



**CITY OF CARBONDALE, ILLINOIS
LOCAL LIQUOR CONTROL COMMISSION
CITY ALCOHOLIC LIQUOR LICENSE
APPLICATION FOR RENEWAL**

TO THE LOCAL LIQUOR CONTROL COMMISSION:

The undersigned hereby makes application for the renewal of a city retailer's license for the sale of alcoholic liquor for the period beginning July 1, 20 , and ending on June 30, 20 , and hereby certifies to the following facts, and agrees that any license issued shall be issued on the basis of the following facts, and that if any of the following facts are changed, without prior approval of the Liquor Control Commission, said license may be revoked or suspended at the sole discretion of the Liquor Control Commission.

Applicants are advised that the Liquor Advisory Board and Local Liquor Control Commission may request additional information not included on this application in order to make the determination whether a license will be approved.

Complete and accurate responses are required for each question on this application.

Incomplete or inaccurate applications will be returned for correction/completion and may result in the delay of approval or denial of the request for a liquor license.

1. Name of Establishment:

Phone:	Email Address:
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2. Street Address:

Mailing Address:

Business Hours (opening & closing for each day):

3. Describe any changes in licensed premises from previous application:

4. This application is being made as (check one):

<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
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FOR OFFICE USE ONLY

Application Received:	Base License Fee:	Additional Liquor Options:	Total License Fee:	Date Paid:
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Notes:

Corporation Information

If application is being made as a ***Corporation*** please complete the information below.
If application is being made as a Limited Liability Company, please skip to Question #7

5. Name of Corporation:

6. Please complete the following Corporate information:

a. President's Name:

Phone:

Home Address:

b. Vice President's Name:

Phone:

Home Address:

c. Secretary's Name:

Phone:

Home Address:

d. Treasurer's Name:

Phone:

Home Address:

If none of the above reside within the Carbondale city limits, answer "yes" to question #17. A manager or agent who meets the residency requirements must complete the attached Resident Manager/Agent statement.

Limited Liability Company Information

If application is being made as a **Limited Liability Company** please complete the information below.
If application is being made as an Individual or Partnership, please skip to Question #9

7. Name of Limited Liability Company:

8. Please complete the following Limited Liability Company information:

a. Member's Name:

Phone:

Home Address:

b. Member's Name:

Phone:

Home Address:

c. Member's Name:

Phone:

Home Address:

d. Member's Name:

Phone:

Home Address:

e. Managing Member's Name:

Phone:

Home Address:

If none of the above reside within the Carbondale city limits, answer "yes" to question #17. A manager or agent who meets the residency requirements must complete the attached Resident Manager/Agent statement.

Individual / Partnership Information

If application is being made as an ***Individual or Partnership*** please complete the information below.

9. The information in Question #9 must be given for all individuals or partners applying for a Carbondale alcoholic liquor license.

a. Name:

Phone:

Home Address:

Do you reside within Carbondale City Limits?
(attach proof of residency)

YES

NO

Are you a citizen of the United States?

YES

NO

If you are a naturalized citizen, when and where you naturalized?

b. Name:

Phone:

Home Address:

Do you reside within Carbondale City Limits? *(attach proof of residency)*

YES

NO

Are you a citizen of the United States?

YES

NO

If you are a naturalized citizen, when and where you naturalized?

Add additional pages if necessary

If none of the above reside within the Carbondale city limits, answer "yes" to question #17. A manager or agent who meets the residency requirements must complete the attached Resident Manager/Agent statement.

License Type and Options

10. Principle kind of business (circle one):

- | | | | | | |
|----------------------|----------------------|----------------------------|-------------------------------|-------------------------------|----------------|
| <u>Restaurant</u> | <u>Bar</u> | <u>Liquor Store</u> | <u>Hotel/Motel</u> | <u>Fraternal Organization</u> | |
| <u>Microbrewery</u> | <u>Winery</u> | <u>Public Arts Venue</u> | <u>Golf Course</u> | <u>Distillery</u> | <u>Theater</u> |
| <u>Grocery Store</u> | <u>Gaming Parlor</u> | <u>Bed & Breakfast</u> | <u>Senior Living Facility</u> | <u>Farmer's Market</u> | |

11. Is entertainment offered in this establishment?

YES
see below

NO

If yes, please describe:

License Types:

