

**City of Monticello**  
**Application for City Alcoholic Liquor License**

(For Office Use Only)
License No. _____
Date Issued _____
Expires: _____
<input type="checkbox"/> License Renewal <input type="checkbox"/> New Application
Amount: \$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____

The undersigned hereby makes application for the issuance of a city retailer's license for the sale of alcoholic liquor for the period beginning May 1, 2012, and ending on April 30, 2013, 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 be revoked or suspended at the sole discretion of the Liquor Control Commission.

1. CLASS OF LICENSE APPLIED FOR: \_\_\_\_\_ FEE FOR LICENSE: \_\_\_\_\_

IF CLASS C; will the total non-alcoholic items represent at least 70% of the total sales of the restaurant? \_\_\_\_ Yes \_\_\_\_ No

2. APPLICANT'S NAME: \_\_\_\_\_

(If corporation, please provide corporate name; if partnership, give names of all partners in full)

3. NAME OF ESTABLISHMENT: \_\_\_\_\_

4. Street address for location for which License is sought: \_\_\_\_\_

5. Mailing Address (if different than Street Address): \_\_\_\_\_

6. Business Phone Number: (\_\_\_\_\_) \_\_\_\_\_

7. Check the appropriate category: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

8. Principal kind of business: (circle one) Restaurant Bar Liquor Store Hotel/Motel Grocery  
Gas Station Other: \_\_\_\_\_

IF RESTAURANT (If not, go to question 9):

A. Are premises maintained and held out to the public as a place where meals are actually and regularly served? ? \_\_\_\_ Yes \_\_\_\_ No

B. Are premises provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and service suitable food? ? \_\_\_\_ Yes \_\_\_\_ No

9. Full description of location; specifying number of floors, rooms, etc. \_\_\_\_\_

10. Total square footage: \_\_\_\_\_ Seating capacity \_\_\_\_\_

11. **If Corporation**, please answer the following questions. (If Individual or Partnership, please skip to question 12)

A. Date of incorporation: \_\_\_\_\_

B. State of incorporation: \_\_\_\_\_

C. Objects of corporation as set forth in charter: \_\_\_\_\_

\_\_\_\_\_  
(If insufficient space, attach a separate sheet).

D. Please complete the following corporate information:

**President's Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Vice-President's Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Secretary's Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Treasurer's Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Director's Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Director's Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Director's Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IF APPLICATION IS BEING MADE AS AN INDIVIDUAL OR PARTNERSHIP, PLEASE COMPLETE QUESTION 12. IF APPLICATION IS BEING MADE AS A CORPORATION, PLEASE SKIP TO QUESTION 13.**

12. **If an Individual or Partnership**, please list the following. (Attach additional pages, if necessary)

A. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Are you a citizen of the United States \_\_\_Yes \_\_\_No

If you are a naturalized citizen:

When were you naturalized? \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Where were you naturalized? (City & State) \_\_\_\_\_

Court in which you were naturalized. \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Are you a citizen of the United States \_\_\_Yes \_\_\_No

If you are a naturalized citizen:

When were you naturalized? \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Where were you naturalized? (City & State) \_\_\_\_\_

Court in which you were naturalized. \_\_\_\_\_

**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 stockholders owning 5% or more of the corporate stock, AND any individuals or partners listed on this application.**

13. Will the business be conducted by a manager or agent? \_\_\_Yes \_\_\_No

If yes, please complete the following:

Name of manager/agent: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

14. Does applicant own the premises for which this license is sought? \_\_\_Yes \_\_\_No

**If no**, does the applicant have a lease on the premises extending through April 30 of this license year? \_\_\_Yes \_\_\_No

Give name and address of leaser: \_\_\_\_\_  
\_\_\_\_\_

15. Is the location of the building for which this license is sought located within 100 feet of any church, school, hospital, home for the aged or indigent person or for veterans, their wives, or children, or any military or naval station? \_\_\_\_\_Yes \_\_\_\_\_No

