



# Class D License Application

## FOR COUNTY CLERK'S OFFICE USE ONLY

Business Name: \_\_\_\_\_  
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. CHECK OR MONEY ORDER PAYABLE TO THE "ROCK ISLAND COUNTY CLERK", WILL BE ACCEPTED.**

TO THE COUNTY BOARD CHAIRMAN AND LOCAL LIQUOR CONTROL COMMISSIONER  
OF THE COUNTY OF ROCK ISLAND, ILLINOIS.

### SECTION 1

**ALL APPLICANTS MUST READ AND COMPLETE THIS SECTION.**

(NOTE: The applicant must complete this form in detail by filling in the appropriate blank spaces, answering all questions that apply to the individual applicant and giving such other specific information as is requested. The applicant is reminded that the failure to complete the application to the satisfaction of the Liquor Control Commissioner may result in the delay of the issuance of a license. The applicant is further reminded that any untruth contained in this application, and knowingly made by the applicant, shall be sufficient grounds for the refusal, suspension or revocation of the license, regardless of when such untruth is uncovered.)

The undersigned hereby makes application for Class D License which shall authorize the retail sale of alcoholic liquor in a building, temporary structure, or in an open area, which building, temporary structure or open area is being used in connection with an organized picnic, outing, or entertainment event. A Class D Liquor License shall have a duration of not to exceed 24 hours and shall be subject to the restrictions set forth in Article V, § (a) of the Rock Island County Liquor Control Resolution.

### SECTION 2

**INFORMATION REQUIRED BY ALL APPLICANTS.**

Individual/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).

**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 #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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 #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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 3

#### LOCATION OF EVENT

All applicants must complete this Section.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Event : \_\_\_\_\_

Does applicant own the premises?  yes  no

## SECTION 4

### ELIGIBILITY QUESTIONS

All applicants must complete this Section. These questions apply to all persons listed under Sections 2, 3, 4 and 5.  
**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 5

### DRAM SHOP LIABILITY INSURANCE

All 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 6

**SIGNATURE, TITLE, AND DATE**

All 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

**FOR COUNTY CLERK'S OFFICE USE ONLY**

**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