Colona City Hall
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Brian Johnson
Mayor

Charlotte Park
City Clerk

LIQUOR LICENSE APPLICATION

Please add your annual business license registration if it is not already complete. Thank you.

BUSINESS INFORMATION Date: _____

1. Business Name: _____
2. Business Address: _____
   Phone: _____
   Email: _____

3. Type of Business (Check One):
   Tavern: _____
   Restaurant: _____
   Package Store: _____
   Other (Specify): _____ _____

4. Type of Ownership (Check One):
   Sole Proprietor _____
   Partnership _____
   Corporation _____ If yes, circle one: For-profit Nonprofit

5. Is the business's building owned: _____Yes _____No

6. Is the business's building leased: _____Yes _____No

7. Number of years the business has been operating: _____ years

8. Illinois Retail Occupation Tax No.: _____

9. Attach a sketch of the premises (to scale on 8 ½" X 11" paper) showing all exits and locations where alcoholic liquor will be stored, dispensed, sold or consumed.

10. Is any law enforcing public official, mayor, alderman, member of the city council or commission, or any president of or member of the county board directly interested in the business for which the license is sought? _____

11. Has any manufacturer, importing distributor, or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____
12. Is the applicant or any affiliate, associate, subsidiary, officer, director, or other agent engaged in the manufacture of alcoholic liquors? _____
    If so, at what location(s)? _____

13. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? _____
    If so, what location? _____

14. Will the business be conducted by a manager or agent? _____
    If so, provide their name, address, phone number, and email:
    Name: _____
    Address: _____
    Phone: _____ Email: _____

15. Do you hold any other business licenses issued by the City of Colona? _____
    If so, what type of license do you currently hold, and what is the address of the licensed premises?
    Type: _____
    Address: _____

16. List Dram Shop Insurance coverage including the name and address of the insurance company for both the license and owner of the building in which the alcoholic liquor will be sold for the duration of the license.

    _____

17. Clubs must attach:
    - The name and addresses of their directors and officers
    - The name and addresses of their members
    - A statement of their purpose.

18. If application is for a fundraising event, please give date(s). _____

19. Please **circle the number** in front of the Class of Liquor License you are applying for on the form below:

3-2-6: LICENSE CLASSIFICATIONS; FEES:

1. **Class A ($700.00):** Shall entitle the licensee to make only package liquor sales of alcoholic beverages for consumption only off the premises.

2. **Class C ($650.00):** Shall authorize the retail sale of beer and wine on premises operated as a restaurant in which food is served, and sales of food constitute sixty percent (60%) or more of the gross receipts of the business.

3. **Class D ($800.00):** Shall authorize the retail sale of alcoholic liquor for on and/or off the premises consumption.

4. **Class E ($800.00):** Shall entitle the licensee to sell, keep, or offer for sale at retail, on the premises licensed, any liquor, wine or beer as defined for consumption on the premises where such sales do not constitute the principal item of business of furnishing food and entertainment on the premises. Said license shall not be construed to prohibit sales in the original package.

5. **Class T ($25.00/Day):** Upon approval by the Local Liquor Commissioner, a Class T, or temporary license, to sell alcoholic liquor at retail may be granted to organized clubs, societies, associations, fraternal organizations duly constituted churches, or other not-for-profit organizations. A temporary license may be issued pursuant to this subsection A6 for one (1) day, two (2) days or three (3) consecutive days. The license shall specify on its face the duration.
   - **Number Of Licenses:** No organization shall be issued more than one temporary license during any thirty (30) day period.
   - **Time Of Application:** All applications for temporary licenses must be received by the liquor commissioner at least thirty (30) days prior to the dates being requested.
   - **Dram Shop Liability Insurance:** All applicants for a temporary license shall show evidence of dram shop liability insurance or other proof of financial responsibility prior to the issuance of such license.

