



CITY OF CARBONDALE, ILLINOIS
LOCAL LIQUOR CONTROL COMMISSION
NEW ALCOHOLIC LIQUOR LICENSE

TO THE LOCAL LIQUOR CONTROL COMMISSION: The undersigned hereby makes application for the issuance of a city retailer's license for the sale of alcoholic liquor for the period beginning _____, 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 be revoked or suspended at the sole discretion of the Liquor Control Commission.

- 1. Name of Establishment: _____ Phone: _____
2. Street Address: _____ Mailing Address: _____
Email Address: _____ Business Hours (list opening and closing hours for each day of the week): _____
3. Description of licensed premises (specify dimensions of interior and exterior serving areas, storage areas, and kitchen areas): _____
4. Description of additional premises under control of licensee, but not licensed (such as parking areas): _____
5. This application is being made as (check one): ___ Corporation ___ Partnership ___ Individual ___ LLC

If application is being made as a corporation or LLC, please complete the information below. If application is being made as an individual or partnership, please skip to question #8.

- 6. Name of Corporation or LLC: _____
7. Please complete the following corporate/LLC information:

President's/Member's Name _____ Phone (____) _____
Home Address _____ Zip _____ SSN _____
Driver's License No. _____ State of Issuance _____ Date of Birth _____
Place of Birth _____ Number of years resident of Carbondale _____ Jackson County _____ Illinois _____

Vice-President's/Member's Name _____ Phone (____) _____
Home Address _____ Zip _____ SSN _____
Driver's License No. _____ State of Issuance _____ Date of Birth _____
Place of Birth _____ Number of years resident of Carbondale _____ Jackson County _____ Illinois _____

Secretary's/Member's Name _____ Phone (____) _____
Home Address _____ Zip _____ SSN _____
Driver's License No. _____ State of Issuance _____ Date of Birth _____
Place of Birth _____ Number of years resident of Carbondale _____ Jackson County _____ Illinois _____

Treasurer's/Member's Name _____ Phone (____) _____
Home Address _____ Zip _____ SSN _____
Driver's License No. _____ State of Issuance _____ Date of Birth _____
Place of Birth _____ Number of years resident of Carbondale _____ Jackson County _____ Illinois _____

FOR OFFICE USE ONLY

Application Received: _____ Application Fee \$ _____ Form of Payment: _____
Total License Fee: _____ Prorated Calculation (if applicable) _____ Received: _____

**IF APPLICATION IS BEING MADE AS AN INDIVIDUAL OR PARTNERSHIP, PLEASE COMPLETE QUESTION #8.
IF APPLICATION IS BEING MADE AS A CORPORATION OR LLC, PLEASE SKIP TO QUESTION #9.**

8. The information in Question #8 must be given for all individuals or partners applying for a Carbondale alcoholic liquor license. Please attach additional sheets (if necessary) giving the required information for all partners.

Name _____ Phone (____) _____
 Home Address _____ Zip _____ SSN _____
 Driver's License No. _____ State of Issuance _____ Date of Birth _____
 Place of Birth _____ Number of years resident of Carbondale _____ Jackson County _____ Illinois _____
 Do you reside within the Carbondale city limits? yes no do not know (Proof of residency required)
 Are you a citizen of the United States? yes no
 If you are a naturalized citizen, when and where naturalized? _____

Name _____ Phone (____) _____
 Home Address _____ Zip _____ SSN _____
 Driver's License No. _____ State of Issuance _____ Date of Birth _____
 Place of Birth _____ Number of years resident of Carbondale _____ Jackson County _____ Illinois _____
 Do you reside within the Carbondale city limits? yes no do not know (Proof of residency required)
 Are you a citizen of the United States? yes no
 If you are a naturalized citizen, when and where naturalized? _____

9. Principal kind of business (circle one): Restaurant Bar Liquor Store Hotel/Motel Fraternal Organization
Microbrewery Public Arts Venue Golf Course Winery Distillery Grocery Store Video Gaming Bed & Breakfast
Senior Living Facility

License Type & Options

Please refer to the attached Liquor License Ordinance and check the type of license for which you are applying:

<u>License Types:</u>	<u>Annual Fee</u>
_____ Class A1 (Beer & wine for consumption on-premises [Restaurant])	\$225-\$675.00
_____ Class A2 (All alcoholic liquor by for consumption on premises [Restaurant])	\$750-\$2,250.00
_____ Class A3 (All alcoholic liquor for consumption on premises [Pari-Mutual])	\$750-\$2,250.00
_____ Class B1 (Beer & wine for consumption on premises [Bar])	\$375-\$1,125.00
_____ Class B2 (All alcoholic liquor for consumption on premises [Bar])	\$750-\$2,250.00
_____ Class B3 (All alcoholic liquor for consumption on premises – primary function video gaming)	\$500-\$2,250.00
_____ Class C1 (All alcoholic liquor in original package only [Packaged Liquor Store])	\$2,250.00
_____ Class C2 (Beer and wine in original package only [Grocery Store])	\$2,250.00
_____ Class D1 (Bed & breakfast establishment of all alcoholic liquor)	\$100.00
_____ Class D2 (Hotels & motels)	\$2,250.00
_____ Class D3 (Senior Living Facility)	\$750.00
_____ Class E (Fraternal organization all alcoholic liquor by glass only)	\$1,125.00
_____ Class G (All alcoholic liquor [Golf Course])	\$1,125.00
_____ Class H1 (Sale of wines, beer or spirits regionally produced)	\$100.00
_____ Class H2 (Sale of wine, beer and spirits in a facility authorized to ship products)	\$900.00
_____ Class I (Farmers' markets to conduct wine, beer or spirits tastings)	\$50.00
_____ Class J (All alcoholic liquor for consumption on premises – Not for Profit public arts venue)	\$100.00
_____ Class K (Movie theater – all alcoholic liquor for consumption on premises)	\$2250.00

