Rebecca Barbour
City Clerk

MT. VERNON ILLINOIS
Creativity Redefined!

City of Mt. Vernon
1100 Main PO Box 1708
Mt. Vernon, IL 62864
cityclerk@mtvernon.com

618-242-6815
FAX 618-242-6867
www.mtvernon.com

Liquor License Approval (Form Rev. 2021) - Chapter 111 of Code of Ordinances

Applicant:_____ Date:_____
Address:_____
Email:_____ Telephone:_____

PLACE A CHECK BESIDE THE CLASS OF LICENSE YOU ARE REQUESTING

X	LICENSE CLASSIFICATION	ANNUAL FEE	PERMITS
1.	**Event Center**	$2,000	• Consumption Sales (All Alcoholic Liquor) • Video Gaming Terminals Allowed*
2.	**Brew Pub**	$2,000	• Manufacture Beer • Consumption & Package Sales (Beer) • Video Gaming Terminals Allowed*
3.	**Club**	$2,000	• Consumption & Package Sales (All Alcoholic Liquor) • Video Gaming Terminals Allowed*
4.	**Club** (Less than 300 members)	$500	• Consumption & Package Sales (All Alcoholic Liquor) • Video Gaming Terminals Allowed*
5.	**Downtown Sidewalk Dining**	$100	• Consumption Sales (In accordance with current liquor license within a sidewalk dining area licensed under Article 32)
6.	**Festival Events** (Property at 207 S. 7th Street & right of way upon 9th Street between Broadway & Casey)	$100/day $500/year	• Consumption Sales (Beer and Wine) • Not-For-Profit Organizations • Paper, Plastic, Styrofoam Containers, only
7.	**Hotel**	$2,000	• Consumption (All Alcoholic Liquor) • Video Gaming Terminals Allowed*
8.	**Hotel Patron License**	$800	• Consumption (All Alcoholic Liquor) • Video Gaming Terminals Allowed*
9.	**Interchange Video Gaming** (Located within ¾ mile radius of Interchanges)	$2,000	• Consumption Sales (Beer and Wine) • Video Gaming Terminals Allowed*
10.	**Movie Theater License**	$2,000	• Consumption (All Alcoholic Liquor) • Video Gaming Terminals Allowed
11.	**Package Sales** (One License per person/entity unless licensed before 8/21/17)	$2,000	• Package Sales (All Alcoholic Liquor)
12.	**Package Sales** (Licensed before 8/21/17) (One License per person/entity unless licensed before 8/21/17)	$4,000	• Package Sales (All Alcoholic Liquor) • Consumption Sales (Beer and Wine) • Video Gaming Terminals Allowed*
13.	**Package Sales Beer and Wine** (One License per person/entity unless licensed before 8/21/17)	$2,000	• Package Sales (Beer and Wine)
14.	**Restaurant Beer and Wine**	$800	• Consumption Sales (Beer and Wine) • Video Gaming Terminals*
15.	**Restaurant with Lounge**	$2,000	• Consumption Sales (All Alcoholic Liquor) • Video Gaming Terminals Allowed*
16.	**Retail Business Customer** (Primary sales are not the sale of alcoholic liquor or food)	$2,000	• Consumption Sales (Beer and Wine) • Consumption Sales (All Alcoholic Liquor) during events subject to a Temporary Special Event Permit • Paper, Plastic, Styrofoam Containers, only
17.	**Package and Consumption Sales** *(formerly Tavern)*	$3,000	• Consumption & Package Sales (All Alcoholic Liquor) • Video Gaming Terminals Allowed*
18.	**Temporary Special Event**	$50/day	• Consumption Sales (All Alcoholic Liquor) • Not-For-Profit Organizations • Paper, Plastic, Styrofoam Containers, only • Three (3) permits per organization/calendar year • Six (6) permits per premise/calendar year
19.	**Temporary Special Event Permit**	$100/day	• Consumption Sales (All Alcoholic Liquor) • Current Liquor Licensee • Paper, Plastic, Styrofoam Containers, only • Twenty-six (26) daily permits/calendar year
20.	**Wine-Makers Retail**	$2,000	• Manufacture Wine • Consumption Sales (Beer and Wine) • Package Sales (Wine) • Video Gaming Terminals Allowed*

- **Video Gaming Terminals permitted during legal hours of operation allowed for the consumption of alcoholic beverages at the Establishment as set forth with Chapter 111*
- **Video gaming must comply with all provisions of Chapter 114*
- *A Licensed Truck Stop Establishment may operate a video gaming terminal on a continuous basis.*
- *No Establishment having any video gaming terminal licenses shall be situated within one hundred (100) feet of another Establishment having a video gaming terminal license.*
- *Sunday alcohol sales allowed for all Establishments*

