



LIQUOR LICENSE APPLICATION

City of Columbia
208 S. Rapp Ave.
Columbia, IL 62236
618.281.7144 x 106

Instructions to Applicant:

1. This application is made pursuant to the provisions of Chapter 5.20 of the Code of Ordinances of the City of Columbia, Illinois which regulates the sale of alcoholic liquors within the City of Columbia, as authorized by the Illinois Liquor Control Act, 235 ILCS 5/1 et. Seq.
2. Please complete this application in its entirety and submitted to the Clerk's Office.
3. An FBI Criminal History Background Investigation will be performed on the applicant performing business services related to the Liquor License. (See Clerks Office for details.)
4. Once all required documents have been received, the Liquor Commissioner / Mayor will review; his office will schedule at time to meet with the applicant.

Section I – General Information

Name of Establishment To Be Operated Under This Retail Liquor License <i>Must be the same as the name on the Dram Shop Insurance / Certificate of Liability Insurance.</i>	
Business Name:	
Street Address Of Business:	Columbia, IL 62236
Business Telephone #:	
Description of Business:	
Illinois Business Tax ID #:	
A copy of the building lease or deed to the property where the business is to be operated, must accompany the application.	

Applicant Information <i>The name which will appear on the license as the licensee.</i>	
Name:	
Home Address:	
Phone #:	
E-mail Address:	
Date of Birth:	
If Naturalized Citizen, Location of Birth:	

Section I – General Information (cont.)

1. The location for which the applicant proposes to sell alcoholic liquors at retail is NOT within 100 feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station or the applicant is a club, restaurant, food shop or other place where the sale of alcoholic liquor is not the principal business carried on.

Yes **No**

2. The applicant is a club, restaurant, food shop or other place where the sale of alcoholic liquor is not the principal business carried on.

Yes **No**

3. Applicant will sell food.

Yes **No**

4. The corporation is in good standing in the State of Illinois and its corporate charter of Certified of Authority to do business as a foreign corporation in the State of Illinois has not been revoked?

Yes **No**

5. Has proposed licensee applied for a similar license or premises other than described in this application? If "yes," what is the disposition of such application?

Yes **No**

6. Please indicate the length of time that the applicant has been engaged in business, character of said business, and the location and description of similar businesses operated or owned by the proposed licensee in this venue or any other venue.

7. Has applicant had any previous license suspended or revoked? If so, please indicate any actions, including dram shop actions, against the previous license in this venue or any other venue. Attach dispositions if applicable.

Yes **No**

Attachment Required: Certificate of Liquor Liability Insurance of Dram shop Insurance coverage including the name and address of insurance company for both the licensee and owner of the building in which alcoholic liquor will be sold for the duration of the license.

Section II – Please check applicable category and complete said section/s.

Sole Proprietor

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A. Sole Proprietor (Individual Applicant)	
<i>This section to be completed if the licensee applicant is an individual.</i>	
Sole Proprietor Name:	
Address:	
Phone #:	
Email Address:	
Date of Birth:	
If Naturalized Citizen, Location of Birth:	

Has the sole proprietor been convicted of a felony under federal or state law?	Yes	No
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Person who will manage the business operations if different from above.	
Name:	
Home Address:	
Phone #:	
Email Address:	
Date of Birth:	
If Naturalized Citizen, Location of Birth:	

Has manager been convicted of a felony under federal or state law?	Yes	No
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Please list below any public office or position that the applicant holds including mayor, member of a city council, or commission, law enforcement officer, or county board.

B. Partnership		
<i>This section to be completed if the licensee application is a partnership.</i>		
Name of Partnership:		
Type of Partnership:		
Date Partnership Was Formed:		
Principal Office of Partnership Mailing Address:		
Partnership's Phone #:		
Business Phone #:		
Partnership's Email Address:		
Partnership's Federal Identification Number (FEIN):		
Have any partners been convicted of a felony under federal or state law?	Yes	No
Have any partners had a liquor license revoked for any reason? If so, what was the reason for such revocation?	Yes	No
Person who will manage the business location for which this license is applied.		
Name:		
Home Address:		
Phone #:		
Date of Birth:		
If Naturalized Citizen, Location of Birth:		
Has manager been convicted of a felony under federal or state law?	Yes	No
Please attach the following information.		
<ol style="list-style-type: none"> 1. Name, address and telephone number of each person entitled to share in the profits of the partnership. Please indicate if anyone on this list holds a public office position including mayor, member of city council, commission, law enforcement officer or county board. 2. Copy of the partnership agreement which includes the date of formation, location of the partnership and the objectives for which the partnership is formed. 3. Provide the name of any partner that has been convicted of a felony, including the date of arrest, location and disposition. 		

