



CITY OF CARBONDALE, ILLINOIS
BUILDING AND NEIGHBORHOOD SERVICES DIVISION

APPLICATION FOR BED AND BREAKFAST ESTABLISHMENT

TO THE MANAGER OF BUILDING & NEIGHBORHOOD SERVICES:

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 August 31, 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 Building & Neighborhood Services Manager, said license may be revoked or suspended at the sole discretion of the Manager of Building & Neighborhood Services.

1. NAME OF ESTABLISHMENT: _____

2. Street Address: _____ Phone: _____

3. Legal description of Licensed premises. Attach a drawing of the site showing; 1) The location of all existing and proposed structures in relation to the property lines, and 2) the location of all existing and proposed parking areas and driveways in relation to the property lines and structures. Provide existing and proposed floor plans of all structures on the property: _____

4. Description and address of contiguous premises under the control of licensee, but not licensed:

5. This application is being made as (check one): ___ Corporation ___ Partnership ___ Individual

IF APPLICATION IS BEING MADE AS A CORPORATION, PLEASE COMPLETE THE INFORMATION BELOW. IF APPLICATION IS BEING MADE AS AN INDIVIDUAL OR PARTNERSHIP, PLEASE SKIP TO QUESTION #10.

6. Name of Corporation _____

7. Please complete the following corporate information:

President's name _____ Phone () _____

Home Address _____ Zip _____

Social Security No. _____ Driver's License No. _____ State of Issuance _____

Date of birth _____ Place of birth _____

Vice-President's name _____ Phone () _____

Home Address _____ Zip _____

Social Security No. _____ Driver's License No. _____ State of Issuance _____

Date of birth _____ Place of birth _____

Secretary's name _____ Phone () _____

Home Address _____ Zip _____

Social Security No. _____ Driver's License No. _____ State of Issuance _____

Date of birth _____ Place of birth _____

Treasurer's name _____ Phone () _____

Home Address _____ Zip _____

Social Security No. _____ Driver's License No. _____ State of Issuance _____

Date of birth _____ Place of birth _____

(FOR OFFICE USE ONLY)

Date Received: _____

District: _____

Zoning Information:

Permitted Use: _____

Special Use: _____

Date of Approval _____

8. Please list names, addresses, phone numbers, social security numbers, driver's license numbers, date and place of birth, and number of years as a resident in Carbondale, Jackson County and Illinois for any and all registered agents or for any officers, directors or stockholders holding over 5% of the corporate stock. If none, state "None". Use additional sheets if necessary.

9. List any persons, firms or organizations entitled by verbal or written agreement to a beneficial share of the corporate earnings. _____

If none, state "None" _____

NOTE: If during the license period any person not named in Question 7, 8 or 9 becomes the record owner of more than 5% of the stock of the corporation, the corporation must provide to the Manager of Building & Neighborhood Services within ten days after the date of transfer, the names, addresses, phone numbers, social security numbers, driver's license numbers, dates and places of birth, and number of years a resident of Carbondale, Jackson County and Illinois, as well as percent of ownership of such person(s).

IF APPLICATION IS BEING MADE AS AN INDIVIDUAL OR PARTNERSHIP, PLEASE COMPLETE QUESTION #10. IF APPLICATION IS BEING MADE AS A CORPORATION, PLEASE SKIP TO QUESTION #11.

10. The information in Question #10 must be given for all individuals or partners applying for a Bed & Breakfast establishment. Please attach additional sheets (if necessary) giving the required information for all partners.

President's name _____ Phone () _____

Home Address _____ Zip _____

Social Security No. _____ Driver's License No. _____ State of Issuance _____

Date of birth _____ Place of birth _____

Number of years a resident of Carbondale: _____ Jackson County: _____ Illinois: _____

Do you reside within the Carbondale city limits? ___ Yes ___ No (Proof Required)

Are you a citizen of the United States? ___ Yes ___ No

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

Court in which you were naturalized. _____

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 individuals or partners listed on this application.

11. Does applicant own the premises for which this license is sought? ___ Yes ___ No
12. Does applicant have a lease on the premises extending through August 30 of this license year? ___ Yes ___ No
If yes, give name and address of lessor:

Name: _____ Phone (____) _____
Home Address _____ Zip _____

If lessor is a land trust, give name(s) and address(es) of beneficiaries:

Name: _____ Phone (____) _____
Home Address _____ Zip _____

Name: _____ Phone (____) _____
Home Address _____ Zip _____

Name: _____ Phone (____) _____
Home Address _____ Zip _____

13. FINANCIAL INFORMATION:

Total invested in Business		\$ _____	
Source of funds			
Own capital	\$ _____		
Loans from financial institutions (list names)			----- These amounts must ----- equal each other
_____	\$ _____		
Loans from individual investor(s) (list names)			
_____	\$ _____		
Total Source of Funds:		\$ _____	

14. 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 ___ Complete and Submit the attached Manager's Statement.

STATE OF ILLINOIS)
COUNTY OF JACKSON)

A F F I D A V I T

The undersigned 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 our knowledge and belief and 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

(corporate seal)

Signature & Title of Applicant

Subscribed and sworn to before me this _____
day of _____, 20____

Notary Public

1. Name of Establishment _____

2. Name of Manager or Agent _____ Phone _____

Home Address _____ Zip _____

Social Security No. _____ Driver's License No. _____ State of Issuance _____

Date of birth _____ Place of birth _____

Number of years a resident of Carbondale: _____ Jackson County: _____ Illinois: _____

Do you reside within the Carbondale city limits? ___ Yes ___ No (Proof Required)

Are you a citizen of the United States? ___ Yes ___ No

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

Court in which you were naturalized. _____

3. Has applicant ever been convicted of any violation (other than a traffic violation) under Federal, State or local law?

Yes ___ No ___ If Yes, give the date, the nature of the offense, and the disposition of the conviction(s). _____

4. Has any license previously issued to this applicant by State, Federal or Local authorities ever been revoked: Yes ___ No ___

If yes, state date(s) and reason for denial: _____

STATE OF ILLINOIS)
COUNTY OF JACKSON)

A F F I D A V I T

The undersigned do 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 our knowledge and belief and we understand 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 all information contained in the files pertaining to this application is public record, and authorize its distribution and release.

Subscribed and sworn to before me this
_____ day of _____, 20 ____.

Signature of Manager or Agent

Notary Public