



City of West Peoria

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

Date Received: _____

Fee Paid: _____

Complete: _____

APPLICATION FOR LIQUOR LICENSE RENEWAL CITY OF WEST PEORIA

July 1, 20__ thru June 30, 20__

(Please Print in Ink or Type Only)

1. Applicant's full name: *(please use page 6 for additional information)*

Must be the individual who signs this application. If a partnership or corporation, give names of all owners of more than five percent [5%] under Partnership/Corporate.

2. Business 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(es) and subclass(es) of license applying 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 current copy of the lease agreement **if renewed or revised since your last renewal application.***

7. Has the establishment been remodeled, renovated and/or tables/chairs added and/or any area expanded or reduced since your last application? Yes No *If yes, please explain or provide a drawing with changes. The West Peoria Fire Marshal will need to inspect, and a copy of the Maximum Occupancy Limit is required with this application.*

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

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*

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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 a 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 name and address of the licensed premises:*

Type of License / Name and Full Address

15. If the business is conducted by a manager or agent, has that person changed since your last application? Yes No *If Yes, such person must get fingerprinted at the Peoria County Courthouse prior to renewal. State name and residence address of the manager or agent below:*

Name

Full Address

Phone No.: _____ *Email:* _____

INDIVIDUAL APPLICANT **No change** *(if no changes since last application omit this section)*

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 If a naturalized citizen, when and where naturalized?

6. 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):

_____ Date

_____ Date

PARTNERSHIP/CORPORATE APPLICANT **No change** (if no changes since last application omit)

#1 Legal Name/Title: _____ / _____

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):

_____ Date

#2 Legal Name/Title: _____ / _____

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):

_____ / _____
Offense

Date

#3 Legal Name/Title: : _____ / _____

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):

_____ / _____
Offense

Date

REQUIRED FOR LICENSE RENEWAL

Please include the following with this application:

1. New Certificate of Insurance (*if expired*)
2. Articles of Incorporation copy (*if changed since last application*)
3. Copy of Lease (*if changed since last application*)
4. Maximum Occupancy Certificate copy (*if changed since last application*)
5. Current Health Department Food & Drink License copy
6. Current copy of your State Liquor License

ADDITIONAL INFORMATION PAGE

Question # / Information
