

CITY OF ANNA, ILLINOIS
APPLICATION FOR CITY OF ANNA LIQUOR LICENSE

References to the "ACT" hereinafter are to the Illinois Liquor Control Act (235 ILCS 5/1 ET SEQ.). The information and documents requested by this Application are REQUIRED for consideration of your Application. Applications lacking these REQUIRED materials will be considered incomplete and will be denied.

The undersigned hereby makes application for the issuance of a City Liquor License for the sale of alcoholic liquor for the term ending December 31, 2021 and hereby certifies the following:

SECTION 1. APPLICANT INFORMATION.

- A. FEIN.** Provide your Federal Employer Identification Number. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. The number is used for verification purposes only.

FEIN #

- B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER).** Provide the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. *This number is required for the issuance of a license.*

ILLINOIS BUSINESS TAX #

- C. NAME OF APPLICANT.** Provide the name of the applicant for the City of Anna Liquor License: sole proprietorship (sole proprietor and assumed name, if applicable), partnership, corporation (Illinois or foreign), limited liability company. *This name must match the name on your Illinois Department of Revenue Sales Tax Registration Certificate and shall be the name that appears on your City of Anna Liquor License.*

NAME

- D. ADDRESS OF THE APPLICANT.** Provide the street address, mailing address, city, state, and zip code, of the Applicant.

STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE

- E. STATUS OF APPLICANT.** Check the applicable box which corresponds to your business entity status.

☐ SOLE PROPRIETORSHIP	DATE RECORDED WITH COUNTY: _____
☐ PARTNERSHIP	DATE FORMED: _____
☐ ILLINOIS CORPORATION	DATE OF INCORPORATION: _____
☐ FOREIGN CORPORATION	STATE OF INC.: _____ DATE AUTHORIZED IN IL: _____
☐ LIMITED LIABILITY COMPANY	DATE FORMED: _____

IF (3) OR (4) ARE CHECKED, provide your current Secretary of State file number: _____

F. OWNERSHIP INFORMATION. Provide the owner/officer/partner/member/shareholder information in accordance with the business status selected in Section 1(E) of this Application. This information must be submitted for all owners/officers/partners/members.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer, member, or shareholder owning the aggregate stock equal to or greater than 5%, and/or premises 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% ownership interest. All not-for-profit organizations and associations must provide the requested information for all officers, directors, and managers. If additional space is required to complete this answer, please provide the information on a separate(s) sheet(s), copies of which are available from the City of Anna.

NAME (LAST, FIRST, MIDDLE)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PH. NO.	% OWNED	

NAME (LAST, FIRST, MIDDLE)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PH. NO.	% OWNED	

NAME (LAST, FIRST, MIDDLE)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PH. NO.	% OWNED	

NAME (LAST, FIRST, MIDDLE)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PH. NO.	% OWNED	

NAME (LAST, FIRST, MIDDLE)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PH. NO.	% OWNED	

NAME (LAST, FIRST, MIDDLE)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PH. NO.	% OWNED	

- G. ESTABLISHMENT MANAGER INFORMATION.** Provide the following information for the person who will manage the business on the premises disclosed in Section 2 of this Application. Must live in Union County, IL.

NAME (LAST, FIRST, MIDDLE)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	PH. NO.	% OWNED	

- H. BUSINESS NAME/TRADE NAME/DOING BUSINESS AS (D/B/A) NAME.** Provide the business name, trade name or D/B/A name under which the Applicant will be selling or serving alcoholic beverages at the licensed premises.

NAME

SECTION 2. PREMISES INFORMATION.

Provide the following information regarding the premises on which sales are to be made, should a City of Anna Liquor License and a State of Illinois Retailer's Liquor License be issued to the Applicant.

- A. PREMISES ADDRESS.** Provide the following information for the premises on which sales are to be made. *This address must match the address on your Illinois Department of Revenue Sales Tax Registration Certificate and shall be the address that appears on your City of Anna Liquor License, and shall be the Licensee's Premises, pursuant to the City of Anna Revised Liquor Control Ordinance.*

ADDRESS	CITY	STATE	ZIP CODE
PARCEL ID NO.			

