



City of West Peoria

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

Date Received: _____
Fee(s) Paid: _____
Complete: _____

APPLICATION FOR RETAILER'S LIQUOR LICENSE

Fee: \$350.00 (Non-Refundable)

You will need a Check or Money Order payable to: CITY OF WEST PEORIA

Please respond to all questions on this application and furnish all required supporting documents. Failure to do so will result in the delay or rejection of the application and non-issuance of a liquor license. Copies of the following documents are REQUIRED prior to receiving your liquor license:

- | | | |
|---|---|---|
| <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 | |

IMPORTANT NOTICE

Fingerprints of each Owner/Officer/Partner/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 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/Officer/Partner/Manager will need to indicate this is for a liquor license application in the City of West Peoria.

Office hours for the Peoria County Courthouse are 9 am – 11 am and 1 pm – 4 pm, Monday thru Friday,
Closed Holidays
324 Main Street, Peoria, IL ~ Phone: (309) 672-6040

1. Federal Employer Identification Number (FEIN) from the IRS: _____
Note: If you do not have a FEIN call 1-800-829-3676 on how to apply and obtain the forms you need.

2. Illinois Sales Tax Account ID from the Department of Revenue: _____
Note: You must have this number in order for a liquor license to be issued.

3. **BUSINESS NAME** Enter the name of the sole proprietorship, partnership, corporation, or limited liability company in the box below. Note: This information must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

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

4. **TYPE OF BUSINESS** Check the applicable box (sole proprietorship, partnership, corporation, or limited liability company) which corresponds to your business' official papers filed with the Office of the Illinois Secretary of State.

- | | |
|--|--|
| <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> LIMITED LIABILITY COMPANY |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> ILLINOIS CORPORATION |

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
SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH	CELL PHONE	
TITLE / POSITION			SHARES OWNED	EMAIL
NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY / STATE / ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH	CELL PHONE	
TITLE / POSITION			SHARES OWNED	EMAIL
NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY / STATE / ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH	CELL PHONE	
TITLE / POSITION			SHARES OWNED	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
SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH	CELL PHONE	
TITLE / POSITION			EMAIL	
NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY / STATE / ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH	CELL PHONE	
TITLE / POSITION			EMAIL	

7. **BUSINESS** – Check the one box which best describes the business.

<input type="checkbox"/> BAR/TAVERN	<input type="checkbox"/> GAS STATION	<input type="checkbox"/> SMALL GROCERY
<input type="checkbox"/> CONVENIENCE & GAS	<input type="checkbox"/> LIQUOR STORE	<input type="checkbox"/> OTHER <i>list below</i>
<input type="checkbox"/> DRUG STORE/PHARMACY	<input type="checkbox"/> RESTAURANT	

8. **PROPERTY** Proof of business purchase is required (e.g., bill of sale, closing statement). **IMPORTANT:** You must attach proof that the applicant (i.e., corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (i.e., deed or lease). If there is an existing liquor license on the premises, that license must be surrendered (if available).

I HEREBY CERTIFY THAT THE PROPERTY IS OWNED BY THE APPLICANT

I HEREBY CERTIFY THAT THE PROPERTY IS LEASED

9. **TYPE OF LIQUOR LICENSE** Check the box which describes the manner in which you sell alcoholic beverages to consumers and indicate which Class(es) and Subclass(es) applying for.

CLASS _____ PER CITY CODE SECTION 5-1-9

CLASS _____ PER CITY CODE SECTION 5-1-9

SUBCLASS _____ PER CITY CODE SECTION 5-1-11 SUPPLEMENTAL LICENSE

SUBCLASS _____ PER CITY CODE SECTION 5-1-11 SUPPLEMENTAL LICENSE

Fees are determined by type as set forth in Section 5-1-13(B) of the City Liquor Code.

10. **CERTIFICATE OF INSURANCE** You MUST provide a copy of your Certificate of Insurance showing that you have liquor liability insurance with limits in accordance with the Illinois Liquor Control Act and naming the City of West Peoria as a "Certificate Holder".

11. **HEALTH DEPARTMENT LICENSE** If you sell or serve food and/or alcoholic beverages, you must have a Peoria City/County Health Department license and provide a copy with this application.

Does applicant seek a license to sell liquor upon the premises of a restaurant (by City Code, 70% of revenue must be from food sales [Section 5-1-9])? YES NO

12. **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 QUESTIONS ARE ANSWERED WITH A "YES" ATTACH A FULL WRITTEN EXPLANATION TO THIS DOCUMENT.

A YES NO Is the location of the business 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?

B YES NO Is the location of the business within one hundred (100) feet, building to building, from a church?

C YES NO Is the location a store or other place of business where the majority of customers are minors of school age, or where the principal business consists of school supplies, food, lunches or drinks?

D YES NO Have you ever submitted an application for a liquor license which has been denied?

E YES NO Have you ever had any previous liquor license revoked, suspended, or fined?

F YES NO Have you ever been convicted of a felony?

G YES NO Have you 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?

H YES NO Do you possess a current Federal Gaming Device or Federal Wagering Stamp?

I YES NO Have you ever been convicted of a gambling offense as defined in the Illinois Liquor Control Act relative to gambling?

J YES 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?

K YES NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?

13. **VIDEO GAMING**

A YES NO Do you possess a current Illinois Video Gaming License?

If YES, please provide the License No. _____

B YES NO Have you made an application for an Illinois Video Gaming License that is currently pending?

14. **SITE PLAN** A detailed site plan showing interior layout and parking must be provided with this application. The West Peoria Fire Protection District, phone (309) 674-6615, is to inspect the property and provide the applicant with a Maximum Occupancy card, a copy of which must accompany this application.

15. **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 during or after hours, as well as in an emergency.

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

16. Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer or a partner.

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 INFORMATION; 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 LAWS OR ORDINANCES OF CITY OF WEST PEORIA.

FURTHER, I AGREE TO NOTIFY THE CITY OF WEST PEORIA WITHIN 30 WORKING DAYS OF ANY CHANGES IN ANY OF THE ABOVE INFORMATION.

THIS APPLICATION IS FOR THE ISSUANCE OF A CITY LIQUOR LICENSE FOR THE TERM BEGINNING:
_____ AND ENDING JUNE 30, 20__.

SIGNATURE OF APPLICANT

TITLE / POSITION

DATE

ADDITIONAL INFORMATION

Question No.

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

STATE OF _____)
)
COUNTY OF _____)

I swear (affirm) that I (we) 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 and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

DATED this _____, day of _____, 20__.

_____)
Signature of Applicant Print Name Date

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

(SEAL)

NOTARY PUBLIC