



APPLICATION FOR LIQUOR CONTROL LICENSE

City of Quincy, Illinois

Mayor and Local Liquor Commissioner
Quincy, Illinois 62301

License Year _____
License No. _____

The undersigned applicant in compliance with Chapter 111 of the Municipal Code of the City of Quincy and the laws of the State of Illinois hereby makes application for:

ANNUAL FEES

___ Class A - Retail Liquor	\$700.00	___ Class F - Caterer Retail License	\$800.00
___ Class B - Package Liquor	\$800.00	___ Class H - Beer Garden	No Fee
___ Class D - Multi Bar	\$800.00	___ Class I - Gaming Parlor	\$10,000.00
___ Class E - Keg Lease/Sale	\$ 50.00	___ Night Club	\$2,500.00

TRADE NAME / LOCATION:

_____ Name of Business _____ Street Address _____ Business Phone _____

Does applicant own property? ___ If no, list lease dates: _____ day of _____, 20___ to _____ day of _____, 20___
PROOF OF DRAM INSURANCE AND PROOF OF OWNERSHIP OR COPY OF LEASE MUST BE SUBMITTED WITH APPLICATION.

PLEASE FILL OUT THE APPROPRIATE SECTION BELOW THAT DESCRIBES YOUR BUSINESS STATUS.

Note: List all the names you have been known as and include middle initial.

INDIVIDUAL:

Name: _____ DOB _____ Home Phone _____ Cell _____
Last First MI
Address: _____ Bus. Phone _____

PARTNERSHIP:

Name: _____ DOB _____ Home Phone _____ Cell _____
Last First MI
Address: _____ Bus. Phone _____

Name: _____ DOB _____ Home Phone _____ Cell _____
Last First MI
Address: _____ Bus. Phone _____

CLUB / CORPORATION/ LLC:

CORP OR LLC - PROOF OF CORPORATION MUST BE SUBMITTED WITH NEW APPLICATION

Corp/LLC Name: _____

Address: _____
Street City State Zip
State of Incorporation _____ Date of Charter _____ Phone _____

OFFICERS AND DIRECTORS:

Title	Name	DOB	Street Address, City, State, Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONS HOLDING OVER 5% OF THE STOCK (Use additional sheet if necessary)

NAME _____ DOB _____ Address _____ Phone _____
Last First MI
NAME _____ DOB _____ Address _____ Phone _____
NAME _____ DOB _____ Address _____ Phone _____
NAME _____ DOB _____ Address _____ Phone _____
NAME _____ DOB _____ Address _____ Phone _____

MANAGER OF LOCATION

Name _____ DOB _____ Address _____
Last First MI
Home Phone _____ Cell Phone _____ Email(optional) _____

PLEASE CIRCLE YES OR NO TO THE QUESTIONS BELOW AND FILL IN THE BLANKS AS NECESSARY

YES NO Are you a Citizen of the United States?
Birth Place _____ Date of Birth: _____
If naturalized, give date and place _____
In what business are you now engaged? _____
How long? _____

YES NO Have you applied for similar license for these premises?

YES NO Have you applied for similar license on premises other than above?
Where? _____ Was same granted? _____

YES NO Have you ever been convicted of a felony?

YES NO Have you had any previous liquor license suspended?

YES NO Revoked?

YES NO Do you agree to observe all laws of the State of Illinois, and ordinances of the City of Quincy, Illinois?

YES NO Are you a resident of the City of Quincy?

YES NO Are you a person of good character and reputation?

YES NO Have you ever been convicted of keeping a House of Ill Fame?

YES NO Have you ever been convicted of pandering?

YES NO Have you ever been convicted of violation of State liquor laws or forfeited bond for failure to appear for such violation?

YES NO Are you a Mayor, Alderman, County Supervisor or law enforcement official?

YES NO Are you connected in any way with the manufacture, sale or distribution of alcoholic liquor?

YES NO Are you eligible for State of Illinois retail liquor dealer's license?

- YES NO Is the proposed location within 100 feet from a school, church, hospital, home for the aged, indigent or veterans, military or naval station or mortuary? * (Property line to property line, except church is to nearest point of building)
- YES NO Is anyone connected with the manufacture, jobbing, or wholesaling of liquor giving you financial backing?
- YES NO Do you agree to permit authorized city officials access to premises?
- YES NO Do you agree to abide by all City and County health regulations?
- YES NO Do you agree to maintain a clear view from the street to the premises? **
- YES NO Do you agree to furnish names and addresses of bartenders if required?
- YES NO Is the location properly zoned for the activity for which the license is being sought?

* **NOTE:** Does not apply to establishment in existence prior to inception of liquor ordinances and where sale of liquor is not main business?

** **NOTE:** This applies to regular license only.

NOTE: Ordinance 111.027 (P) The Mayor, through the office of the Chief of Police will ascertain the qualifications of prospective applicants. Any change in managers, corporation officers, directors or stockholder(s) owning over (5%) of the stock would require a background investigation of the new manager, officers, directors, or stockholder(s) before the issuance of license. No changes shall be made during any license period without the consent of the Mayor.

SWORN AFFIDAVIT OF APPLICANT

If a Partnership, the application must be signed by at least 2 members.
 If a Corporation, the President & Secretary must sign the application.
 SIGN IN PRESENCE OF A NOTARY PUBLIC.

I (or we) _____
 Being first duly sworn, affirm under oath, full knowledge of foregoing statements and that all answers set forth herewith are true and correct.

 Signature of Applicant

State of Illinois

County of _____

Duly acknowledge and sworn to before me this _____ day of _____, 20_____

(SEAL)

 Notary Public