Class A	$ 1,500
Class B	$ 700
Class C	$ 1,100
Class D	$ 75
Class E	$1,000
Class E1	$1,400
Class F	$ 800
Class G	$ 75

CITY OF CENTRALIA

APPLICATION FOR LICENSE

TO BE FILED WITH THE
LOCAL LIQUOR CONTROL COMMISSIONER

PO Box 569
101 South Locust
Centralia, Illinois 62801

License No. _____
Date Issued _____
Expires _____
Checked By _____
Approved By_____
Date _____
Fee Received _____
FOR OFFICE USE ONLY

Name of Applicant _____
(Corporation name if doing business as corporation)

Mailing Address _____

Phone Number _____ Email Address: _____
(for contact in regard to license or application)

A. If Applicant is a <u>partnership</u>, give name and address of all partners and list principal business activity of each partner.

_____

_____

B. If Applicant is a <u>corporation</u> provide name and address for the following, owners of more than 5% of stock, registered agent, and the local manager.

_____

_____

1. Address of location for which license is sought: _____

2. Name of establishment for which license is sought (DBA) _____

3. Type of license sought: _____A; _____ B; _____ C; _____ D; _____ E; _____ E1; _____ F; _____ G

<u>Class E or E1 applicants</u> attach an estimate of the percentage of liquor sales, percentage of food sales, and percentage of sales within the establishment other than liquor or food. At least 51% of the gross retail sales at that location will be collected from the sales of nonalcoholic beverages, food, or retail items per Ordinance O19-29.

<u>Class E and Class E1 renewals</u> attach sufficient documentation to establish that at least 51% of the gross retail sales at that location in the license period immediately preceding that year, or a part thereof if the license had been issued after the first day of the license period, were collected from the sales of nonalcoholic beverages, food, or retail items per Ordinance O19-29.

4. If Applicant has ever engaged in the business of sale of alcoholic liquor at retail, list address of all locations.

_____

_____

5. Give number of your current LOCAL Retail liquor license for this premises. _____

6. Current STATE Retail liquor license for this premises:

Current Number: _____ Issued Date: _____ Expiration Date: _____

7. Is the premises leased? ☐ Yes ☐ No
   a. If yes, name and address of landlord: _____
   _____
   _____

   b. If yes, give date lease expires _____

8. Give date you began liquor sales at this premises: _____

9. Value of merchandise on hand at this premises: _____

10. RETAILERS OCCUPATION TAX Registration No. __ __ __ __ - __ __ __ __

11. Give the following information as to your FIRST local liquor license applied for

    a. Date _____

    b. Disposition: _____ Granted _____ Denied

    c. Address: _____

12. ____ Yes ____ No Are you delinquent in payment of Retailers Occupation Tax (Sales Tax)?

13. ____ Yes ____ No Are you delinquent under the cash beer law?

14. ____ Yes ____ No If retailer, are you delinquent under the 30 day credit law?

15. ____ Yes ____ No Are you a citizen of the United States?

16. ____ Yes ____ No Will you familiarize yourself with all laws of the United States, State of Illinois, and ordinances of the City of Centralia, pertaining to the sale of alcoholic liquor and abide by them?

17. ____ Yes ____ No Will you maintain the entire premises in a clean and sanitary manner, free from conditions which might cause accidents?

18. ____ Yes ____ No Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?

19. ____ Yes ____ No Have you ever been convicted of any violation of any law pertaining to alcoholic liquor? (If partnership or corporation, include all partners and the local manager)
    If yes, please describe: _____
    _____

20. ____ Yes ____ No Have you been convicted of a felony? (If partnership or corporation, include all partners and the local manager)
    If yes, please describe: _____
    _____

21. ____ Yes ____ No Have you ever been convicted of a gambling offense? (If a partnership or corporation, include all partners and the local manager)
    If yes, give all details: _____
    _____

22. ____ Yes ____ No Have you ever been issued a federal gaming devise stamp or a federal wagering stamp? (If a partnership or corporation, include all partners and the local manager)
    If yes, give all details: _____
    _____

23. ____ Yes ____ No Have you ever had a liquor license revoked or suspended? (If partnership or corporation, include all partners and the local manager)
    If yes, give all details including location of the licensed property: _____
    _____
    _____
    _____

24. List Dram Shop Insurance coverage including name and address of 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

_____

_____

Attach: Certificate of Dram Shop Liability Insurance with a minimum combined single limit coverage of one hundred thousand dollars ($100,000.00) for personal injury, property damage, and loss of life, as per Ordinance O96-21.

25. Every applicant, sole owner, partner, corporate officer, director, stockholder (including parent corporations), manager or agent conducting the business must supply the following information. **If additional space is needed, type information in the same format and attach the addendum to this application.

Name and Residential Address	Date of Birth	Driver's License No.	Position	% of Ownership
_____	_____	_____	_____	_____
_____				
_____				
_____	_____	_____	_____	_____
_____				
_____				
_____	_____	_____	_____	_____
_____				
_____				
_____	_____	_____	_____	_____
_____				
_____				
_____	_____	_____	_____	_____
_____				
_____				
_____	_____	_____	_____	_____
_____				
_____				

NOTICE OF CHANGE MUST BE REPORTED TO THE LOCAL LIQUOR COMMISSIONER WITHIN 30 DAYS

FOLLOWING APPROVAL FROM THE CITY YOU ARE REQUIRED TO APPLY FOR, AND RECEIVE A STATE LIQUOR LICENSE BEFORE YOU ARE PERMITTED TO SELL OR PROVIDE ALCOHOL.
TO THE EXTENT THAT THE LICENSE OBTAINED FROM THE STATE OF ILLINOIS CONTAINS REGULATIONS THAT ARE STRICTER THAT THE CITY LICENSE, THE STRICTER REGULATIONS SHALL GOVERN.

AFFIDAVIT

I, the undersigned, the applicant of authorized representative thereof, swear or affirm that the matters stated in the foregoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of requesting the City of Centralia, Illinois to issue the license herein applied for and that the applicant is qualified and eligible to obtain he license applied for.

I further swear or affirm that the applicant will not violate any ordinance of the City of Centralia, or any of the laws of the United States of America or the State of Illinois, in particular, the Liquor Control Act and the civil rights section thereof.

_____
Signature of Applicant or Authorized Agent

Subscribed and sworn to before me
This _____ day of _____,
A.D. _____

_____
Notary Public