APPLICATION FOR VILLAGE OF ST. JOSEPH LIQUOR RETAILER'S LICENSE

PLEASE DELIVER TO:

VILLAGE OF ST. JOSEPH
207 East Lincoln Street
ST. JOSEPH, IL 61873
(217) 469-7371

The Undersigned hereby make(s) application for the issuance of a Village retailer's license for the sale of alcoholic liquor for the term beginning _____**,** 20, and ending _____**,** 20, and hereby certify(ies) to the following facts:

1.) Applicant Information

- Applicant's full name: _____
  (If a partnership or corporation, give names of all owners of more than 5% on a separate sheet.)

- Business name: _____

2.) Location of Place of Business
(A) Address: _____
(B) Full description of premises (floor, room, etc.): _____

3.) Principal kind of business: _____

4.) Class of license applied for (check one):
☐ Class R – Restaurant (no package sales) ($1,300 annually)
☐ Class P-1 – Package only ($1,200 annually)
☐ Class P-2 – Beer and wine package ($1,000 annually)
☐ Class P-3 – Package/gaming ($1,000 anually)
☐ Class T-1 – Special events ($100/day annually)
☐ Class T-2 – Special events ($150/day annually)
☐ Class T-3 – Special events ($150/day annually)
☐ Class OC – Outdoor café ($100 annually)
☐ Class MB/W-1 – Microbrewery/winery ($600 annually)
☐ Class MB/W-2 – Microbrewery/winery ($1,000 annually)

5.) Restaurant License (if applicable):
☐ Yes ☐ No
If yes:

- (A) Maintained and held out to the public as a place where meals are actually and regularly served? ☐ Yes ☐ No

- (B) Provided with adequate and sanitary kitchen and dining facilities with sufficient employees? ☐ Yes ☐ No

6.) Does the applicant own premises? ☐ Yes ☐ No

7.) If leased, does the lease cover the full license period? ☐ Yes ☐ No ☐ N/A (Attach copy.)

8.) Is the applicant licensed as a food dispenser? ☐ Yes ☐ No

9.) Is the location within 100 feet of a school, hospital, home for aged/indigent/veterans, military/naval station, or within 100 feet of a church (property line to property line)? ☐ Yes ☐ No

10.) Is any law enforcement or other government official, Mayor, Trustee, County Board member directly interested in this business? ☐ Yes ☐ No

11.) Has any manufacturer, importing distributor, or distributor provided money, credit, or value toward this license (other than normal 30-day credit)? ☐ Yes ☐ No

12.) Is the applicant or any affiliate engaged in the manufacture of alcoholic liquors? ☐ Yes ☐ No

13.) Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? ☐ Yes ☐ No
If yes, give location(s): _____

14.) Will business be conducted by a manager/agent? ☐ Yes ☐ No
If yes, provide:

- Name: _____
- Address: _____

15.) Do you hold any other current business licenses issued by the Village? ☐ Yes ☐ No
If yes, list type and address of licensed premises: _____

INDIVIDUAL APPLICANT:

16.) (a) Name: _____
Date of Birth:__ **/__**/_____

(b) Residence Address: _____
Telephone: _____
Email: _____

(c) Place of birth: _____
(d) U.S. Citizen? ☐ Yes ☐ No
If naturalized: Date __**/__**/_____ Where: _____
Court/Law under which naturalized: _____

(e) Ever convicted of a felony? ☐ Yes ☐ No
If yes, state offense/date: _____

(f) Ever convicted of keeping a house of ill fame, pandering, or crimes against decency/morality? ☐ Yes ☐ No
If yes, state offense/date: _____

(g) Ever convicted of violation of Federal/State liquor law since Feb. 1, 1934? ☐ Yes ☐ No

(h) Ever permitted an appearance bond forfeiture for such violations? ☐ Yes ☐ No

(i) Has any license issued to you by State, Federal, or local authorities been revoked, suspended, or fined? ☐ Yes ☐ No
If yes, state reason/date: _____

CO-PARTNERSHIP / CORPORATE APPLICANT:

17.) (Attach separate sheet if necessary)
(a) List all partners, officers, directors, and shareholders owning more than 5%:

- Name: _____
  Date of Birth:__ **/__**/_____
  Residence Address: _____
  Telephone: _____
  Email: _____
  Place of Birth: _____
  U.S. Citizen? ☐ Yes ☐ No
  If naturalized: Date: __ **/__**/_____ Where: _____
  Court/Law under which naturalized: _____

(e) Ever convicted of a felony? ☐ Yes ☐ No
If yes, state offense/date: _____

(f) Ever convicted of keeping a house of ill fame, pandering, or crimes against decency/morality? ☐ Yes ☐ No
If yes, state offense/date: _____

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207 East Lincoln Street • P.O. Box 716 • St. Joseph, Illinois 61873-0716
• Phone: (217) 469-7371 •

AFFIRMATION

I/We, the undersigned applicant(s), hereby affirm that all information provided in this application and any attached documents is true, complete, and accurate to the best of my/our knowledge and belief. I/We, also understand that the Village requires successful background checks, and I/We will participate in this background check. I/We understand that any false statements, omissions, or misrepresentations may be grounds for denial, suspension, or revocation of the license requested, as well as possible penalties under law.

Applicant(s):

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

SUPPLEMENTAL CHECKLIST – CLASS P-3 LICENSE (Package/Gaming)

A Class P-3 license entitles the licensee to sell alcoholic liquor in original packages, which may be consumed on the premises where sold; provided, however, that not more than two (2) original packaged alcoholic beverages per customer may be consumed on premises per day. A Class P-3 license also permits gaming terminals subject to the following requirements. Please confirm compliance:

1. **Consumption Restriction**
   ☐ I affirm that no customer will be permitted to consume more than two (2) original packaged alcoholic beverages on the premises per day.
2. **Enclosed Gaming Room**
   ☐ Gaming terminals will be located in a fully enclosed room with four walls extending from floor to ceiling.
   ☐ The room will include a customary security door for ingress and egress.
3. **Age Verification**
   ☐ A Driver's License Scanner verifying legal gambling age will be installed.
   ☐ Scanned verification will be the only mechanism to enter the gaming terminal room for patrons.
4. **Outdoor Light Pollution**
   ☐ Facility lighting is designed to prevent outdoor light pollution from projecting onto neighboring properties.
5. **License Availability**
   ☐ I acknowledge that these terms must be complied with to maintain good standing with P-3 Liquor License .

AFFIRMATION

I/We, the undersigned applicant(s), hereby affirm that all information provided in this application and any attached documents is true, complete, and accurate to the best of my/our knowledge and belief. I/We understand that any false statements, omissions, or misrepresentations may be grounds for denial, suspension, or revocation of the license requested, as well as possible penalties under law.

Applicant(s):

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____