



City of West Peoria

2506 W. Rohmann Avenue
West Peoria, IL 61604
Telephone: 309-674-1993
Fax: 309-674-6010

Application Date: _____
Fees Paid: _____
License Issued: _____

APPLICATION FOR LIQUOR RETAILER'S LICENSE CITY OF WEST PEORIA

Fee: \$350.00

(Please Type or Print in Ink Only)

BUSINESS INFORMATION *(please use page 6 for additional space)*

1. Applicant's full name:

Must be the individual who signs this application; if a club, partnership or corporation, give names of all owners of more than five percent (5%).

2. Name under which business is to be conducted:

3. Location of business for which license is sought:

4. Phone number of business: _____ Email: _____

5. Class and subclass(es) of license applied for: _____

6. Does applicant own premises for which this license is sought? Yes No *If No, does applicant have a lease on such premises covering the full period for which the license is sought?*
Yes No *If Yes, please provide a copy of the current lease.*

7. Is the location of applicant's business for which this license is sought:

a. Within one hundred (100) feet, property line to property line, of any school other than an institution of higher learning, hospital, home for aged or indigent persons or for veterans, their spouses, or children, or any military or naval station?

Yes No

b. Within one hundred (100) feet, building to building, from a church?

Yes No

8. Is applicant licensed as a food dispenser? Yes No

9. Does applicant seek a license to sell liquor upon the premises as a restaurant?

Yes No *If Yes, are the premises kept, used, maintained, advertised, and held out to the public as a place where meals are served, and where meals are actually and regularly served, without sleeping accommodations, such space being provided with adequate and sanitary*

kitchen and dining room equipment and capacity, and having employed therein a sufficient number and kind of employees to prepare, cook and serve suitable food for its guests?
Yes No

10. Is any law enforcing public official, including members of local liquor control commissions, any mayor, alderman, or member of the city council or commission, any president of the village board of trustees, any member of a village board of trustee, or any president or member of a county board directly interested in the business for which the license is sought? Yes No
If yes, please provide explanation on additional page provided.
11. Has any manufacturer, importing distributor, or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed thirty [30] days), or is such person directly or indirectly interested in the ownership, conduct, or operation of the place of business? Yes No
12. Is the applicant or any affiliate, associate, subsidiary, officer, director, or other agent engaged in the manufacture of alcoholic liquors? Yes No *If Yes, at what location(s)?*

Full Address

13. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? Yes No *If Yes, at what location(s)?*

Full Address

14. Do you hold any other current business licenses issued by the City? Yes No
If Yes, what type of license do you currently hold and what is the address of the licensed premises:

Type of license / Full Address

15. Will the business be conducted by a manager or agent? Yes No *If yes, give name and residence address of such manager or agent:*

Name

Full Address

Phone: _____ *Email:* _____

IMPORTANT NOTICE

Fingerprints of applicant, each partner (if applicable), and manager are required for a background investigation. Please be aware, this process can take a minimum of two (2) weeks, up to 6-8 weeks, and must be completed to obtain a liquor license. Please report to the Peoria County Courthouse, which is located at 324 Main Street, Peoria, IL; submit for fingerprinting in Room B-20. Bring your state I.D. The application fee is \$60 (cash or check, no credit cards) and each Owner/Manager/Agent/Officer/Partner will need to indicate this is for liquor licensing in the City of West Peoria. Office hours for the Peoria County Courthouse are 9 am – 11 am & 1 pm – 4 pm, Monday thru Friday, closed holidays.
Phone: (309) 672-6040.

INDIVIDUAL APPLICANT (please use page 6 for additional space)

- 1) Full Legal Name: _____
- 2) Date of Birth: _____ Place of Birth: _____
- 3) Address to which information concerning license should be mailed:

- 4) Phone number: _____ Email address: _____
- 5) Are you a citizen of the United States: ___ Yes ___ No
- 6) If a naturalized citizen, when and where naturalized:

- 7) Have you ever been convicted of any felony under any Federal or State law? Yes ___ No ___
If yes, give date(s) and state offense(s):

<i>Offense</i>	<i>Date</i>
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PARTNERSHIP/CORPORATE APPLICANT (please use page 6 for additional space)

- #1 Legal Name: _____
 - a) Date of Birth: _____ Place of Birth: _____
 - b) Address to which information concerning license should be mailed:

 - c) Phone number: _____ Email address: _____
 - d) Are you a citizen of the United States: Yes ___ No ___ If a naturalized citizen, when and where naturalized:

 - e) Have you ever been convicted of any felony under any Federal or State law? Yes ___ No ___
If yes, give date(s) and state offense(s):

<i>Offense</i>	<i>Date</i>
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- #2 Legal Name: _____
 - f) Date of Birth: _____ Place of Birth: _____
 - g) Address to which information concerning license should be mailed:

h) Phone number: _____ Email address: _____

i) Are you a citizen of the United States: Yes___ No___ If a naturalized citizen, when and where naturalized:

j) Have you ever been convicted of any felony under any Federal or State law? Yes ___ No ___
If yes, give date(s) and state offense(s):

_____ *Offense* _____ *Date*

#3 Full Legal Name: _____

k) Date of Birth: _____ Place of Birth: _____

l) Address to which information concerning license should be mailed:

m) Phone number: _____ Email address: _____

n) Are you a citizen of the United States: Yes___ No___ If a naturalized citizen, when and where naturalized:

o) Have you ever been convicted of any felony under any Federal or State law? Yes ___ No ___
If yes, give date(s) and state offense(s):

_____ *Offense* _____ *Date*

ADDITIONAL INFORMATION REQUIRED FOR LICENSE

Please include the following with this application:

1. Certificate of Insurance showing dram shop liability
2. Copy of Articles of Incorporation (if applicable)
3. Copy of Food & Drink license issued by the Peoria City/County Health Department
4. Copy of Lease (if applicable)
5. Copy of Site Plan
6. Copy of Maximum Occupancy Limit card issued by West Peoria Fire Marshal

ADDITIONAL INFORMATION PAGE

Question # / Information
