



**Mayor Mike Thoms
Liquor Commissioner**

1528 3rd Avenue
Rock Island, IL. 61201
Telephone: (309) 732-2012
Fax: (309) 732-2055

APPLICATION FOR CITY OF ROCK ISLAND LIQUOR LICENSE

Sec. 3-7. Licenses Generally: (a) *Generally* : No person shall sell, barter, transport, deliver, solicit or receive orders for, keep or expose for sale, keep with intent to sell, or furnish any alcoholic liquor for sale at retail within the corporate limits of the city without first having obtained a valid liquor license from the same.

1. Applicant Information

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/TELEPHONE NO.		
EMAIL ADDRESS							

2. Business Premise Information

ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE
NAME (DOING BUSINESS AS D/B/A)					
LIST <u>EXACTLY</u> HOW YOU WANT THE NAME ON THE LIQUOR LICENSE TO APPEAR					

A. Business Type

- A. Liquor Store (Primary) B. Convenience/Gas (Secondary) C. Convenience/Gas (Packaged Beer & Wine only)
- D. Bar / Tavern (Primary Packaged Sales) E. Bar / Tavern (Secondary Packaged Sales) F. Restaurant
- G. Restaurant (Beer & Wine only) H. Theater/Bowling Center I. Hotel/Motel
- J. Banquet Facilities/Rental Hall K. Clubs/Fraternal Organizations L. City Owned Park / Facility
- P. Bring Your Own Beverage (BYOB)

B. Status of Business

- Sole Proprietorship Partnership Illinois Corporation Foreign Corporation Limited Liability Company

Based on the box that you checked, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity. Please provide a copy of the Articles of Incorporation with the application.

1. DATE OF INCORPORATION: _____

2. STATE OF INCORPORATION: _____

3. DATE QUALIFIED TO DO BUSINESS IN ILLINOIS: _____

3. Manager / Agent for the Business

Note: The manager must live within 25 miles of Rock Island City Hall.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	
EMAIL ADDRESS						

4. Ownership Information

Provide the following information with regard to **all** officers, shareholders or other owners of the corporation or LLC., or if a partnership, with regards to all partners. If a corporation requesting as a Private Club, you must also supply a list of all club officers and their address for the preceding three years and a copy of the Articles of Incorporation, or Articles of Association, and Bylaws of the Corporation.

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5. License Type & Options

Please refer to the attached Liquor License Ordinance and check the type of license, along with any license options, for which you are applying:

<u>License Types:</u>	<u>Annual Fee</u>
_____ Class A - Packaged Sales Only, Primary Business (Liquor Store)	\$1,100.00
_____ Class B – Packaged Sales Only, Secondary Business (Convenience / Grocery Stores)	\$1,100.00
_____ Class C – Packaged Sales Only, Wine and Beer Only (Convenience / Grocery Stores)	\$1,000.00
_____ Class D – Tavern with Packaged Sales Primary (more than 50% sold in packaged sales)	\$1,430.00
_____ Class E – Tavern with Packaged Sales Secondary (less than 50% sold in packaged sales)	\$1,100.00
_____ Class F – Restaurant	\$1,100.00
_____ Class G - Restaurant, Wine and Beer Only	\$ 700.00
_____ Class H –Theater / Bowling Center	\$1,100.00
_____ Class I – Hotel/ Motel	\$1,100.00
_____ Class J – Banquet Facilities / Rental Hall	\$1,100.00
_____ Class K - Clubs / Fraternal Organizations	\$1,100.00
_____ Class L – City Owned Parks and Facilities	\$ 275.00
_____ Class P – Bring Your Own Beverage (BYOB)	\$ 250.00

Options:

_____ Option 1 (Extended hours – 2:00 A.M. - available on Class D, E, F, G and K only)	\$ 450.00
_____ Option 3 (Live entertainment – “limited”, Friday and Saturday only)	\$ 220.00
_____ Option 4 (Live entertainment – “continuous”, seven days a week)	\$ 440.00
_____ Option 5 (Caterer’s Options – available on B, C, D, E, F, G, J and L only)	\$ 350.00
_____ Option 6 Outdoor Café Seating (must submit additional application with specifications)	\$.00

Annual Fee \$ _____

Total Fee Annual Fee \$ _____

Semi-Annually* \$ _____

(*2 installment plan available - \$50 convenience fee will be added to your second payment)

Hours of Business Operation:	Open	Close
Monday	a.m./p.m.	a.m./p.m.
Tuesday	a.m./p.m.	a.m./p.m.
Wednesday	a.m./p.m.	a.m./p.m.
Thursday	a.m./p.m.	a.m./p.m.
Friday	a.m./p.m.	a.m./p.m.
Saturday	a.m./p.m.	a.m./p.m.
Sunday	a.m./p.m.	a.m./p.m.

6. Lease Information

Yes No Do you have a lease?

LANDLORD NAME		AREA CODE/TELEPHONE NO.			
ADDRESS		CITY	STATE	ZIP CODE	COUNTY

Note: A person who does not beneficially own the premises for which a license is sought, or does not have a lease thereon for the full period for which the license is to be issued, is considered ineligible to be licensed. **You must provide a signed copy of at least a one year lease or copy of a signed purchase agreement with your application.**

7. Eligibility Questions

These questions apply to the applicant and any other person listed in Sections 3 & 4. These questions must be answered. If any question is checked "yes", a written detailed explanation on a separate sheet of paper is required and must be attached to this application.

- A. Yes No Do you have a criminal arrest record? If yes, list the date of arrest, City & County of arrest, the charge and whether or not you were convicted.
- B. Yes No Have you ever been convicted of a felony? If yes, list the date of arrest, City & County of arrest and the charge.
- C. Yes No Have you ever been convicted of a gambling offense?
- D. Yes No Have you ever had any previous liquor license revoked?
- E. Yes No Have you ever had a previous liquor license denied?
- F. Yes No Is the proposed location within 100 feet of any church, school, hospital, home for the aged or indigent persons, or for veterans, their wives or children, or any military or naval station?
- G. Yes No Do you have any financial connections with a manufacturer, bottler, jobber, or wholesaler of liquor, wine or beer?

I certify that the above statements are true and any untruths or omissions could be grounds for my license to be revoked. I have read and understand the Ordinance concerning Liquor Licenses and realize that I am subject to any standards issued by the Liquor Commission and agree to abide by them and any amendments thereto. I further understand and agree to the following:

- 1) A Memorandum of Insurance as proof of dram shop liability coverage must be furnished before initial license is issued and at each renewal period thereafter.
- 2) A criminal background investigation will be conducted on me the applicant, the manager / agent for the business and the officers of the business / corporation. Fingerprinting will be done on all owners and managers and a fingerprinting fee will be assessed for each.
- 3) Any police officer or other official of the City of Rock Island is permitted a free and unrestricted access to the premises for which a license is herein applied for the purpose of inspecting same.
- 4) The license is nontransferable and is for the listed address only and to the listed owners only.
- 5) All applications for initial licensing shall be accompanied by an nine-hundred dollar (\$900.00) non-refundable application fee.
- 6) To observe all laws of the United States, State of Illinois, and the City of Rock Island in the conduct of any business.

Date: _____

Signed: _____

Title: _____

Date: _____

Approved: _____

Mayor / Local Liquor Commissioner