Application for License to Sell Alcoholic Liquor at Retail within the Corporate Limits

☐ New Application ☐ Renewal License ☐ Transfer

Applicable Fee

Licensing Period

Each application shall be accompanied by the applicable issuance fee and license fee made payable to the City of Freeport. Background checks are required of owners of more than a 5% interest in any licensee and resident managers. Background check applications and instructions are available from the City Clerk or on the City of Freeport website under Documents/City Clerk Forms/Liquor License Background Check

To the Liquor Commissioner of the City of Freeport, Illinois: ***The undersigned hereby applies to the City of Freeport, Illinois for a license to sell retail alcoholic liquors within the corporate boundaries under the provisions of Chapter 806 of the Codified Ordinances of the City of Freeport.***

1. APPLICANT – CORPORATE INFORMATION

A. FEIN

The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service.

FEIN #
–

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number.

Illinois Business Tax #
–

C. CORPORATE 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 state liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

Name

D. MAILING ADDRESS/PHONE (if different than premises address/phone)

Enter the county, city, state, zip code, street address, and area code/telephone number/extension of the sole proprietorship, corporation, etc.

County	City	State	Zip Code

Street Address	Area Code/Telephone No.

2. STATUS OF BUSINESS

Check the applicable 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 the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois' in the 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 of such entity.

(This column – new applicants only)

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 COMPANY	SECRETARY OF STATE FILE #:	______________
F.	☐ LIMITED PARTNERSHIP	DATE QUALIFIED TO DO BUSINESS IN IL	______________
G.	☐ LIMITED LIABILITY PARTNERSHIP		

3. OWNERSHIP INFORMATION

Provide the owner/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), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, zip code, 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 in the blank at the bottom of this page "______%".*

Name (Last, First, Middle Initial)	Home Address	City	State	Zip Code	%

Date of Birth	Sex	Title/Position	Email	Area Code/Telephone No.

Name (Last, First, Middle Initial)	Home Address	City	State	Zip Code	%

Date of Birth	Sex	Title/Position	Email	Area Code/Telephone No.

Name (Last, First, Middle Initial)	Home Address	City	State	Zip Code	%

Date of Birth	Sex	Title/Position	Email	Area Code/Telephone No.

Name (Last, First, Middle Initial)	Home Address	City	State	Zip Code	%

Date of Birth	Sex	Title/Position	Email	Area Code/Telephone No.

TOTAL PERCENTAGE HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST ________%

Renewals: Initial that ownership percentages have been verified and revised if necessary. (_________) *Initials*

4. IDENTIFIED PERSONS INFORMATION

Here you must list the Authorized Agent and Resident Manager, as defined in 806.01 of the Codified Ordinances of the City of Freeport. Generally, the Authorized Agent is the person who should be contacted in relation to any decisions to be made by the licensee, and will also be the person on whom any official notices are served. The Resident Manager may, but need not, be a different person. The Resident Manager must be a full-time employee who is a US Citizen, resides within City Limits, and is responsible for conducting the day-to-day business of the licensee.

Licensee hereby consents to service of process for purposes of any notice to be given pursuant to the Codified Ordinances of the City of Freeport, Illinois, including, but not limited to the provisions of Chapters 608 or 806 thereof, via electronic mail transmission at the address set forth below as to the Authorized Agent. Licensee understands that it is the Licensee's duty to maintain a valid electronic mail address at all times, and to notify the City Clerk promptly in the event of any change therein.

AUTHORIZED AGENT:

Name (Last, First, Middle Initial)	Street Address	City	State	Zip

Date of Birth	Sex	Title/Position	Area Code/Telephone No.	Electronic Mail (required)

☐ **CHECK HERE** if Resident Manager is the same person as the Authorized Agent and skip to Business Premises Information. If Resident Manager is different than the Authorized Agent, leave this box blank and fill out the following Section.

