



Liquor License Renewal Application

FOR COUNTY CLERK'S OFFICE USE ONLY

Business Name: _____
 License Class: _____
 License Fee Paid: \$ _____
 All Relevant Sections Completed yes no
 Application Signed: yes no
 All Documentation Attached: yes no
 Checked by: _____

PLEASE PRINT OR TYPE ALL THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION MUST INCLUDE ALL REQUIRED SUPPORTING DOCUMENTATION AND THE REQUIRED LICENSE FEE.

SECTION 1

BUSINESS LOCATION TO BE LICENSED.

All renewal applicants must complete this Section.

Name: _____

Address: _____

Phone: _____ Email: _____

DIAGRAM / FLOOR PLAN:

Does applicant own the premises? yes no **If no, please attach a copy of the lease for the premises.**

SECTION 2

TYPE OF LICENSE FOR WHICH APPLICATION IS BEING MADE.

All renewal applicants must complete this Section. Please check for which license an application is begin made.

- | | |
|---|-------------------------------------|
| ___ Class AAA-1 (\$35.00 per event fee) | ___ Class D (\$82.50 fee) |
| ___ Class AAA (\$2057.00 fee) | ___ Class E (\$1,100.00 fee) |
| ___ Class AA (\$1694.00 fee) | ___ Class F (\$907.50 fee) |
| ___ Class A (\$1,320.00 fee) | ___ County Clerk (115.50 fee) |
| ___ Class B (\$1,100.00 fee) | ___ Mechanical Machines (20.00 fee) |
| ___ Class C (\$550.00 fee) | |

Once a completed application has been received, all necessary background check requests have been submitted, and the liquor commissioner has approved the application, an annual license may be issued or a denial letter will be sent.

SECTION 3

INFORMATION REQUIRED FOR APPLICATIONS BY INDIVIDUALS.

Only individual renewal applicants must complete this Section.

Full Legal Name: _____

Any and All Aliases: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Cell Phone#: _____

Email Address: _____

Driver's License or ID #: _____ Date of Birth: _____

Is applicant a resident of Rock Island County, Illinois? yes no Is applicant a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

Value of Inventory: _____

SECTION 4

INFORMATION REQUIRED FOR APPLICATIONS BY CORPORATIONS.

Only corporate renewal applicants must complete this Section.

Corporation's Complete Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone #: _____

Email Address: _____

Date of Incorporation: _____ Place of Incorporation: _____

Is corporation in good standing and authorized to conduct business in Illinois? yes no If yes, **please attach written proof** (e.g., Articles of Incorporation, annual report, certificate from Secretary of State).

Value of Inventory: _____

For all officers, managers, members, and directors of corporation, and all persons owning or controlling at least 5% of the stock of the corporation, please provide the following information. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

1. Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Driver's License or ID #: _____ Date of Birth: _____

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

Email Address: _____

2. Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Driver's License or ID #: _____ Date of Birth: _____

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

Email Address: _____

3. Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Driver's License or ID #: _____ Date of Birth: _____

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

Email Address: _____

SECTION 5

INFORMATION REQUIRED FOR APPLICATIONS BY PARTNERSHIPS (GENERAL OR LIMITED).

JOINT VENTURES OR ANY OTHER TYPE OF ORGANIZATION

WHERE TWO OR MORE PERSONS SHARE IN THE PROFITS AND LIABILITIES OF ORGANIZATION.

Only renewal applicants, who are neither an individual nor a corporation, must complete this Section.

Organization's Complete Name: _____

Business Address: _____

Mailing Address (if different from business address): _____

Business Phone #: _____

Email Address: _____

Value of Inventory: _____

For each partner or any other person entitled to share in the profits of the organization, whether or not any such person is also obligated to share in the liabilities of the organization, please provide the following information. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

1. Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Email Address: _____

Is interest holder a resident of Rock Island County, Illinois? yes no Is applicant a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

2. Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Email Address: _____

Is interest holder a resident of Rock Island County, Illinois? yes no Is applicant a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

3. Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Email Address: _____

Is interest holder a resident of Rock Island County, Illinois? yes no Is applicant a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

SECTION 6

INFORMATION REGARDING INDIVIDUAL(S)

(OTHER THAN THE PERSONS LISTED UNDER SECTIONS 3, 4 AND 5

WHO WILL BE THE DAY-TO-DAY ONSITE MANAGERS OF THE BUSINESS TO BE LICENSED

If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

1. Full Legal Name: _____

Any and All Aliases: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Email Address: _____

Driver's License or ID #: _____ Date of Birth: _____

Is manager a resident of Rock Island County, Illinois? yes no Is manager a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

2. Full Legal Name: _____

Any and All Aliases: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Email Address: _____

Driver's License or ID #: _____ Date of Birth: _____

Is manager a resident of Rock Island County, Illinois? yes no Is manager a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