Options:

_____ Package (\$100) _____ Microbrewery (\$100) _____ Civic Center Catering _____ SIU Catering _____ Beer Garden (\$100/\$400)
 _____ By-the-Drink (\$100)

10. For Class A1 or A2 (Restaurant) Applicants Only:

Indicate what time kitchen closes and/or the time full menu service stops: _____

11. 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%.)

12. Is entertainment offered in this establishment? yes no If yes, please describe: _____

13. Is applicant a club (fraternal organization)? ___ yes ___ no If yes, has it the qualifications described in the State of Illinois Liquor control Act related to alcoholic liquors? ___ yes ___ no

14. Does applicant own the premises for which this license is sought? ___ yes ___ no

15. Does applicant have a lease on the premises extending through June 30 of the current license year? ___ yes ___ no
If yes, give the name and address of the lessor _____

16. Is the location of the building for which this license is sought located within 100 feet of any church, school, hospital, home for the aged or indigent person, home for veterans of their spouse or children, or any military or naval station (as measured from the nearest

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

portions of the buildings)? ___ yes ___ no

17. Is any law enforcing public official, mayor, city council member, or any president/member of county board directly or indirectly interested in the business for which this license is sought? ___ yes ___ no

18. Has the applicant ever been convicted of a violation (other than a traffic violation) of any Federal, State or local law? ___ yes ___ no If yes, give the name of the person(s), the date, the nature of the offense, and the disposition of the conviction:

19. Has the applicant ever permitted an appearance bond forfeiture related to the manufacture, sale, or distribution of alcoholic liquor? ___yes ___no If yes, state particulars: _____

20. Has applicant ever made application for a liquor license for any premises other than those described in question 3? ___ yes ___no If yes, give name(s) of governmental entities to which the applicant has submitted an application, date(s) of application, disposition of application: _____

21. Has the applicant ever had any liquor license suspended or revoked, or had fines imposed, as the result of a violation of the liquor code? ___ yes ___ no If yes, list fine amounts, dates, and length of suspension and reasons therefor: _____

22. Has any license previously issued to this applicant been revoked, or application for a liquor license been denied by State, Federal, or local authorities ___ yes ___ no If yes, state date(s) and reason for revocation/denial: _____

23. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquor? ___ yes ___no If yes, at what location(s)? _____

24. Has applicant ever been employed by a local liquor licensee? ___ yes ___ no If yes, provide applicant name, date of employment, and name/address of employer: _____

25. Has the applicant any relative, through blood or by marriage, engaged in the liquor business? ___ yes ___ no If yes, give name, address, and type of license: _____

26. Has any manufacturer, importing distributor, or distributor directly or indirectly paid or agreed to pay for this license, advanced money, or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days) or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business (signs, advertising materials, and paintings/trims exempted)? ___ yes ___no If yes, please describe: _____

27. Does the applicant hold any other current business licenses issued by the federal, state, county, city or other local governmental jurisdiction? ____ yes ____ no If yes, what type of license(s) are currently held and at what location(s): _____

28. Does the applicant regularly and routinely pay all sales taxes, privilege taxes, property taxes, etc. applicable to the business to all governmental jurisdictions, including federal, state, county, city, etc. ____ yes ____ no If no, state reason(s) why tax payments have been withheld: _____

29. FINANCIAL INFORMATION:

Total Invested in Business:	\$ _____	 These amounts must equal each other
Source of funds _____		
Loans from financial institutions		
_____ \$ _____		
_____ \$ _____		
Loans from individual Investor(s) (list names)		
_____ \$ _____		
_____ \$ _____		
_____ \$ _____		
Total Source of Funds:	\$ _____	

30. Will the business be conducted by a manager or agent other than one of the officers, directors, registered agents, or stockholders of the corporation, LLC, partner, or the individual who will hold this liquor license? ____ yes ____ no If yes, complete the attached manager's statement.

STATE OF _____)
COUNTY OF _____)

A F F I D A V I T

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 that violation of any ordinances or laws shall constitute grounds for suspension or revocation of the license. (Note: In the 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**

TO THE LOCAL LIQUOR CONTROL COMMISSION: This application 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 _____ Zip _____
 3. Is applicant a citizen of the United States? ___ yes ___ no If you are a naturalized citizen, please indicate when and where naturalized. _____
 4. Has applicant ever 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 date, the nature of the offense, and the disposition of the conviction(s) _____
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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 _____

STATE OF ILLINOIS)
COUNTY OF JACKSON)

A F F I D A V I T

The undersigned does hereby swear (or affirm) that the manager/agent in whose name this affidavit 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 his/her knowledge and belief and he/she understands that violation of any ordinances or laws shall constitute grounds for suspension or revocation of the license. I also acknowledge that this completed application and information contained in the files pertaining to this application is public record, except that information considered to be private information as defined under the Illinois Freedom of Information Act, and authorize its distribution and release.

Signature of Manager or Agent

Subscribed and sworn to before me this

_____ day of _____, 20____.

Notary Public