



City of West Peoria

2506 West Rohmann Avenue
West Peoria, Illinois 61604-5031
Telephone: 309/674-1993
Fax: 309/674-6010

Date Received: _____
Fee Paid: \$ _____
Complete: _____

APPLICATION FOR LIQUOR LICENSE RENEWAL

July 1, 20__ thru June 30, 20__

(Please print in ink or type only)

Please fill in ALL questions and furnish all required supporting documents. Failure to do so will result in the delay or rejection of the application and possible non-issuance of a liquor license. Copies of the following documents are REQUIRED if changed since your last completed application or expire this month.

<input type="checkbox"/> Certificate of Liability Insurance	<input type="checkbox"/> Copy of Bill of Sale	<input type="checkbox"/> Maximum Occupancy Card
<input type="checkbox"/> Proof of Business Status	<input type="checkbox"/> Deed or Lease	<input type="checkbox"/> Other
<input type="checkbox"/> Peoria Health Department License	<input type="checkbox"/> Site Plan	_____

- BUSINESS NAME** Note: This information must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate and with the Illinois Secretary of State.

LEGAL BUSINESS NAME	
STREET ADDRESS	CITY / STATE / ZIP
BUSINESS PHONE NUMBER	BUSINESS EMAIL

SOLE PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY COMPANY ILLINOIS CORPORATION

- TYPE OF LIQUOR LICENSE** This information is provided to you in the renewal letter:

Reapplying for Class(es) _____ Subclass(es) _____

- APPLICANT CONTACT INFORMATION**

Please provide contact information for your business. The contact person should be the responsible party we can contact and who can answer questions on behalf of the business. The email address should be the active email address for the business, not the personal email address of the contact person.

CONTACT PERSON'S NAME (First, Last)	CONTACT PHONE NUMBER
BUSINESS EMAIL	

- PROPERTY OWNERSHIP** Proof of ownership (i.e., deed or lease) must be provided if changed. Check one below.

I HEREBY CERTIFY THAT THE PROPERTY IS OWNED BY THE APPLICANT

I HEREBY CERTIFY THAT THE PROPERTY IS LEASED/RENTED

5. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status indicated above. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY / STATE / ZIP
CELL PHONE	EMAIL	
NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY / STATE / ZIP
CELL PHONE	EMAIL	
NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY / STATE / ZIP
CELL PHONE	EMAIL	

6. MANAGER

If the business is to be conducted by a manager(s) or agent(s) please complete the following.

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY / STATE / ZIP
CELL PHONE	EMAIL	
NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY / STATE / ZIP
CELL PHONE	EMAIL	

7. OTHER LICENSE(S) Do you hold any other current business license(s) issued by the City? Yes No

If yes, what type of license do you currently hold and what is the name and address of the licensed premises:

8. SITE PLAN

Has the establishment been remodeled, renovated, and/or tables/chairs added, and/or has any area been expanded or reduced since your last application? Yes No

If yes, please explain and provide a drawing with the changes. The West Peoria Fire Marshal will need to inspect, and a copy of the new Maximum Occupancy Limit will be required with this application.

9. **ELIGIBILITY QUESTIONS** The questions below pertain to the applicant and all other person(s) listed under “Ownership Information” and “Manager” on page 2 of this form. IF ANY QUESTION IS ANSWERED WITH A “**YES**” ATTACH A FULL WRITTEN EXPLANATION TO THIS DOCUMENT.

A.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you, or any other person having a direct or indirect interest in your place of business, ever submitted an application for a liquor license that has been denied?
B.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you, or any other person having a direct or indirect interest in your place of business, ever had any previous liquor license revoked, suspended, or fined?
C.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you, or any other person having a direct or indirect interest in your place of business, ever been convicted of a felony?
D.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you, or any other person having a direct or indirect interest in your place of business, ever been convicted of being the keeper of a house of ill fame or of pandering or other crime or misdemeanor opposed to decency and morality?
E.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you possess a current Federal Gaming Device or Federal Wagering Stamp?
F.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you, or any other person having a direct or indirect interest in your place of business, ever been convicted of a gambling offense as defined in the Illinois Liquor Control Act relative to gambling?
G.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you, or is any other person having a direct or indirect interest in your place of business, a public or law-enforcing official with jurisdictional authority?
H.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you, or any other person having a direct or indirect interest in your place of business, received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
I.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you, or is any other person having a direct or indirect interest in your place of business, engaged in the manufacture of alcoholic liquors, an importing distributor or a distributor of alcoholic liquors?

**CITY OF WEST PEORIA, ILLINOIS
LIQUOR LICENSE AFFIDAVIT**

STATE OF _____)
)
COUNTY OF _____)

I, the undersigned applicant or authorized agent thereof, swear or affirm that:

The matters stated in the foregoing application are true and correct; they are made upon my personal knowledge and belief; they are made for the purpose of requesting the City of West Peoria to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the Ordinances of the City of West Peoria or laws in the State of Illinois or laws of the United States of America in the conduct of the place of business described herein.

DATED this _____, day of _____, 20__.

Signature of Applicant

Title

Print Name

SWORN to and subscribed before me, this _____, day of _____ 20__.

(SEAL)

NOTARY PUBLIC