3. Full Legal Name: _____

Any and All Aliases: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Email Address: _____

Driver's License or ID #: _____ Date of Birth: _____

Is manager a resident of Rock Island County, Illinois? yes no Is manager a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

SECTION 7

ELIGIBILITY QUESTIONS

These questions apply to all persons listed under Sections 3, 4, 5 and 6. **If any question is checked "yes", a detailed explanation is required and must be attached to this application.**

- Is any person listed under Sections 3, 4, 5 and 6 a public official or law enforcement official in Rock Island County, Illinois? yes no
- Has any person listed under Sections 3, 4, 5 and 6 ever been convicted of a felony under any federal or state law? yes no
- Has any person listed under Sections 3, 4, 5 and 65 ever been convicted of being the keeper or is keeping a house of ill fame? yes no
- Has any person listed under Sections 3, 4, 5 and 6 ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality? yes no
- Has any person listed under Sections 3, 4, 5 and 6 ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or has forfeited his bond to appear in court to answer charges for any such violation? yes no
- Has any person listed under Sections 3, 4, 5 and 6 ever been convicted of violating any County ordinance? yes no
- Has any person listed under Sections 3, 4, 5 and 6 ever been convicted of a gambling offense as proscribed by any of subsections (a)(3) through (a)(11) of Section 28-1 of or as proscribed by Section 28-1.1 or 28-3 of the Criminal Code of 1961 (720 ILCS 5/28-1, 5/28-1.1, or 5/28-3), or as proscribed by a statute replaced by any of the aforesaid statutory provisions? yes no
- Has any person listed under Sections 3, 4, 5 and 6 ever been issued a federal wagering stamp by the federal government? yes no
- Have the names, addresses, citizenship, fingerprints and other pertinent information relative to the applicant and his/her employees, engaged in conducting this business, been filed with the County Board Chairman? yes no

SECTION 8

DRAM SHOP LIABILITY INSURANCE

All renewal applicants must complete this Section.

Does applicant have dram shop liability insurance? yes no

If yes, please attach written proof of dram shop liability insurance in the form of a certificate of insurance issued by an insurance company licensed to do business in the State of Illinois.

SECTION 9

SIGNATURE, TITLE, AND DATE

All renewal applicants must complete this Section. Please sign and date this application form.
An owner, officer, a partner or an officially authorized agent of the business, must sign this application.
The signature must be an original. Rubber stamps are not accepted.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and accurate to the best of my knowledge; I have read the Rock Island County Liquor Ordinance and am familiar with its terms and conditions; and the business for which I seek a license and its proposed operation are and shall be in compliance with the Rock Island County Liquor Ordinance.

I further agree to promptly notify, in writing, the Rock Island County Liquor Commissioner during the pendency of this application, or during the term of any license issued pursuant to this application, of any change in any of the information provided in this application or the occurrence of any event that is a basis for suspension or revocation of said license or fine under the Rock Island County Liquor Ordinance.

If a partnership, the application should be signed by at least two (2) of the partners.
If a corporation the application should be signed by at least two (2) officers, giving their titles.

Signature

Signature

Title/Position

Title/Position

Date

Date

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

(SEAL)

Notary Public

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WITHIN 5 WORKING DAYS OF RECEIVING AN INCOMPLETE APPLICATION, PLEASE CONTACT APPLICANT AND IF NECESSARY, RETURN INCOMPLETE APPLICATION TO APPLICANT ALONG WITH WRITTEN EXPLANATION OF REASON WHY APPLICATION IS INCOMPLETE.

APPLICANT: _____

DATE APPLICATION WAS RECEIVED: _____

DATE COMPLETE APPLICATION RECEIVED: _____

BUILDING AND ZONING YES NO DATE: _____

RESPONSE NO RESPONSE NO ISSUES PROBLEMS (SEE ATTACHED)

HEALTH DEPT.: YES NO DATE: _____

RESPONSE NO RESPONSE NO ISSUES PROBLEMS (SEE ATTACHED)

FOR ROCK ISLAND COUNTY LIQUOR COMMISSIONER USE ONLY

WITHIN 30 DAYS OF RECEIVING THIS APPLICATION, PLEASE REVIEW AND CONDUCT ANY NECESSARY INVESTIGATIONS TO DETERMINE IF A LICENSE SHOULD BE GRANTED. IF AN APPLICATION IS DENIED, PLEASE SEND APPLICANT WRITTEN NOTIFICATION AND EXPLANATION OF SUCH DENIAL.

ORIGINAL APPLICATION TRANSMITTED TO LIQUOR COMMISSION: DATE: _____

LIQUOR COMMISSIONER RESPONSE:

APPROVAL DENIAL (RESPONSE ATTACHED)

DATE

LIQUOR COMMISSIONER, ROCK ISLAND COUNTY