RESIDENT MANAGER (if different from Authorized Agent)

Name (Last, First, Middle Initial)	Street Address	City	State	Zip

Date of Birth	Sex	Title/Position	Area Code/Telephone No.	Electronic Mail (required)

5. BUSINESS PREMISES INFORMATION

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 premises. **Note! This name must be consistent with the name printed on your State license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.**

Name (Doing Business As D/B/A)

B. TELEPHONE NUMBER AT PHYSICAL PREMISES

Area Code/Telephone No. ("LAND LINE" as required by Section 608.15 of the Codified Ordinances).

C. STREET ADDRESS

Address

D. **BUSINESS TYPE** Check one box which best describes the type of business. If the selections are inappropriate, describe the business under "other"

A. ☐ DRUG STORE/PHARMACY
B. ☐ RESTAURANT
C. ☐ CONVENIENCE
D. ☐ SUPERMARKET
E. ☐ LIQUOR STORE
F. ☐ DEPARTMENT STORE
G. ☐ BAR/TAVERN
H ☐ HOTEL/MOTEL
I. ☐ CONVENIENCE &GAS
J. ☐ SMALL GROCERY
K. ☐ GAS STATION
L. ☐ OTHER _____

E. STATE LICENSE AT PREMISE

STATE OF ILLINOIS LICENSE ISSUED BY LIQUOR CONTROL COMMISSION
(New applicants note: This section will be blank until completion of your local license application process and application to State Liquor Control Commission. Upon receipt of State license, you must provide a copy to the City of Freeport Liquor Commission.)

License No.	Date Issued	Expiration Date	Date you began Liquor Sales at this Premise

F. HOURS OF OPERATION

MON	TUES	WED	THURS	FRI	SAT	SUN

G. **EXPECTED OPENING DATE :** _____ (New applicants only)

6. PROPERTY

A. Rights to Property – By signing this Application, the Applicant certifies that the business premises identified in Section 2 of this Application is:

☐ Owned by Applicant (must provide proof of ownership in the form of a Deed or other document showing title ownership of property)

☐ Leased from _____
(Must provide a signed written lease for a term of not less than one (1) year. If lease has expired, must provide written extension.)

B. Is the location of applicant's business for which this license is sought within 100 feet of any church, school, or hospital?
☐ **Y** ☐ **N**

C. ☐ Special Use Permit obtained for Alcoholic Liquor Sales (*new and transfer applicants*)

7. ELIGIBILITY/HISTORY 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 corporate stock, AND any individuals or partners listed on this application.

A. Are you indebted in any manner to the City or in default under the provisions of the Business Regulation and Taxation Code (i.e. an amount outstanding for Food and Beverage Taxes)?
☐ **Y** ☐ **N**

B. Are you disqualified to receive from the City of Freeport, Illinois, a retail license by reason of any matter or thing contained in the Freeport Municipal Code or the Illinois Liquor Control Act?
☐ **Y** ☐ **N** If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 7.B.

C. Are you, or is any other person having either direct or indirect interest in your place of business, a public or law enforcing official (public official, mayor, city council member or any officer of the City) with jurisdictional authority?
☐ **Y** ☐ **N** If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 7.C.

D. Have you or any officer or, in the case of a corporation, the resident manager or, in the case of a partnership, any of the partners, ever been convicted of a felony?

☐ **Y** ☐ **N** If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 6.D.

E. Have you or any natural person named in application ever held a retail liquor license which has been revoked or suspended for cause while being a holder?

☐ **Y** ☐ **N** If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 7.E.

F. Has the corporate applicant ever held a retail liquor license which has been revoked or suspended for cause while being a holder?

☐ **Y** ☐ **N** If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 7.F.

G. Has any person named in application ever been convicted of a violation of any Federal or State law covering the manufacture, possession or sale of alcoholic liquor, or has any of said persons ever forfeited his bond to appear to court to answer charges for any such violation?

☐ **Y** ☐ **N** If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 7.G.

