



## City of Aledo - License Application LIQUOR LICENSE

City of Aledo, Illinois  
120 N. College Avenue  
Aledo, Illinois 61231-0267  
Telephone: 309-582-7241  
Fax: 309-582-7242

All applicants for licensure as a liquor license holder must complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a City of Aledo, Illinois liquor license. Any person who is a part of this application may be subject to a background check. The applicant acknowledges by signing this application that any city police officer has the right of free and unrestricted access to the licensed premises at all times for the investigation, or inspection of said premises.

**PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES PROVIDED.  
THE APPLICATION FORM MUST BEAR ORIGINAL SIGNATURE(S).**

The following documents and information are REQUIRED prior to receiving your local liquor license:

- 1.) Photocopy of Certificate of Insurance (not the "Policy Declaration") if alcohol will be consumed on-premise and Dram Shop Rider insurance (Contact your Insurance Agent);
- 2.) Colored photocopy of State of Illinois Driver's License for all applicant(s);
- 3.) Every applicant shall file with his/her application two (2) Liquor License Bond(s) from a sufficient surety residing or licensed to do business within the State of Illinois, to the local liquor commissioner, in the amount of Five Hundred Dollars (\$500) each or one (\$1,000) bond.
- 4.) A Club must file a photocopy of its Charter with the City Clerk if not already on-hand.

| License No.     |
|-----------------|
|                 |
| Date Issued     |
|                 |
| Expiration Date |
|                 |

# APPLICATION FOR CITY OF ALEDO, ILLINOIS LIQUOR LICENSE

## 1. APPLICANT – CORPORATE INFORMATION

### FEIN

Enter your Federal Employer Identification Number (FEIN) in this box.

| FEIN |
|------|
|      |

### ILLINOIS BUSINESS TAX NUMBER / ILLINOIS LIQUOR LICENSE NUMBER

Enter the eight-digit Illinois Department of Revenue Business Tax (Sales Tax) Number and the eight-digit Illinois Retailer's Liquor Licensing Number.

| Illinois Business Tax Number<br>(Attach copy of sales tax certificate) | Illinois Retailer's Liquor Licensing Number<br>(Attach copy of license) |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|
|                                                                        |                                                                         |

### NAME, ADDRESS, TELEPHONE NUMBER

Enter the name, street address, and telephone number of the corporation, partnership, or sole proprietorship. This name must be consistent with the name on your Illinois Department of Revenue Sales Tax Certificate.

| NAME | ADDRESS |
|------|---------|
|      |         |

| CITY | STATE | ZIP CODE | TELEPHONE NUMBER |
|------|-------|----------|------------------|
|      |       |          |                  |

## 2. CHARACTER OF BUSINESS

Check the applicable box that corresponds to your business as filed with the Office of the Secretary of State of Illinois. A first-time corporate applicant must submit valid Articles of Incorporation showing approval by the Secretary of State of Illinois or a valid Certificate of Authority to do business within the State of Illinois.

- |                        |                                     |
|------------------------|-------------------------------------|
| € Sole Proprietorship  | Date filed with County Clerk: _____ |
| € Partnership          | Date of Formation: _____            |
| € Illinois Corporation | Date of Incorporation: _____        |

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€ Foreign Corporation      State of Incorporation: \_\_\_\_\_  
€ Limited Liability Company      Date      Formed: \_\_\_\_\_  
\_\_\_\_\_  
Date Qualified to do Business in Illinois: \_\_\_\_\_

### 3. OWNERSHIP INFORMATION

For each owner, partner, corporate officer or director (whether or not they own any stock.) and/or shareholder owning in the aggregate equal to or more than 5% of the stock, provide full name, home address, city state, zip code, date of birth, sex, Title/Position, Telephone number, and percentage of ownership. Percentage of ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership. If additional space is needed, provide information on a separate sheet in the same format.

