



CITY OF CARBONDALE, ILLINOIS
LOCAL LIQUOR CONTROL COMMISSION
CITY ALCOHOLIC LIQUOR LICENSE
APPLICATION FOR RENEWAL

TO THE LOCAL LIQUOR CONTROL COMMISSION: The undersigned hereby makes application for the reissuance of a city retailer's license for the sale of alcoholic liquor for the period beginning July 1, 2017, and ending on June 30, 2018, 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 may result in the delay of approval or denial of the request for a liquor license.

- 1. Name of Establishment: Phone:
2. Street Address: Mailing Address: Email Address: Business Hours:
3. Describe any changes in licensed premises from previous application:
4. 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 #7.

- 5. Name of Corporation or LLC:
6. Please complete the following corporate/LLC information:
President's or Member's Name: Phone: Home Address: Zip Code:
Vice President's or Member's Name: Phone: Home Address: Zip Code:
Secretary's or Member's Name: Phone: Home Address: Zip Code:
Treasurer's or Member's Name: Phone: Home Address: Zip Code:

If none of the above reside within the Carbondale city limits, answer "yes" to question 15 and a manager or agent meeting residency requirements must complete the attached manager/agent statement.

FOR OFFICE USE ONLY

Application Received: Base License Fee: \$ Additional Liquor Options: \$ Total License Fee: \$ Date Paid:

**IF APPLICATION IS BEING MADE AS AN INDIVIDUAL OR PARTNERSHIP, PLEASE COMPLETE QUESTION #7. IF APPLICATION IS BEING MADE AS A CORPORATION OR LLC, PLEASE SKIP TO QUESTION #8.**

7. The information in Question #7 must be given for **all individuals or partners** applying for a Carbondale alcoholic liquor license.

a) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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? \_\_\_\_\_

a) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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? \_\_\_\_\_

**\*Add additional pages as necessary\***

**If none of the above reside within the Carbondale city limits, answer “yes” to question 15 and a manager or agent meeting residency requirements must complete the attached manager/agent statement.**

8. Principal kind of business: (circle one)

Restaurant Bar Liquor Store Hotel/Motel Fraternal Organization Microbrewery Public Arts Movie Theater  
Golf Course Winery Distillery Grocery Store Video Gaming Bed & Breakfast Senior Living Facility

9. Is entertainment offered in this establishment? \_\_\_\_ yes \_\_\_\_ no If yes, please describe: \_\_\_\_\_

**License Type & Options**

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

<b><u>License Types:</u></b>	<b><u>Annual Fee</u></b>
_____ 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)	\$2,250.00

**Options:** \_\_\_\_\_ Package (\$100) \_\_\_\_\_ Microbrewery (\$100)  
 \_\_\_\_\_ Beer Garden (\$100/\$400) \_\_\_\_\_ By-the-Drink for H1 (\$100)

_____ Civic Center Catering    _____ SIU Catering <b>Complete enclosed Catering Application; No additional fee</b>
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10. For Class A1 or A2 (Restaurant) Applicants Only: Indicate what time kitchen closes and/or the time full menu service stops: \_\_\_\_\_

11. For the past year, estimate percentage of liquor sales \_\_\_\_%. Estimate percentage of food sales \_\_\_\_%. Estimate percentage of video gaming sales/revenue \_\_\_\_% Estimate percentage of sales within the establishment other than liquor, food, and video gaming \_\_\_\_%. (Total of all should equal 100 %.)

Attach completed monthly sales breakdown for Classes A1, A2, B3, and B2 licenses which have video gaming machines) - Enclosed

**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.**

12. Has 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 name of the person(s), the date, the nature of the offense, and the disposition of the conviction: \_\_\_\_\_

13. 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, give amounts of fines, dates and length of suspension and reasons therefor: \_\_\_\_\_

14. 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 the date(s) and reason for denial or revocation: \_\_\_\_\_

15. 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.**

STATE OF ILLINOIS )  
COUNTY OF JACKSON )

**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/AGENT STATEMENT**  
*(Must reside in Carbondale)*

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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 (A) & (C).

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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) \_\_\_\_\_
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