8. LICENSE INFORMATION

Class of license sought:

TIER I LICENSES

☐ Class A – Tavern License (sales for consumption on premises)

☐ Class R – Restaurant License (sales for consumption on premises)

Additional Submissions Required:

☐ Copy of current Stephenson County Category I or II Food Service License

☐ Class LR – Limited Restaurant License (sales for consumption on premises)

Additional Submissions Required:

☐ Copy of current Stephenson County Category I or II Food Service License

☐ Class P – Package Sales (sales for off-premises consumption only)

☐ Class K - Craft Sales (Brew Pub or Wine Retailer)

TIER II LICENSES

☐ Class W – Wine and Beer only (sales for consumption on premises)

☐ Class WP - Wine and Beer only (sales for consumption off premises)

TIER III LICENSES

☐ Class CR – Caterer-Retailer (consumption on premises)

_____ Number of events held in previous licensing period

☐ Class H – Rental Hall License (consumption on premises)

TIER IV LICENSES

☐ Class M – Park District License (consumption on premises)

☐ Class TH – Theater (consumption on premises)

☐ Class CTH – Non-Profit Community Theater (consumption on premises)

TIER V LICENSES

☐ Class BYOB – Bring Your Own Bottle for Meeting Halls (consumption on premises)

_____ Number of events held in previous licensing period

SUPPLEMENTAL LICENSES REQUESTED (New applicants: Attach Separate Application Form)

☐ Outdoor Sales

☐ Video Gaming

- ☐ New applicants: Confirmation from Building Inspector of dining area
- ☐ Renewal applicants: Provide Accountant's Statement
- ☐ Renewal applicants: Provide copy of valid Illinois Gaming Board license

☐ Package Sales

9. CERTIFICATE OF INSURANCE

You must provide a copy of your Certificate of Insurance. The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) The applicant named as an insured, 2) The address of the location matching the business address on this application, 3) The dates of coverage and the coverage limits, and 4) The City of Freeport listed as a Certificate Holder (for purposes of receiving copies of updates/renewals)

Insurance Carrier	Dates of Coverage

10. ADDITIONAL DOCUMENTATION REQUIRED:

***MARK WITH (X) IF INCLUDED*:**

Corporation	Limited Liability Company (LLC)	Clubs/Fraternal Organizations
☐ Certificate of Good Standing	☐ Certificate of Good Standing	☐ List of Officers (Name & Address)
☐ Last Corporate Annual Report (Ex: Sec'y of State - Form CDBCAF)	☐ Last Annual Report	
☐ List of Officer(s): (Name & Address)	☐ List of Managers (Name & Address)	
☐ List of Shareholders (Name, Address & Ownership Share)	☐ List of Members (Name, Address and Ownership Share)	

B. NEW LICENSES OR TRANSFER OF LICENSE TO NEW LOCATION and NEW OWNERS OVER 5%

	Office Use Complete
Certificate of Occupancy	☐
Background check(s) submitted to Freeport Police Department	☐
Surveillance camera equipment inspected by Freeport Police Department	☐

11. CONTACT PERSON

If not previously provided in application, provide contact information for inquiries regarding application, i.e. the person who completed this application.

Contact Person	Area Code/Telephone No.	Email Address

The City of Freeport Liquor Commission is requesting disclosure of information that is necessary under the City of Freeport Municipal Code. Disclosure of this information is mandatory. Failure to provide any information will result in the non-issuance of your license.

APPLICANTS' CERTIFICATION

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 partner. The signature must be an original (rubber stamps are not accepted) and signed before a notary.

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 FREEPORT 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 STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE CITY OF FREEPORT, IN PARTICULAR, THE RULES AND REGULATIONS REGARDING THE SALE OF ALCOHOLIC LIQUOR.

FURTHER, I AGREE TO NOTIFY THE CITY CLERK'S OFFICE WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

Dated _____

_____

Signature of Applicant

_____

Title

(AFFIX CORPORATE SEAL)

STATE OF _____

COUNTY OF _____

Being each duly sworn upon his respective oath, states that he has read the above and foregoing application and knows the contents thereof and that the things and matters therein stated are true and correct.

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

_____

Notary Public

(SEAL)