| Name          |     | Home Address   | City             | State | Zip Code |
|---------------|-----|----------------|------------------|-------|----------|
|               |     |                |                  |       |          |
| Date of Birth | Sex | Title/Position | Telephone Number |       | % owned  |
|               |     |                |                  |       |          |

| Name          |     | Home Address   | City             | State | Zip Code |
|---------------|-----|----------------|------------------|-------|----------|
|               |     |                |                  |       |          |
| Date of Birth | Sex | Title/Position | Telephone Number |       | % owned  |
|               |     |                |                  |       |          |

| Name          |     | Home Address   | City             | State | Zip Code |
|---------------|-----|----------------|------------------|-------|----------|
|               |     |                |                  |       |          |
| Date of Birth | Sex | Title/Position | Telephone Number |       | % owned  |
|               |     |                |                  |       |          |

| Name          |     | Home Address   | City             | State | Zip Code |
|---------------|-----|----------------|------------------|-------|----------|
|               |     |                |                  |       |          |
| Date of Birth | Sex | Title/Position | Telephone Number |       | % owned  |
|               |     |                |                  |       |          |

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|--|--|--|--|--|
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| Name          |     | Home Address   | City             | State   | Zip Code |
|---------------|-----|----------------|------------------|---------|----------|
|               |     |                |                  |         |          |
| Date of Birth | Sex | Title/Position | Telephone Number | % owned |          |
|               |     |                |                  |         |          |

TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST:  
\_\_\_\_\_ %.

#### 4. BUSINESS PREMISES INFORMATION

##### NAME / DOING BUSINESS AS (D/B/A)

Enter the name of the business. NOTE: THIS NAME WILL APPEAR ON YOUR LIQUOR LICENSE AND MUST BE CONSISTENT WITH THE NAME PRINTED ON YOUR ILLINOIS DEPARTMENT OF REVENUE SALES TAX CERTIFICATE. If operating under an assumed name, attach written proof that the Illinois Assumed Business Name Act has been satisfied.

NAME: (DOING BUSINESS AS D/B/A)

|  |
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##### TELEPHONE

Enter the telephone number at the business premises location.

TELEPHONE NUMBER:

|  |
|--|
|  |
|--|

##### ADDRESS

Enter the address of the business premises location.

| BUSINESS PREMISES ADDRESS | CITY  | STATE | ZIP CODE |
|---------------------------|-------|-------|----------|
|                           | Aledo | IL    | 61231    |

##### BUSINESS TYPE:

Check the one box which best describes the type of business operation.

- ☐ BAR / TAVERN  
☐ BOWLING ALLEY

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- € CLUB
- € CONVENIENCE STORE / GAS STATION
- € FRATERNAL / VETERAN'S ORGANIZATION
- € GROCERTY STORE
- € RESTAURANT
- € RECEPTION / BANQUET HALL
- € OTHER (describe) \_\_\_\_\_

### LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license, Attach a copy of the lease.

|               |      |                              |          |        |
|---------------|------|------------------------------|----------|--------|
| Landlord Name |      | (Area Code) Telephone Number |          |        |
|               |      |                              |          |        |
| Address       | City | State                        | Zip Code | County |
|               |      |                              |          |        |

### DIAGRAM OF PREMISES

Attach an accurate diagram of the business premises SHOWING ALL EXITS AND LOCATIONS WHERE LIQUOR WILL BE STORED, DISPENSED, SOLD, OR CONSUMED.

### 5. FEE SCHEDULE

| LICENSE CLASSIFICATION                                                  | FEE           |
|-------------------------------------------------------------------------|---------------|
| Class A – Club, Alcoholic Liquor On Premises Only                       | \$ 750.00/yr  |
| Class B – Package Store                                                 | \$1,100.00/yr |
| Class C – Bar / Tavern, Alcoholic Liquor On or Off Premises             | \$1,100.00/yr |
| Class D – Restaurant / Bowling Alley, Alcoholic Liquor On Premises Only | \$1,100.00/yr |
| Class E – Reception/Banquet Hall, Alcoholic Liquor On Premises Only     | \$1,100.00/yr |
| OTHER FEES (IF APPLICABLE)                                              |               |
| Entertainment & Dancing Permit -                                        | \$ 100.00/yr  |

