



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

**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.

Name of Establishment

Phone

Email

Address

Business Hours (opening and closing for each day)

Describe any changes in licensed premises from previous application

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: A manager or agent who meets the residency requirements must complete the attached Resident Manager/Agent statement.**

### **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			
A manager or agent who meets the residency requirements must complete the attached Resident Manager/Agent Statement.			
<b>INDIVIDUAL/PARTNERSHIP INFORMATION</b>			
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	
* Use additional pages if necessary			
A manager or agent who meets the residency requirements must complete the attached Resident Manager/Agent statement.			
<b>LICENSE TYPE AND OPTIONS</b>			
<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
Is entertainment offered in this establishment?		Yes	No
If yes, describe			
<b>License Types</b>			<b>Annual Fee</b>
	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 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 enclosed Catering Application; no additional fee for catering				Civic Center Catering	SIU Catering
For Class A1 or A2 (restaurant) applicants ONLY: Indicate what time kitchen closes and/or the time full menu service stops for each day					
For the past year:		Estimate percentage of liquor sales			
		Estimate percentage of food sales			
		Estimate percentage of sales within the establishment other than liquor and food			
		Total of all should equal 100%			
Attach completed monthly sales breakdown for Class A1, A2, B2 and B3 licenses which have video gaming machines - Enclosed					

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.		
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		
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		
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		
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.		
<b>AFFIDAVIT</b>		
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	Notary Public	
_____ day of _____, 20_____		

**CARBONDALE LIQUOR CONTROL COMMISSION  
RESIDENT MANAGER'S/RESIDENT AGENT'S STATEMENT**

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.

Name of Establishment

Name of Manager or Agent

Phone

Home Address

Is applicant a citizen of the United States?

Yes

No

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

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

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\_\_\_\_\_



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**CRIMINAL BACKGROUND AND CREDIT CHECK  
 AUTHORIZATION FOR CARBONDALE CITY LICENSES**

I authorize and empower the City of Carbondale or agent thereof or any other outside service company engaged by the City of Carbondale for this purpose, now or subsequently, to obtain prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, criminal history information through correspondence, contact, or personal interviews with law enforcement agencies. Upon written request, I understand that said City will provide me with information regarding the nature and scope of the investigation if on is made.

Applicant, Manager or Agent Name Printed	SSN
Signature	Date
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Signature	Date
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Signature	Date
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Signature	Date
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Signature	Date

**FOR LIQUOR LICENSE HOLDERS ONLY**

If the sole proprietor, partnership, company, or corporation does not hold Carbondale residency, a resident manager or agent must be appointed. If the individual, partner, or any one member of the company/corporation does reside within Carbondale City limits, there is no requirement to appoint and run a background check for the business manager.