



## **LIQUOR LICENSE APPLICATION CHECKLIST**

*Note: Liquor license applications can take up to 8 weeks to process*

- Completed Application with a signed notarized affidavit(s) for each owner/shareholder and manager.
- \$1,000 Non-Refundable Application Fee
- Annual Fee for Liquor License by Class
- \$25 Fee for Notice Letter mailing (if applicable)
- Business Plan and Proof of good standing with the Illinois Secretary of State
- Documentation of business type (Sole Proprietor, Partnership, IL Corporation, Foreign Corporation, LLC)
- Statement of Receipt of Liquor Ordinance and Food & Beverage Tax Form
- Certificate/Proof of Dram Shop Insurance
- Copies of State Issued ID or Driver's License for each owner/shareholder and manager.
- Proof of Deed or Lease (you must provide a signed copy of at least a one-year lease or copy of a signed purchase agreement or deed).
- Copy of Certificate of Occupancy issued and Food/Health License (Call the City of Rock Island Inspections Department for information 309-732-2915)
- Understanding that background checks are required with the Rock Island Police Department for all applicants, owners and managers. A nonrefundable \$50 cash only fee is required for each background check. Please note the results may take up to 6 weeks.
- Good financial standing with the City of Rock Island (no outstanding water bills, loans, etc.)



**Mayor Mike Thoms  
Liquor Commissioner**

1528 3<sup>rd</sup> Avenue  
Rock Island, IL 61201  
Telephone: (309) 732-2012  
Fax: (309) 732-2055

**APPLICATION FOR CITY OF ROCK ISLAND LIQUOR LICENSE**

**Sec. 3-8. 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	PLACE OF BIRTH	AREA CODE/TELEPHONE NO.				
EMAIL ADDRESS								
EMPLOYMENT HISTORY (List each employer/company, job title held and length position was held for the last 5 years)								
EMPLOYER:			TITLE HELD:			DATES EMPLOYED (MONTH AND YEAR)		
EMPLOYER:			TITLE HELD:			DATES EMPLOYED (MONTH AND YEAR)		
EMPLOYER:			TITLE HELD:			DATES EMPLOYED (MONTH AND YEAR)		
EMPLOYER:			TITLE HELD:			DATES EMPLOYED (MONTH AND YEAR)		
EMPLOYER:			TITLE HELD:			DATES EMPLOYED (MONTH AND YEAR)		

**2. Business Premise Information**

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

**2. Attach a copy of a State ID or Driver's License for each applicant, manager and owner.**

**A. Business Type**

- A.  Packaged Sales Only (Primary) B.  Packaged Sales Only (Secondary) C.  Packaged Sales (Beer & Wine only)
- D.  Tavern (Packaged Sales) E.  Tavern (Secondary Packaged Sales) F.  Restaurant
- G.  Restaurant (Beer & Wine only) H.  Consumption on Premises – incidental purposes I.  Hotel/Motel
- J.  Banquet Facilities K.  Private Clubs/Fraternal Organizations L.  City-Owned Facility M.  Caterer
- N.  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 35 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.

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							

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							

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							

## 5. License Type & Options

Please refer to the 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	\$1,500.00
_____ Class B – Packaged Sales Only, Secondary Business	\$1,500.00
_____ Class C – Packaged Sales Only, Wine and Beer Only	\$1,000.00
_____ Class D – Tavern with Packaged Sales Primary	\$1,500.00
_____ Class E – Tavern	\$1,500.00
_____ Class F – Restaurant	\$1,100.00
_____ Class G - Restaurant, Wine and Beer Only	\$ 700.00
_____ Class H –Consumption on Premises (Incidental Purposes)	\$1,100.00
_____ Class I – Hotel/ Motel	\$1,100.00
_____ Class J – Banquet Facilities	\$1,100.00
_____ Class K - Private Clubs / Fraternal Organizations	\$1,100.00
_____ Class L – City Owned Facilities	\$ 275.00
_____ Class M – Caterer’s License (Rock Island business)	\$ 350.00
_____ Class M – Caterer’s License (Non-Rock Island business)	\$ 750.00
_____ Class N – 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)	\$ 500.00
_____ Option 2 (Live entertainment – “limited”, Friday and Saturday only – available on Class D, E, F, G, H, I, J, K and L Only)	\$ 220.00
_____ Option 3 (Live entertainment – “continuous”, seven days a week available for Class D, E, F, G, and K only)	\$ 440.00
_____ Option 4 (Amusement Features)	\$ 0.00
_____ Option 6 (Caterer’s Option)	\$ 0.00
_____ Option 7 Outdoor Service ( <b>Must provide specific details of the location of outdoor service</b> )	\$ 0.00