Applicant herein understands and agrees that this application is made subject to all the provisions of the ordinances of the City of Aledo regulating the sale of alcoholic liquor. Amount of goods, wares, and merchandise on hand at the time application is made:

\_\_\_\_\_

List description of entertainment activities: ☐ None ☐ Dancing ☐ Live Band ☐ Karaoke  
☐ Juke Box ☐ Live Shows ☐ Poker or similar machines ☐ other:

\_\_\_\_\_

Fee Remittance with this Application:

|                               |                         |                            |                               |
|-------------------------------|-------------------------|----------------------------|-------------------------------|
| Liquor License Classification | License Fee Amount (\$) | Other Fees (If Applicable) | Pro-ration or Other Comments: |
|-------------------------------|-------------------------|----------------------------|-------------------------------|

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|        |    |    |  |
|--------|----|----|--|
| Class: | \$ | \$ |  |
|--------|----|----|--|

|                               |    |
|-------------------------------|----|
| <b>TOTAL AMOUNT SUBMITTED</b> | \$ |
|-------------------------------|----|

Make check or money order payable to the City of Aledo.

### 6. HOURS OF OPERATION

List the daily hours open for business.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

If your business is to be open on Sunday(s), unanticipated activities and/or Sunday hours open (or Sunday closing, if open all Sundays) require a ten (10) day advance notice to the Aledo Police Department, 120 N. College Avenue, Aledo, Il., (309) 582-2330.

### 7. ELIGIBILITY QUESTIONS

These questions must be answered or the application will be rejected. If any question is checked YES, a detailed, written explanation is required and must be attached to this application.

HAS ANY PERSON LISTED ON THIS APPLICATION:

- ☐ Yes   ☐ No

BEEN CONVICTED OF A FELONY?
- ☐ Yes   ☐ No

BEEN DISQUALIFIED TO RECEIVE A LIQUOR LICENSE BY REASON OF ANY MATTER OR THING CONTAINED IN THIS ORDINANCE, LAWS OF THIS STATE, OR THE ORDINANCES OF THIS CITY?
- ☐ Yes   ☐ No

HAD A PREVIOUS LIQUOR LICENSE BEEN REVOKED BY ANY STATE, OR SUBDIVISION THEREOF, OR BY THE FEDERAL GOVERNMENT?
- ☐ Yes   ☐ No

ARE YOU CURRENTLY SERVING IN AN ELECTED POSITION OR AS A LAW ENFORCEMENT OFFICIAL IN ANY GOVERNMENTAL ENTITY?  
 If Yes, Please List Title and Type of Governmental Entity.
- ☐ Yes   ☐ No

WERE YOU BORN OUTSIDE OF THE UNITED STATES OF AMERICA?

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA?   YES ☐ NO ☐

PLACE OF BIRTH: \_\_\_\_\_

IF A NATURALIZED CITIZEN, PROVIDE THE FOLLOWING INFORMATION:

| Date of Naturalization | City | State |
|------------------------|------|-------|
|                        |      |       |

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|  |  |  |
|--|--|--|

DO YOU AGREE NOT TO VIOLATE ANY OF THE LAWS OF THE STATE OF ILLINOIS OR OF THE UNITED STATES, OR ANY ORDINANCE OF THE CITY IN THE CONDUCT OF YOUR BUSINESS?

☐ Yes ☐ No

STATE OF ILLINOIS  
COUNTY OF MERCER

\_\_\_\_\_, being duly sworn on his/her oath deposes and says

(Print Name or Names)

that the above and foregoing statements by him/her are true to the best of his/her knowledge, information

and belief; that he/she will not violate any of the laws of the State of Illinois, or of the United States of

America, in the operation of the place of business described herein.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

(2<sup>nd</sup> Signature required for Partnership or

Corporation)

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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Applicant should not write in space below

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Application filed: \_\_\_\_\_

\_\_\_\_\_  
Local Liquor Commissioner

License Granted: \_\_\_\_\_

License Revoked: \_\_\_\_\_

License Denied: \_\_\_\_\_