City of Wilmington
Liquor Control Commissioner

Ben Dietz
Mayor

APPLICATION FOR CITY OF WILMINGTON RETAILER'S LIQUOR LICENSE

REMEMBER: YOU CANNOT PURCHASE OR SELL ALCOHOL WITHOUT A VALID LIQUOR LICENSE!

Definition: A Retailer's Liquor License shall allow the licensee to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form; provided that any retail liquor license issued to a manufacturer shall only permit such manufacturer to sell alcoholic beverages at retail on the premises actually occupied by such manufacturer [235ILCS 5/5-1(d)] the only exception being a wine-maker's retail license – 2nd location [235 ILCS 5/5-1(i)]. All applicants for licensing as a liquor "retailer" must complete this application for. Respond to all questions on the application and furnish all required supporting document. Failure to do so will result in the rejection of the application and non-issuance of a city liquor license.

The following documents and information are **REQUIRED** prior to receiving for your state license:

1) Photocopy of **Certificate of Insurance** with City of Wilmington as certificate holder;

2) **Proof of Purchase**, i.e. bill of sale or closing statement (the closing on the purchase of business **MUST** occur prior to applying of your city license). **IMPORTANT:** You must also present proof that the applicant (i.e. Corporation, LLC, Partnership, or Sole Proprietor) has the right to possession of the property (i.e. Deed or Lease), if applicable;

3) **Federal Employer Identification Number (FEIN)**. Call 1-800-829-3676 to apply for number.

4) **Illinois Business Tax (Sales Tax Account) Number**, if applicable, visit www.tax.illinois.gov or call 1-217-785-3707;

5) A **floor plan** of the premises or place of business which is to be operated under such license, including the portions to be used for storage of liquor, as well as the portions to be used for sale or service of liquor;

6) **Live scanning** of the fingerprints for each owner and manager listed on the application. $50.00 live scan fee per person. Services provided at the Wilmington Police Department.

7) **Check or Money Order** payable to the "City of Wilmington";

8) This application, with the information requested printed or typed on the spaces provided. This form **MUST** bear an **Original Signature**.

Application for the City of Wilmington Retailer's Liquor License

1. Applicant – Corporate Information

A. FEIN

Enter your Federal Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the form you will need.

FEIN No.

B. Illinois Business Tax Number (Sales Tax Account Number)

Enter the eight-digit Illinois Department of Revenue Business Tax (Sales Tax Account) Number. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED**. If you need to obtain this number, visit www.tax.illinois.gov and click on the "Businesses" and then the "Business Registration." If you have any questions, call 1-217-785-3707.

Illinois Business Tax No.

C. Telephone

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

Area Code/Telephone No.
EXT.

D. Name

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. **Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate**.

Name

E. Address

Enter the street address, city, state and Zip Code of the sole proprietorship, corporation, etc.

Address

2. Status of Business

Check the application box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of filing of the sole proprietorship/assumed name with the county clerk; in the case of the co-partnership, the date of the formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign state where it was incorporated and the date, as well as the date of it becoming qualified un the "Business Corporation Action of 1983" to transact business in the State of Illinois; in a case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation if such entity.

NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

A. ☐ Sole Proprietorship — Date Filed with County Clerk: ______________________

B. ☐ Partnership — Date of Formation: ______________________________

C. ☐ Illinois Corporation — Date of Incorporation: ____________________________

D. ☐ Foreign Corporation — State of Incorporation: ____________________________

E. ☐ Limited Liability Corporation — Date Formed: __________________________________

If "C" and "D" is checked, indicate your current Secretary of State file number here ______________________
(If you do not have this number available, please contact the Secretary of State's office at 1-312-793-3380)

3. Ownership Information

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders). Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than 5% interest. <u>All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers</u>. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

For each owner/officer, partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under F.

NAME (LAST, FIRST, MI)	HOME ADDRESS	CITY	STATE	ZIP

SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	TELEPHONE NO.	% OWNED

NAME (LAST, FIRST, MI)	HOME ADDRESS	CITY	STATE	ZIP

SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	TELEPHONE NO.	% OWNED

NAME (LAST, FIRST, MI)	HOME ADDRESS	CITY	STATE	ZIP

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NAME (LAST, FIRST, MI)	HOME ADDRESS	CITY	STATE	ZIP

SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	TELEPHONE NO.	% OWNED

NAME (LAST, FIRST, MI)	HOME ADDRESS	CITY	STATE	ZIP

SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	TELEPHONE NO.	% OWNED

Total Percentage of all stock held by all persons with less than 5% interest _____%

4. Manager Information

Provide the full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, and home telephone number of manager. **NOTE! The liquor manager must be present on the licensed premise at least thirty-five (35) hours per week.**

NAME (LAST, FIRST, MI)	HOME ADDRESS	CITY	STATE	ZIP

SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	TELEPHONE NO.	% OWNED

5. Business Premise Information

☐ If your renewal application, your license certificate and other correspondence sent to your business premise address, please check the box to the left.

A. Name/Doing Business As (D/B/A)

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premise. **NOTE! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.**

Name (Doing Business As D/B/A)

B. Telephone

Enter the area code/telephone number/extension at the business premise location.

Area Code/Telephone No.
EXT.