Annual Fee

Class A1	Beer & wine for consumption on-premises (Restaurant)	\$225.00 - \$675.00
Class A2	All alcoholic liquor by for consumption on premises (Restaurant)	\$750.00 - \$2250.00
Class A3	All alcoholic liquor for consumption on premises (Pari-Mutual)	\$750.00 - \$2250.00
Class B1	Beer & wine for consumption on-premises (Bar)	\$375.00 - \$1125.00
Class B2	All alcoholic liquor for consumption on premises (Bar)	\$750.00 - \$2250.00
Class B3	All alcoholic liquor for consumption on premises <i>(primary function video gaming)</i>	\$500.00 - \$2250.00
Class C1	All alcoholic liquor in original package only (Packaged liquor store)	\$2250.00
Class C2	Beer & wine in original package only (Grocery Store)	\$2250.00
Class D1	Bed & breakfast establishment of all alcoholic liquor	\$100.00
Class D2	Hotels & motels	\$2250.00
Class D3	Senior Living Facility	\$750.00
Class E	Fraternal organization (all alcoholic liquor by glass only)	\$1125.00
Class G	Golf course (all alcoholic liquor)	\$1125.00
Class H1	Sale of wine, beer, and spirits regionally produced	\$100.00
Class H2	Sale of wine, beer, and spirits in a facility authorized to ship products	\$900.00
Class I1	Farmers' markets to conduct wine, beer, or spirits tastings	\$50.00
Class I2	Farmers' markets sale of regionally produced beer, wine, or spirits by the package	\$50.00
Class J	Not for Profit Public Arts Venue (All alcoholic liquor for consumption)	\$100.00
Class K	Movie theater (all alcoholic liquor for consumption on premises)	\$2250.00

Options:

- | | |
|---|----------------------------|
| _____ Beer Garden (\$100 / \$400) | _____ By-the-Drink (\$100) |
| _____ Microbrewery (\$100) | _____ Package (\$100) |
| _____ Civic Center Catering _____ SIU Catering
<i>complete enclosed Catering Application; no additional fee</i> | |

12. For Class A1 or A2 (Restaurant) applicants ONLY: Indicate what time kitchen closes and/or the time full menu service stops for each day:

13. For the past year:

Estimate percentage of liquor sales: _____

Estimate percentage of food sales: _____

Estimate percentage of sales within the establishment

other than liquor and food: _____

Total of all should equal 100% _____

Attach completed monthly sales breakdown for Classes A1, A2, B3, and B2 licenses which have video gaming machines - Enclosed

NOTE: For the purpose of the following questions, the term "Applicant" refers to the Corporation, AND any officers, directors or registered agents of the corporation AND any stockholders owning 5% or more of the corporate stock AND any members, AND any individuals or partners listed on this application.

14. Has the applicant been convicted of a violation under Federal, State or local law (including Driving Under the Influence of Alcohol or Drugs, but excluding other types of traffic violations)?

YES
see below

NO

If yes, give the names of the person(s), the date, the nature of the offense, and the disposition of the conviction:

15. Has the applicant ever had any liquor license suspended or revoked, or had fines imposed, as a result of a violation of the liquor code?

YES
see below

NO

If yes, give amounts of fines, dates and length of suspension and reason therefor:

16. Has any license previously issued to this applicant been revoked, or application for a liquor license been denied or revoked by State, Federal or local authorities?

YES
see below

NO

If yes, state the date(s) and reason for denial or revocation:

17. In order to comply with the residency requirement, will the business be conducted by a manager or agent other than one of the officers, directors, registered agents, or stockholders of the corporation, one of the partners in a partnership, or the individual who will hold this liquor license?

If yes, complete and submit the attached resident manager/agent statement.

YES

NO

A F F I D A V I T

STATE OF ILLINOIS)

COUNTY OF JACKSON)

The undersigned do/does hereby swear (or affirm) that the applicant in whose name this application is made will not violate any of the ordinances of the City of Carbondale or the laws of the State of Illinois or 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 and I/we understand that violation of any ordinances or laws shall constitute grounds for suspension or revocation of the license.
(Note: In case of a corporation, this application must be signed by the President and Secretary.)

Signature & Title of Applicant

Subscribed and sworn to before me this

Signature & Title of Applicant

_____ day of _____ 20_____

Notary Public

**CARBONDALE LIQUOR CONTROL COMMISSION
RESIDENT MANAGER'S / RESIDENT AGENT'S STATEMENT**

TO THE LOCAL LIQUOR CONTROL COMMISSION:

This statement is being submitted pursuant to 235 ILCS 5/6-2 (11) and Carbondale Revised Code, Section 2-4-4.

1. Name of Establishment		
2. Name of Manager or Agent	Phone:	
Home Address:		
3. Is applicant a citizen of the United States?	YES	NO
If you are a naturalized citizen, please indicate when and where naturalized.		
4. Has the applicant ever been convicted of a violation under Federal, State, or local law (including Driving Under the Influence of Alcohol or Drugs, but excluding other types of traffic violations)?	YES	NO
If yes, give the date, the nature of the offense, and the disposition of the conviction(s)		
5. In what capacity are you employed by the liquor establishment?	Manager	Agent
Give name and title of person(s) who appointed you in that capacity:		
Date of Appointment:		

A F F I D A V I T

STATE OF ILLINOIS)

COUNTY OF JACKSON)

The undersigned does hereby swear (or affirm) that the manager/agent in whose name this affidavit is made will not violate any of the ordinances of the City of Carbondale or the laws of the State of Illinois or the United States of America, in the conduct of the place of business described herein, and that the statements contained in the application are true and correct to the best of his/her knowledge and belief and he/she understands that violation of any ordinances or laws shall constitute grounds for suspension or revocation of the license. I also acknowledge that this completed application and information contained in the files pertaining to this application is public record, except that information considered to be private information as defined under the Illinois Freedom of Information Act, and authorize its distribution and release.

_____ day of _____ 20____

Notary Public

Signature & Title of Applicant