	Documents and Fees Required. $_____total license fee to be paid
	If INDIVIDUAL making application, proof/copy of in-city residence must be submitted
	If PARTNERSHIP making application, proof/copy of Jefferson County residence must be submitted for each partner
	If CORPORATION making application, proof/copy of Jefferson County residence by Manager
	Copy of deed or lease for licensed premises property extending at least through the end of the license year, April 30th
	If newly formed corporation, copy of Certificate of Incorporation from SOS- Phone (217) 782-7880
	If existing corporation, copy of Certificate of Good Standing from SOS- Phone (217) 782-7880
	If corporation formed outside of Illinois, copy of Certificate authorizing corporation to do business in Illinois from SOS - Phone (217) 782-7880
	Proof/copy of Retailer's Occupation Tax (ROT) Number- Phone (217) 782-3336
	Copy of Certificate of Dram Shop Liability Insurance in an amount of not less than $1,000,000 extending at least through the end of the license year, April 30th
	If new business or building remodel, copy of Certificate of Occupancy- Phone (618) 242-6830
	Must comply with Article 6, Section 111.11 Location Restrictions in the Code of Ordinances of the City Mt. Vernon, IL
	Must be current on all fees, taxes imposed by the City of Mt. Vernon, any charge for water, sewer, and garbage services, and on any loan agreement and contract with the City. (Code of Ordinances, Article 6, Section 113.03 D18)
	Applications must be fully completed and signed with all required documentation attached
	Other

For Office Use Only: Criminal background checks on:
☐Applicant/Owner ☐Partners ☐Officers ☐Directors ☐Manager ☐Stockholder

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APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

To the Liquor Control Commissioner of the City of Mt. Vernon in the County of Jefferson and State of Illinois

The undersigned hereby makes application for a license for the sale at retail of alcoholic liquors under the provision of an Act entitled, *An Act Relating to Alcoholic Liquors.*

Name of Business:_____

Address of Business:_____

Telephone Numbers: **Business**_____ **Cell**_____ **Other**_____

Email Addresses:_____

Class of License Applied for:_____
(see list)

INDIVIDUAL APPLICANT (*Complete this section if you are applying individually*)

a). Name of the applicant:_____

b). Birth date of applicant:_____

c). Social Security Number of applicant:_____

d). Driver's License Number:_____

e). Residence address of applicant:_____

_____

f). Citizenship:_____

g). Applicant's place of birth:_____

h). Applicant was naturalized on the_____day of_____,_____
by order of the_____Court of the County of _____
and the State of_____.

PARTNERSHIP APPLICANTS

(Complete this section if you are a partnership)

Date of Formation of Partnership:_____

Partner #1

a). Name of partner:_____

b). Birth date of partner:_____

c). Social Security Number of partner:_____

d). Driver's License Number of partner:_____

e). Residence address of partner:_____

_____

f). Citizenship:_____

Partner #2

a). Name of partner:_____

b). Birth date of partner:_____

c). Social Security Number of partner:_____

d). Driver's License Number of partner:_____

e). Residence address of partner:_____

_____

f). Citizenship:_____

Partner #3

a). Name of partner:_____

b). Birth date of partner:_____

c). Social Security Number of partner:_____

d). Driver's License Number of partner:_____

e). Residence address of partner:_____

_____

f). Citizenship:_____

Attach additional page if needed

CORPORATION OR CLUB APPLICANTS

(Complete this section if you are a corporation or club)

DATE OF INCORPORATION: _____ *(Attach Certificate of Incorporation from Sec. of State)*

Foreign Corporation, State Incorporated _____

Date that corporation was qualified to transact business in the State of Illinois _____.

COMPLETE for all officers, directors, and managers.

#1

a). Name: _____

b). Birth date: _____

c). Social Security Number: _____

d). Driver's License Number: _____

e). Residence address: _____

_____

f). Title/Position: _____

g). Citizenship: _____

#2

a). Name: _____

b). Birth date: _____

c). Social Security Number: _____

d). Driver's License Number: _____

e). Residence address: _____

_____

f). Title/Position: _____

g). Citizenship: _____

#3

a). Name: _____

b). Birth date: _____

c). Social Security Number: _____

d). Driver's License Number: _____

e). Residence address: _____

_____

f). Title/Position: _____

g). Citizenship: _____

Attach additional page if need

CORPORATION OR CLUB APPLICANTS (continued)

COMPLETE for all persons who own or have an interest in over five (5) percent of the stock

#1

a). Name:_____

b). Birth date:_____

c). Social Security Number:_____

d). Driver's License Number:_____

e). Residence address:_____

_____

f). Title/Position:_____

#2

a). Name:_____

b). Birth date:_____

c). Social Security Number:_____

d). Driver's License Number:_____

e). Residence address:_____

_____

f). Title/Position:_____

#3

a). Name:_____

b). Birth date:_____

c). Social Security Number:_____

d). Driver's License Number:_____

e). Residence address:_____

_____

f). Title/Position:_____

Attach additional page if need

ALL APPLICANTS

1. RESIDENT MANAGER

*The Resident Manager must be a bona fide resident of Jefferson County, Illinois, or a bona fide resident of a county which is adjacent to and contiguous with Jefferson County, Illinois, and must be a full-time employee of licensee who is physically present daily at the licensed premise. A corporation and similar business entities must conduct business by a resident manager. (**Attach proof of residency.**)*

a). Name:_____

b). Birth date:_____

c). Social Security Number:_____

d). Driver's License Number:_____

e). Residence address:_____

_____

f). Dates of Residency: From:_____ To:_____

---

2. LOCATION

The location and description of premises of place of business, which is to be operated under such license:

._____

._____

._____

(Location must not conflict with location restrictions detailed within Chapter 111 Section .11 of the City of Mt. Vernon Revised Code of Ordinances.)