C. Address

In the boxes below enter the address, city, state, Zip Code of the business premises. This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate.

Address	City	State	Zip Code

D. Business Type

Check the one box which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

☐ Drug Store/Pharmacy
☐ Restaurant
☐ Convenience
☐ Supermarket
☐ Liquor Store
☐ Department Store
☐ Bar/Tavern
☐ Hotel/Motel
☐ Convenience & Gas
☐ Small Grocery
☐ Gas Station
☐ Other _____

E. Warehousing

If any of your inventory is warehoused, provide the name, street address, city, state, and Zip Code of the warehouse.

Address	City	State	Zip Code

F. Leased Premises

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state and Zip Code.

Landlord's Name	Telephone Number		
Address	**City**	**State**	**Zip Code**

YOU MUST PROVIDE A COPY OF THE LEASE

G. Tobacco Products

Will your business sell cigarettes or tobacco products? ☐ Yes ☐ No

Amount of total sales that come from sale of tobacco products ☐ less than 50% ☐ more than 50%

H. Video Gaming Terminals

Will the business have video gaming terminal? ☐ Yes ☐ No

If yes, how many terminals on premise? _____

6. Eligibility Questions

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed in section 3 and "Manager Information" in section 4 of this form. If any questions are answered with a "Yes" attached a full written explanation to this document.

☐ Yes ☐ No Are you a resident of Wilmington?

☐ Yes ☐ No Are you a U.S. Citizen?

☐ Yes ☐ No Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?

☐ Yes ☐ No Are you delinquent under the "cash beer" law?

☐ Yes ☐ No Have you ever made application for a liquor license which has been denied?

☐ Yes ☐ No Have you ever had any previous liquor license suspended or revoked?

☐ Yes ☐ No Have you ever been convicted of a felony?

☐ Yes ☐ No Have you ever been convicted of a dabbling offense as defied under section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a).11 "gambling;" 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling;" and 720 ILCS 5/28-3 "keeping a gambling place"?

☐ Yes ☐ No Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency or morality?

☐ Yes ☐ No Do you possess a current Federal Wagering Stamp?

☐ Yes ☐ No Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority?

☐ Yes ☐ No Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representative of a licensee, or suppliers of alcoholic products?

☐ Yes ☐ No Are you or any other person having a direct interest in your place of business more than 30 days delinquent in complying with a child support order?

☐ Yes ☐ No Are you in violation of the required liquor liability insurance coverage stated in 6-21 of the Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption n the licensed premises?

☐ Yes ☐ No If a corporate Licensee, is your corporation ineligible to be issued this license?

7. Hours of Operations

List the daily hours open for business

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

8. License Type

Check the applicable boxes below of the license type(s) the business is applying for:

☐ A – Retail Sale Bar - $800 per year

☐ A1 – Retail Sale Bar/Carryout, Craft Beer & Wine Only - $800 per year

☐ B – Retail/Carryout/Limited On Premise Consumption - $800 per year

☐ B1 – Retail/Carryout, Beer and Wine Only - $800 per year

☐ C – Fraternal Organizations - $400 per year

☐ D – Restaurants - $700 per year

☐ D1 – Restaurants, Beer and Wine Only - $700 per year

☐ E – Not-for-profit Organizations - $25

☐ F – Retail Wine Only - $200 per year

☐ G – Outdoor Sporting Event / Entertainment - $1,900 per year

☐ H – Golf Course / Clubhouse - $800 per year

☐ I-1 – Brew Pub - $800 per year

☐ I-2 – Craft Brewery - $450 per year

☐ J – Movie Theater Live Events - $500 per year

☐ W – Wine Tasting Event – no fee – no more than four per year

9. Certificate of Insurance

ATTACH PHOTOCOPY OF YOUR "CERTIFICATE OF INSURANCE" (NOT THE "POLICY DECLARATION")

You **MUST** provide a copy of the Certificate of Insurance. The Certificate of Insurance must show that you have a liquor liability insurance and must include the following: 1) the applicant named as the insured (e.g. if the applicant is a corporation's name must be listed; of the applicant is the sole proprietor, then the sole proprietor's name must be listed.); 2) The address of the location where the liquor license is being consumed; and 3) The dates of coverage and the coverage limits.

[signature page to follow]

10. Signature / Title / Date

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer or a partner. **The signature must be an original; rubber stamps are not accepted.**

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct; they are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Wilmington to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the United State of America, the state of Illinois, the City of Wilmington in particular, the Illinois Liquor Control Act, Rules and Regulations, and the Civil rights sections thereof.

Further, I agree to notify the liquor commissioner within 10 working days of changes in any of the above information.

(NOTE: If the person signing this application is not listed in section 3, they must provide the City with their personal information as indicated in section 3, even if they do not own 5% or more of the business.)

Signature of Applicant	Title/Position	Date

❖❖❖❖❖❖ ***For Office Use Only*** ❖❖❖❖❖❖

Class: _____ *Date Paid:* _____

Fee: _____ *Date Issued:* _____

Date Received: _____ *Expiration Date:* _____

Application ☐ *Approved* ☐ *Denied*

Signature of Authorized Person	*Date*

Reason for Denial (if Applicable): _____