- B. BUSINESS PREMISES TELEPHONE NUMBER.** (_____) _____ - _____.
- C. OWNED PREMISES.** If the Applicant owns the premises on which sales are to be made, provide the following information and attach a copy of the deed evidencing ownership to the completed Application.
- D. LEASED PREMISES.** If the Applicant leases the premises on which sales are to be made, provide the following information and attach a copy of the lease, sub-lease, or assignment instrument to the completed Application.
- E. DAYS & HOURS OF OPERATION.**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

- F. LOCATION.** Is the location of the premises for which license is sought within one hundred (100) feet of any church, school, hospital, home for the aged or indigent persons, or for veterans, their wives or children, or any naval or military station? ☐ Yes ☐ No

SECTION 3. CLASS OF LICENSE APPLIED FOR. Check the box next to the class of license applied for. Check only one (1) class of license.

- ☐ **GENERAL RETAIL LICENSE** \$ 1,500.00 PER YEAR
Permits the sale of alcoholic liquor both for consumption on the Licensee's Premises and in the original package.
- ☐ **ORIGINAL PACKAGE ONLY LICENSE** \$ 1,500.00 PER YEAR
Permits the sale of alcoholic liquor on the Licensee's Premises only in the original package.
- ☐ **RESTAURANT/BEER/WINE LICENSE** \$ 900.00 PER YEAR
Permits the sale of beer and wine only in conjunction with the sale of a meal and only for consumption on the Licensee's Premises.
- ☐ **RESTAURANT/LOUNGE LICENSE** \$ 1,500.00 PER YEAR
Permits the sale of alcoholic liquor for consumption on the Licensee's Premises both in conjunction with the sale of a meal and separately from the sale of a meal; provided that fifty-one percent (51%) of the use of the Licensee's Premises shall be and remain the sale of meals, sale of meal shall be available during all hours of the operation of the Licensee's Premises.
- ☐ **CLUB LICENSE** \$ 1,200.00 PER YEAR
Permits the sale of alcoholic liquor both for consumption on the Licensee's Premises and in the original package, only to its members and their guests.
- ☐ **GOLF COURSE LICENSE** \$ 900.00 PER YEAR
Permits the sale of beer, wine and premixed alcoholic drinks as defined in the City of Anna's Liquor Control Ordinance, both for consumption on the Licensee's premises, and in the original package, only to its members and guests.
- ☐ **SPECIAL EVENTS LICENSE** \$ 50.00 PER ONE DAY EVENT
\$ 100.00 PER MULTIPLE DAY EVENT
(1 TO 15 CONSECUTIVE DAYS)
Permits the sales and consumption of alcoholic liquor on authorized Premises only, in conjunction with an approved Special Event Application, with additional limitations imposed, as detailed in the City of Anna's Revised Liquor Control Ordinance.

SECTION 4. BUSINESS INFORMATION.

A. BUSINESS TYPE.

Check one box next to the type of business which best describes the type of business which the Applicant will be operating by which sales will be made. If the selections are not appropriate, describe the business under "other."

- | | | |
|---|--|--|
| A. ☐ DRUG STORE/PHARMACY | E. ☐ LIQUOR STORE | I. ☐ CLUB (BY ACT DEFINITION) |
| B. ☐ RESTAURANT | F. ☐ DEPARTMENT STORE | J. ☐ SMALL GROCERY STORE |
| C. ☐ CONVENIENCE STORE | G. ☐ BAR/TAVERN | K. ☐ GAS STATION |
| D. ☐ SUPERMARKET | H. ☐ GOLF COURSE | L. ☐ OTHER _____ |

B. BUSINESS OPERATION.

Provide the date that business activities associated with the business identified in Section 4(A) commenced and have continued: _____ to _____.

C. MULTI-UNIT OPERATIONS.

Does the Applicant operate any other establishments under the same business/trade name/doing business as listed in Section 1(H)? If yes, please list those establishments within 100 miles of Anna, Illinois.

ADDRESS	CITY	STATE	ZIP CODE

SECTION 5. CERTIFICATE OF INSURANCE.

Provide a copy of the Certificate of Insurance for the premises on which sales are to be made, as required under the Act.

SECTION 6. ELIGIBILITY QUESTIONS.

The questions below pertain to the applicant and any other person listed under Section 1(F) or Section 1(G) of this Application. If any questions are answered with a "YES," attach a full written explanation to this document.

