457-3280 or by e-mail at jsorrell@explorecarbondale.com. Thank you.

Jennifer R. Sorrell, City Clerk



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**CATERING APPLICATION
 IN ORDER TO SELL/DELIVER/SERVE ALCOHOL**

JULY 1, 2019 THROUGH JUNE 30, 2020

| |
|--|
| Name of Establishment |
| Mailing Address of Establishment |
| Name(s) of Contact Person(s) |
| Telephone Number(s) of Contact Person(s) |
| Email Address (if preferred form of contact) |

Please provide with this application:

_____ Certificate of Dram Shop Insurance Coverage which (1) **names the City of Carbondale as an Additional Insured and SIU as an Additional Insured if the catering will occur on University property;** and (2) **certifies that the dram shop insurance covers the physical location where the sale/delivery of alcohol will occur**

OR

_____ A letter from your insurance company indicating that Dram Shop Insurance Coverage (as described above) will be provided on an as-needed basis when your business is retained to cater an event.

Return this form to: Jennifer R. Sorrell, City Clerk
 City of Carbondale
 Post Office Box 2047
 Carbondale, Illinois 62902-2047



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**CITY OF CARBONDALE, ILLINOIS
 CARBONDALE LIQUOR CONTROL COMMISSION
 BUSINESS DATA REPORT**

| Licensee's Name | | | | | |
|---|------------|--------------------|--------|-------|------------|
| City of Carbondale License Number | | | | | |
| Illinois State Liquor License Number | | | | | |
| SALES INFORMATION | | | | | |
| Month / Year | Food Sales | Total Liquor Sales | Gaming | Other | Total Sale |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| I certify that all information presented on this report is true and accurate. | | | | | |
| Signature | | | | | |
| Title | | | Date | | |