   Dates applying for: _____

Term; Disposition and Proration of Fees:

1. **Disposition Of Fees:** All such fees shall be paid to the clerk at the time application is made and shall be forthwith turned over to the treasurer. In the event the license applied for is denied, the fee shall be returned to the applicant; if the license is granted, then the fee shall be deposited in the general fund or in such other fund as shall have been designated by the city council by proper action.
2. **Term; Proration:** The official licensing year shall begin on June 1 in each year and end on May 30 of the next succeeding calendar year. All licenses shall expire on May 31 in each calendar year but the license fees provided for shall be reduced in proportion to the number of full calendar months which have expired in the official license year, prior to the issuance of such licenses, but the full license fee shall be charged for any license issued at any time during the first month of such license year. The license fee shall be paid and there shall be no refund of any portion of the same except that the initial license fee to be paid shall be reduced in proportion to the full calendar months which have expired in the year prior to the issuance of such license. No license shall be issued for any term less than the balance of the unexpired license year.

Please indicate the **class you are applying for**: _____
Please indicate the **amount paid** with your liquor license application:
Cash: _____ Check: _____ Check #: _____ Credit Card: _____

PERSONAL LICENSE INFORMATION

1. Name of the person/corporation/partnership requesting a liquor license and the date of the incorporation if applicable: _____

2. Please state the object for which the corporation or club was organized:
   _____

3. Name of partner, or corporate officers, directors, shareholders and local manager if any and his or her interest in the corporation. Per City Ordinance you must have a resident of Colona as manager. Their information should follow: (attach separate sheet if needed):
   _____

4. Date and place of birth: _____

5. Residence address: _____
   How long have you lived there? _____
   Phone #: _____
   Driver's License #: _____
   Social Security #: _____

6. Are you a citizen of the United States? _____Yes _____ No
   Are you a naturalized citizen of the United States? _____ Yes _____ No
   Date of naturalization: _____
   If naturalized citizen, where (City and State)? _____
   Court in which (or law under which) naturalized: _____
   _____

7. Have you been convicted of a felony under the laws of the State of Illinois?
   _____ Yes _____ No If so, give date state offense: _____

8. Have you ever been convicted of being the keeper of or are you keeping a house of ill-fame; or of pandering or other crime or misdemeanor opposed to decency and morality?
   _____ Yes _____ No If so, give dates and state the offense: _____
   _____

9. Have you ever been convicted of a violation of a Federal or State liquor law concerning the manufacture, possession or sale of alcoholic liquor, or had forfeited a bond to appear in court to answer charges for any such violation? _____ Yes _____ No

10. Has a license issued by any state, city or village for the sale of alcoholic beverage in which you were part of the application process been suspended or revoked for cause?
    _____ Yes _____ No

11. Have you applied for a liquor license previously in another location? _____Yes _____ No

APPLICATION ASSURANCE

1. Please state by writing "I will" on the line following that you will abide by the governing laws of the City of Colona, Henry County, State of Illinois, United states of America while conducting business should this liquor license be granted. _____
("I will")

2. Please state by writing "I will" on the line following that you will permit any police officer or other official of the City free and unrestricted access to the license premises for the purpose of inspecting the same. _____
("I will")

3. Please initial on the line provided if you understand that in the event the license applied for is denied, the fee shall be returned to the applicant. _____

4. Please confirm on the line below that you understand the following:

   The making of any false statement in the application or the violation by the applicant of any of the agreements or stipulations by applicant entered into by execution of the application shall be sufficient grounds for the revocation of any license granted and shall further be deemed a violation of this chapter and subject the person so offending to the penalties provided for. _____
   ("I understand.")

5. Please confirm on the line below that you understand the following:

   Every person licensed in accordance with the provisions of this chapter shall immediately post and keep posted while in force, in a conspicuous place on the premises, the license so issued. _____
   ("I understand.")

_____
Printed Name

_____ _____
Signature Date

AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF HENRY

I, the undersigned, being first duly sworn on oath, depose and state that I have read the above and foregoing application for a liquor license submitted to the City of Colona, Illinois, and that the information contained therein is true, complete, and correct to the best of my knowledge, information, and belief.

I understand that any false statements or misrepresentations may result in denial or revocation of the liquor license and may subject me to penalties under applicable laws.

_____ _____

Applicant Signature Applicant Signature (if multiple)

_____ _____

Applicant Printed Name Applicant Printed Name (if multiple)

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

_____

Notary Public

My Commission Expires: _____

NOTE: In the event Applicant is a partnership, the Application should be signed and sworn to in the same manner by all partners. In the event applicant is a corporation, the application should be signed and sworn by two officers and the local manager.

License Approved By:

_____

Liquor Commissioner, City of Colona