16. Is any law enforcing public official, mayor, alderman, member of the City Council or Commission, or any president or member of a County Board directly or indirectly interested in the business for which this license is sought? \_\_\_Yes \_\_\_No

17. Has any manufacturer, distributor or importing distributor directly or indirectly furnished, loaned or rented any interior decoration other than signs for inside or outside use (except signs existing prior to February 1, 1934), costing in the aggregate more than \$100.00 in any one calendar year for use in or about premises for which license is sought for? \_\_\_Yes \_\_\_No

18. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such a person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Interior decoration and signs mentioned in Question 17 exempted.) \_\_\_Yes \_\_\_No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

19. Is there any sign or advertisement on proposed premises using the word "saloon" or "bar"? \_\_\_Yes \_\_\_No

20. Is the applicant engaged in the manufacture of alcoholic liquors? \_\_\_Yes \_\_\_No

21. Is the applicant conducting the business of an importing distributor or distributor of alcoholic liquors? \_\_\_Yes \_\_\_No

**If yes**, at what location or locations? \_\_\_\_\_  
\_\_\_\_\_

22. Has the applicant ever been convicted of any felony under any Federal or State law? \_\_\_Yes \_\_\_No

**If yes**, give name of person so convicted, stating date and offense: \_\_\_\_\_  
\_\_\_\_\_

23. Has the applicant ever been convicted of a violation of any Federal or State liquor law since February 1, 1934? \_\_\_Yes \_\_\_No

**If yes**, give the name of the person so convicted and give date: \_\_\_\_\_  
\_\_\_\_\_

24. Has the applicant ever permitted an appearance bond forfeiture for any of the violations mentioned in Question 22 or 23? \_\_\_Yes \_\_\_No

**If yes**, state particulars: \_\_\_\_\_  
\_\_\_\_\_

25. Has applicant ever been convicted of being the keeper of a house of ill fame; or of pandering of other crime or misdemeanor opposed to decency and morality? \_\_\_\_Yes \_\_\_\_No

**If yes**, give the name of person so convicted, dates and state offense \_\_\_\_\_

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26. Has the applicant ever made application for a liquor license for any premises other than those described in this application? \_\_\_\_Yes \_\_\_\_No

**If yes**, give name(s) of governmental entities to which the applicant has submitted an application, date(s) of application, disposition of application: \_\_\_\_\_

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27. Has any license previously issued to this applicant been revoked, or application for a liquor license been denied by State, Federal, or Local authorities ever been revoked: \_\_\_\_Yes \_\_\_\_No

**If yes**, state date(s) and reason for denial: \_\_\_\_\_

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28. Is the applicant current with all payments of sales taxes, privileges taxes, property taxes, etc. applicable to the business to all governmental jurisdictions, including Federal, State, County, City, etc. \_\_\_\_Yes \_\_\_\_No

**If no**, state reason(s) why tax payments have been withheld: \_\_\_\_\_

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29. Does the applicant have dram shop insurance to cover the premises sought to be licensed? \_\_\_\_Yes \_\_\_\_No

*You must include a certificate of dram shop insurance in order for the liquor license application to be accepted.*

Policy MUST include:

- Insurer's name
- Agent's name
- Date of expiration of policy (Must cover date of Liquor License 5/1 through 4/30)
- Amount of coverage
- Type of coverage

30. Will the applicant and all employees of the establishment refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? \_\_\_\_Yes \_\_\_\_No

AFFIDAVIT

STATE OF ILLINOIS     )  
COUNTY OF                )

The undersigned 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 Monticello 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 our knowledge and belief and we understand that violation of any ordinances or laws shall constitute grounds for suspension or revocation of the license.

(Note: In the case of a corporation, this application must be signed by the President and Secretary.)

Name: \_\_\_\_\_  
(Print)

Name: \_\_\_\_\_  
(Print)

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(corporate seal)

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(notary seal)