- A. Are you delinquent in the payment of any Illinois business taxes? [235 ILCS 5/6-3]
☐ YES ☐ NO
- B. Are you delinquent under the "cash beer" law?
☐ YES ☐ NO
- C. If retailer, are you delinquent under the "30-day credit" law?
☐ YES ☐ NO
- D. Have you submitted an application for a liquor license which was denied? [235 ILCS 5/6-2(14)]
☐ YES ☐ NO
- E. Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
☐ YES ☐ NO
- F. Have you ever been convicted of a felony? [235 ILCS 5/8-2(4)]
☐ YES ☐ NO
- G. Been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor, opposed to decency and morality?
☐ YES ☐ NO
- H. Been convicted of a violation of any Federal or State liquor law since February 1, 1934?
☐ YES ☐ NO
- I. Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the Liquor Control Act which includes offenses enumerated in 720 ILCS 5/28-1(a).11, "gambling," 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling," and 720 ILCS 5/28-3 "keeping a gambling place"?
☐ YES ☐ NO
- J. Do you possess a current Federal Wagering Stamp?
☐ YES ☐ NO
- K. Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]
☐ YES ☐ NO
- L. Have you received or borrowed money or anything of value directly or indirectly from any other licensee, representatives of a licensee, or suppliers of alcoholic products?
☐ YES ☐ NO
- M. Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]
☐ YES ☐ NO
- N. Are you in violation of the required liquor liability insurance coverage stated in section 6-21(a) of the Liquor Control Act regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?
☐ YES ☐ NO

- O. If a Corporate Licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-2(a)(10a)].
☐ YES ☐ NO
- P. Does Applicant or any person identified in Section 1(F) or 1(G) currently hold a local liquor license(s) issued by any other Illinois locality under the Act?
☐ YES ☐ NO
- Q. Is any person identified in Section 1(F) or Section 1(G) of this Application an officer or employee of an entity that currently holds a local liquor license(s) issued by any other Illinois locality under the Act?
☐ YES ☐ NO

SECTION 7. ADDITIONAL DOCUMENTS.

In addition to any and all of the documents required by the Application hereinabove, Applicant, and any and all owner(s), officer(s), partner(s), member(s), shareholder(s), premises manager(s), or agent(s) of the Applicant, where applicable, shall also be required to submit:

- A. Affidavit; and**
- B. Criminal Background and Check Authorization; and**
- C. Copy of photo identification card; and**
- D. Check payable to the City of Anna for the amount of the requested class of License; and**
- E. Any other document requested by the Commissioner or required in connection with this Application.**
- F. Proof of Ownership/Lease Agreement**
- G. Certificate of Insurance**
- H. Manager must live in Union County**
- I. If inc.—Copy of Articles of Incorporation**
- J. Certificate of Good Standing**
- K. Copy of Illinois State License**
- L. If additional Affidavits / Background Authorizations needed make additional copies.**

AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF UNION)

I, THE UNDERSIGNED APPLICANT, SWEAR AND AFFIRM THAT: THAT I AM A(N):

- ☐ CORPORATE OFFICER
☐ SHAREHOLDER
☐ SOLE PROPRIETOR
☐ PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

IN THE BUSINESS ENTITY DESCRIBED HEREINABOVE; 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 THAT THE LIQUOR COMMISSIONER OF THE CITY OF ANNA, ILLINOIS ISSUE THE LICENSE APPLIED FOR HEREIN; I AM, AND THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND I AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR CITY OF ANNA, ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE ORDINANCES OF THE CITY OF ANNA.

FURTHER, I AGREE TO NOTIFY THE LIQUOR COMMISSIONER OF THE CITY OF ANNA WITHIN 30 DAYS OF ANY CHANGES IN ANY OF THE INFORMATION IN THE APPLICATION.