C. Corporation and/or Club	
<i>This section to be completed if the licensee application is a Corporation and/or Club.</i>	
Name of Corporation:	
Corporation's Mailing Address:	
Corporation's Phone #:	
Corporation's Business Phone #:	
Corporation's Email Address:	
Corporation's Federal Identification Number (FEIN):	

Have any officers of the corporation been convicted of a felony under federal or state law?	Yes	No
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Have any officers of the corporation had a liquor license revoked for any reason? If so, what was the reason for such revocation?	Yes	No

Person who will manage the business location for which this license is applied.	
Name:	
Home Address:	
Phone #:	
Date of Birth:	
If Naturalized Citizen, Location of Birth:	

Has manager been convicted of a felony under federal or state law?	Yes	No
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Please attach the following information.
<ol style="list-style-type: none"> List the names of the shareholders, directors and officers of the Corporation along with their home address and phone number. Please indicate if anyone on this list holds a public office position including mayor, member of city council, commission, law enforcement officer or county board. Copy of the partnership agreement which includes the date of formation, location of the partnership and the objectives for which the partnership is formed. Provide the name of any partner that has been convicted of a felony, including the date of arrest, location and disposition.

D. Limited Liability Company (LLC)	
<i>This section to be completed if the licensee application is a Limited Liability Company.</i>	
Name of Company:	
Company's Mailing Address:	
Company's Phone #:	
Company's Business Phone #:	
Company's Email Address:	
Company's Federal Identification Number (FEIN):	

Have any partner(s) of the LLC been convicted of a felony under federal or state law?	Yes	No
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Have any partner(s) of the LLC had a liquor license revoked for any reason? If so, what was the reason for such revocation?	Yes	No

Person who will manage the business operations if different from above.	
Name:	
Home Address:	
Phone #:	
Date of Birth:	
If Naturalized Citizen, Location of Birth:	

Has manager been convicted of a felony under federal or state law?	Yes	No
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Please attach the following information.
<ol style="list-style-type: none"> 1. List the names of the shareholders, directors and officers of the LLC along with their home address and phone number. Please indicate if anyone on this list holds a public office position including mayor, member of city council, commission, law enforcement officer or county board. 2. Copy of the partnership agreement which includes the date of formation, location of the partnership and the objectives for which the partnership is formed. 3. Provide the name of any partner that has been convicted of a felony, including the date of arrest, location and disposition.

ASSERTIONS

The Applicant(s) will familiarize themselves with all of the laws of the United States, State of Illinois, and the ordinances of the City of Columbia pertaining to the sale of alcoholic liquor and abide by them.

The Applicant(s) will not violate any of the laws of the United States, State of Illinois, or any ordinances, rules or resolutions of the City in the conduct of his, her or its place of business.

The Applicant(s) understands that in the event there is a change of ownership in a licensed business, or partners in a partnership, or shareholders in a corporation or members of a limited liability company or change of managers, a background check for the new owner, partner, shareholder, member or manager shall be required.

The Applicant(s) understands that any and all licenses issued pursuant to Chapter 5.20 of the City of Columbia Municipal Code of Ordinances shall be subject to any and all changes or amendments which may be hereafter made, and any and all rules adopted by the Liquor Commissioner. Any and all license shall be subject to any restrictions or conditions deemed desirable by the Liquor Commissioner.

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear and affirm that the matters stated in the forgoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of inducing the City of Columbia to issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for.

The undersigned further covenants and agrees that any misrepresentations made by the applicant herein, or any violation of the terms and conditions of this application or any of the laws, statutes, ordinances, rules, regulations and covenants above described, shall be just cause for revocation of the license herein applied for by the Local Liquor Control Commissioner, after a hearing on said matter.

Signature of Applicant or Authorized Agent

Print Name

Title or Position

Date Signed

STATE OF ILLINOIS)
)
COUNTY OF MONROE)

Subscribed and sworn to before me, a Notary Public,
The _____ day of _____, 20_____.

(Notary Seal)

Notary Public