Name and address of Landlord if the premises are leased: (***Attach copy of lease***)

._____

._____

Term of Lease:_____years **From:_____** **To:_____**

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3. NATURE OF BUSINESS

The nature of the business, which the applicant(s) intends to conduct *(e.g., hotel, restaurant, tavern, etc.):*

._____

._____

Amount of applicant's anticipated gross revenue from other sources within the proposed licensed premise *(e.g.,snacks, food, groceries, drugs, etc.)*

._____

List of governmental entities in which applicant has submitted application for liquor license, the date, the disposition, amounts of and reasons for fines imposed on application.

._____

._____

._____

4. The applicant, individual, partners of partnership, and officers, manager, director, and stockholders of any corporation have never been convicted of keeping a house of ill fame, convicted of pandering, or other crime or misdemeanor, opposed to decency and morality, or convicted of any felony under any Federal or State Law.

5. The applicant, individual, partners of partnership, and officers, manager, director, and stockholders of any corporation authorizes a complete criminal background. ***(Attach signed Authorization and Release)***

6. The name of the applicant, individual, partners of partnership, and officers, manager, director, and stockholders of any corporation who have been issued a federal wagering stamp for the current tax period.

_____

7. **Attach** evidence of dram shop liability insurance covering the entire period of the license in the form of a certificate of insurance issued by an insurance company licensed to do business in the State of Illinois. The certificate shall insure applicant and owner or lessor of the premises in such amounts as may be required by the Illinois Liquor Control Act, or in an amount of not less than $1,000,000 whichever amount is greater.

8. **Attach** copy of Retailer's Occupation Tax (ROT) Certificate.

9. Each application shall be accompanied by the required full annual license fee paid by cash, certified check, or money order.

THE WILLFUL MAKING OF ANY FALSE STATEMENT AS TO A MATERIAL FACT IN THIS APPLICATION SHALL CONSTITUE CAUSE FOR REVOCATION OF ANY LICENSE ISSUED.

This application shall be signed by the applicant, all partners, or president and secretary of the corporation or club.

Dated:_____

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title

ACKNOWLEDGMENT

State of ILLINOIS

County of _____

The foregoing instrument was acknowledged before me this_____day of_____, 20____by

_____ (name of acknowledging individual, partner, officer, or agent), by

_____ (name of acknowledging individual, partner, officer, or agent), by

_____ (name of acknowledging individual, partner, officer, or agent), and by

_____ (name of acknowledging individual, partner, officer, or agent).

X_____

Notary Public

(SEAL)

My Commission Expires: _____

Approved this_____day of_____, 20_____.

_____

Mayor of Mount Vernon, Illinois

Filed this_____day of_____, 20_____.

_____

City Clerk of Mount Vernon, Illinois

(SEAL)

License Number:_____

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CRIMINAL HISTORY AND BACKGROUND CHECK
LIQUOR LICENSE

The City of Mt. Vernon, Illinois may obtain your criminal history and background check to obtain a liquor license from the City of Mt. Vernon, Illinois.

Authorization and Release

The undersigned hereby acknowledges and understands that the City of Mt. Vernon may procure information regarding the applicant's criminal history and background check. Regarding my application for a liquor license with the City of Mt. Vernon, Illinois, I authorize the procurement of a pre-screening report and understand that it may contain information about my background and criminal history. I understand that, upon written request within a reasonable period, I am entitled to additional information concerning the nature and scope of this pre-screening. I hereby release the City of Mt. Vernon, its officers, agents, employees, and servants from any liability arising from the preparation of this report or pre-screenings relating thereto.

The undersigned hereby authorizes the City of Mt. Vernon to request and to obtain any or all the information described within the immediately preceding paragraph to be used to obtain a liquor license.

This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, and past performance. I authorize all persons, schools, companies, corporations, and law enforcement agencies to release such information without restriction or qualifications to the City of Mt. Vernon, and any of their officers, agents, employees, and servants. I voluntarily waive all recourse and release them from liability for complying with this authorization.

The undersigned hereby releases the City of Mt. Vernon and any person who provides the foregoing information to the City of Mt. Vernon from any liability and damage of whatsoever nature or type because of furnishing the information described above.

Liquor license applicants are not obligated to disclose sealed or expunged records of conviction or arrests (IL Public Act 093-0211). Any omission or untrue statements not in accordance with IL Public Act 093-0211 will be grounds for rejection of the granting of a liquor license.

I authorize that a photocopy of this release will be considered as valid as the original.

_____ Date

_____ Signature

_____ Driver's License Number ***(Attach copy)***

_____ Address

_____ Social Security Number

_____ Telephone Number

_____ Birth Date

_____ Email Address