APPLICANT NAME

SIGNATURE OF APPLICANT	TITLE	DATE
------------------------	-------	------

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

[STAMP]

Notary Public

CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

I AUTHORIZE AND EMPOWER THE LIQUOR COMMISSIONER OF THE CITY OF ANNA OR AGENT THEREOF OR ANY OTHER OUTSIDE SERVICE COMPANY ENGAGED BY SAID COMMISSIONER FOR THIS PURPOSE, NOW OR SUBSEQUENTLY, TO OBTAIN, PREPARE, USE, AND FURNISH INFORMATION CONCERNING MY CURRENT AND FORMER EMPLOYMENT, EDUCATION, CREDIT, GENERAL REPUTATION, CRIMINAL HISTORY INFORMATION THROUGH CORRESPONDENCE, CONTACT, OR PERSONAL INTERVIEWS WITH LAW ENFORCEMENT AGENCIES.

I AGREE TO SUBMIT, AND DO ATTACH, A COPY OF A STATE ISSUED IDENTIFICATION CARD.

UPON WRITTEN REQUEST, I UNDERSTAND THAT SAID COMMISSIONER WILL PROVIDE ME WITH INFORMATION REGARDING THE NATURE AND SCOPE OF THE INVESTIGATION IF ONE IS MADE.

APPLICANT NAME

SIGNATURE OF APPLICANT

TITLE

DATE

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

[STAMP]

Notary Public

BACKGROUND CHECK AUTHORIZATION

AFFIDAVIT

STATE OF ILLINOIS)
) **SS.**
COUNTY OF UNION)

I, THE UNDERSIGNED APPLICANT, SWEAR AND AFFIRM THAT: THAT I AM A(N):

[] PREMISES MANAGER

IN THE BUSINESS ENTITY DESCRIBED HEREINABOVE; 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 THAT THE LIQUOR COMMISSIONER OF THE CITY OF ANNA, ILLINOIS ISSUE THE LICENSE APPLIED FOR HEREIN; I AM, AND THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND I AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR CITY OF ANNA, ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE ORDINANCES OF THE CITY OF ANNA.

FURTHER, I AGREE TO NOTIFY THE LIQUOR COMMISSIONER OF THE CITY OF ANNA WITHIN 30 DAYS OF ANY CHANGES IN ANY OF THE INFORMATION IN THE APPLICATION.

APPLICANT NAME

SIGNATURE OF APPLICANT TITLE DATE

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

[STAMP]

Notary Public

AFFIDAVIT

CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

I AUTHORIZE AND EMPOWER THE LIQUOR COMMISSIONER OF THE CITY OF ANNA OR AGENT THEREOF OR ANY OTHER OUTSIDE SERVICE COMPANY ENGAGED BY SAID COMMISSIONER FOR THIS PURPOSE, NOW OR SUBSEQUENTLY, TO OBTAIN, PREPARE, USE, AND FURNISH INFORMATION CONCERNING MY CURRENT AND FORMER EMPLOYMENT, EDUCATION, CREDIT, GENERAL REPUTATION, CRIMINAL HISTORY INFORMATION THROUGH CORRESPONDENCE, CONTACT, OR PERSONAL INTERVIEWS WITH LAW ENFORCEMENT AGENCIES.

I AGREE TO SUBMIT, AND DO ATTACH, A COPY OF A STATE ISSUED IDENTIFICATION CARD.

UPON WRITTEN REQUEST, I UNDERSTAND THAT SAID COMMISSIONER WILL PROVIDE ME WITH INFORMATION REGARDING THE NATURE AND SCOPE OF THE INVESTIGATION IF ONE IS MADE.

PREMISE MANAGER NAME

SIGNATURE OF PREMISE MANAGER

TITLE

DATE

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

[STAMP]

Notary Public

BACKGROUND CHECK AUTHORIZATION

APPLICANT'S LIQUOR LICENSE CHECKLIST

- ☐ **CORRECT PAYMENT ENCLOSED**
- ☐ **COMPLETED AND SIGNED APPLICATION**
- ☐ **AFFIDAVIT SIGNED & COMPLETED**
- ☐ **COPY OF PHOTO IDENTIFICATION**
- ☐ **VERIFY RESIDENCY –MANAGER RESIDES IN UNION COUNTY**
- ☐ **CERTIFICATE OF CURRENT INSURANCE**
- ☐ **PROOF OF OWNERSHIP / LEASE AGREEMENT**
- ☐ **(IF) INC – ARTICLES OF INCORPORATION**
- ☐ **COPY OF ILLINOIS STATE LIQUOR LICENSE**
- ☐ **CERTIFICATE OF GOOD STANDING**