RETAIL LIQUOR LICENSE APPLICATION
CITY OF KEITHSBURG, ILLINOIS

1. DATE _____ LICENSE CLASS _____

APPLICANT (CORPORATE or LLC NAME)

INDIVIDUAL _____

PARTNERSHIP _____

CORPORATION _____

LLC _____

NAME OF BUSINESS (if an assumed name)_____

PREMISES TO BE LICENSED ADDRESS _____

BUSINESS MAILING ADDRESS _____

LOCAL CONTACT _____ CONTACT PHONE _____

LOCAL CONTACT MAILING ADDRESS _____

TAX IDENTIFICATION NUMBER (FEIN)_____

A. The filing date, location and name for the "Assumed Name" of the business with the County Clerk: _____; or

B. If an Illinois Corporation, the date and file number location for said incorporation: _____; or

C. The date of qualification under the Illinois Business Corporation Act (if a foreign corporation): _____

D. The object for which the corporation is organized: _____

E. If an LLC (date of articles of organization and file number _____

2. Check the appropriate category:

( ) a. I am the sole proprietor of this business.

( ) b. This business is a partnership and a general partner will attach this signature.

( ) c. This business is a Corporation/Club and the President and Secretary will attach their signatures. (Attach copy of Articles of Corporation)

( ) d. This business is a Limited Liability Company and members will attach their signatures (Attach copy of Articles of Organization)

3. The character of the current business of the applicant is: _____

A. Indicate the length of time applicant has been in current business _____

B. The amount of goods, wares and merchandise on hand in current business at the time of application for liquor license: _____

C. Provide legal description of premises to be licensed: _____

D. Provide street address of premises to be licensed: _____

4. Do you have a similar application for a liquor license for any other location: _____

If yes, provide location and status of other liquor license application(s): _____

_____

5. Has a previous liquor license been issued to the applicant: _____

If yes, by what authority: _____ State: _____ Date Issued: _____

6. Has any previous liquor license issued to the applicant been revoked: _____

If yes, provide particulars: _____

7. What is the applicant's Retailer's Occupation Tax (ROT) registration no: _____

A. Is the applicant presently delinquent in the payment of the Retailer's Occupation Tax _____

B. If yes, give reasons for delinquency: _____

8. Is the applicant presently delinquent under the thirty (30) day credit law: _____

If yes, give reasons for delinquency: _____

9. Is the applicant, any individual identified in the application, or any other person, directly or indirectly interested in the place of business, a public official: _____

10. The full name, date of birth, citizenship, naturalization date and place (if applicable), address, telephone number, driver's license number and social security number of all members, officers, directors, managers, and shareholders with an aggregate of more than five percent (5%) of the capital stocks of the corporation or any persons receiving a direct or indirect benefit from the profits of the sale of alcoholic liquor in Keithsburg.

NAME: _____ NAME: _____
Last First M.I. Last First M.I.

Date of Birth: _____ Date of Birth: _____

Place of Birth: _____ Place of Birth: _____

Home Address: _____ Home Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone No: (___) _____ Home Phone No: (___) _____

Social Security Number: _____ Social Security Number: _____

Driver's License Number: _____ Driver's License Number: _____

Citizenship _____ Citizenship _____

Naturalization (if applicable) Naturalization (if applicable)

Date: _____ Place: _____ Date: _____ Place: _____

11. Are premises leased: _____

A. If yes, attach a copy of the lease.

B. Does the lease encompass the term of the license sought?

C. Name and address of owner or owners of premises:

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

12. Identify the person (s) who will manage this business:

NAME: _____ NAME: _____
Last First M.I. Last First M.I.

Birth Date: _____ Birth Date: _____

Home Address: _____ Home Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone No: (___) _____ Home Phone No: (___) _____

13. The applicant, or the person signing on behalf of the applicant, affirms that if this applicant is granted a liquor license, and thereafter the applicant acquires, hires, or appoints a new manager, not listed as a manager in this retail liquor license application, that within thirty (30) days of the date the new manager commences his duties, the applicant shall notify the City Clerk and request a "New Manager Application Form"; said form shall be completed and returned to the City Clerk for further processing and approval by the appropriate authorities.

14. By attachment of his/her signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer.

15. By attachment of his/her signature, the applicant affirms that he/she, and all individuals required to be identified in this application, have not in the past and will not in the future, violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the City, controlling the retail sale of alcoholic liquor and the conduct of his/her place of business.

16. By attachment of his/her signature, the applicant affirms that he/she, and all individuals required to be identified in this application, have never sold, delivered, or given away alcoholic liquor in violation of any state law, or City ordinance, to a person under the minimum age required to purchase or possess liquor.

17. By attachment of his/her signature, the applicant or the person signing on behalf of the applicant, and all individuals required to be identified in this application, affirm that they have never been convicted of a felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any matter or thing contained in the law of the State of Illinois or the provisions of the Liquor Control Ordinance or the City of Keithsburg.

18. The applicant and all individuals required to be identified in this application acknowledge that the granting of a liquor license is a matter of privilege and not a right; that citizens of the City of Keithsburg have traditionally and customarily enjoyed and professed a high regard for decency and morality; and that certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control Ordinance of the City of Keithsburg.

19. The applicant and all individuals required to be identified in this application acknowledge that they have read, understand and will obey the provisions of the Liquor Control Ordinance of the City of Keithsburg.

_____ _____

Signature (Date) Signature (Date)

STATE OF _____ }

COUNTY OF _____ }

The applicant(s) swears or affirms that he/she(we) (or the corporation in whose name this application is made, if a corporation) reaffirms all of foregoing statements, and that all statements are true and correct to the best of his/her(our) knowledge and belief.

INDIVIDUAL OR PARTNERSHIP SIGNATURES:

_____

_____

LLC SIGNATURES:

Member

Member

CORPORATION SIGNATURES:

President

Secretary

(CORPORATE SEAL)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT, _____ is personally known to me or is identified on the basis of identification documents such as a photograph and a signature on a reliable identification card, such as a driver's license and the same person(s) whose name(s) (is/are) subscribed to the foregoing instrument, appeared before this day in person, and acknowledged that he/she/they signed, sealed and delivered the said instrument as his free and voluntary act.

Given under my hand and Notarial Seal, this ___ day of _____, 200__.

{Seal}

Notary Public

I, as Mayor and Liquor Control Commissioner of the City of Keithsburg approve this application and authorize the City Clerk to prepare a liquor license.

Mayor/Liquor Control Commissioner Date

Attest:

City Clerk Date