**Total Annual Fee**                    \$ \_\_\_\_\_

**Semi-Annually\***                    \$ \_\_\_\_\_

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

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

## **6. 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?
- H.  Yes  No Has this business or corporation currently engaged in or has previously engaged in the sale of alcoholic liquor?  
 If Yes, for how long? \_\_\_\_\_

**AFFIDAVIT OF LIQUOR LICENSE APPLICANT, MANAGER AND OWNER(S)**

*\*each applicant, manager and owner(s) are required to complete this form*

**This Affidavit MUST be signed before a Notary Public.**

STATE OF ILLINOIS                    )  
  ) SS  
COUNTY OF ROCK ISLAND         )

I, the undersigned being first duly sworn upon my oath state and depose as follows:

1. Certify that the above statements are true and any untruths or omissions could be grounds for my license to be revoked.
2. I have read and understand the City of Rock Island Chapter 3 Alcoholic Liquor Ordinance concerning liquor license and realize that I am subject to any standards issued by the Liquor Commissioner and agree to abide by them and any amendments thereto.
3. 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.
4. Any police officer or other official of the City of Rock Island is permitted a free and unrestricted access to the premises license is herein applied for the purpose of inspecting same.
5. The license is nontransferable and is for the listed address only and to the listed owners only.
6. All applications for initial licensing shall be accompanied by a one thousand dollar (\$1,000.00) non-refundable application fee.
7. To observe all laws of the United States, State of Illinois, and the City of Rock Island in the conduct of any business.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

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

SEAL

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

(Attachments: Statement of Receipt of Liquor Ordinance and Prepared Food and Liquor Tax Form)



**STATEMENT OF RECEIPT OF CHAPTER 3 LIQUOR  
ORDINANCE AND PREPARED FOOD & BEVERAGE TAX  
FORM**

**Licensee Name:** \_\_\_\_\_

**Doing Business As:** \_\_\_\_\_

**Licensee Address:** \_\_\_\_\_

I, \_\_\_\_\_, liquor license applicant for the above-named establishment, hereby acknowledge receipt of Chapter 3 Alcoholic Liquor, of the City of Rock Island Code of Ordinances, as well as the 1.50% Prepared Food and Liquor Tax Form (next page).

By: \_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Printed Title of Applicant

\_\_\_\_\_

Date



City of Rock Island  
**PREPARED FOOD AND LIQUOR SALES TAX FORM**

Article X, Section 15 of the City of Rock Island Municipal Code establishes a Prepared Food and Liquor Sales Tax. This return must be filed and all taxes due must be remitted no later than the 20<sup>th</sup> day of each month.

Month & Year  
 Of Collection \_\_\_\_\_

**Payee Name, Address & Telephone**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Local Business Name, Address & Telephone**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Rock Island, IL 61201  
 (309) \_\_\_\_\_  
 IL Business Tax (IBT) #  
 \_\_\_\_\_

<b>Step 1</b>	Gross sales of prepared food and beverages Amount (For most businesses this will be Line 3 of ST-1)	\$ _____	(1)
<b>Step 2</b>	Calculate tax 1.5% Food and Beverage Tax (line 1 x .015)	\$ _____	(2)
<b>Step 3</b>	Calculate late payment penalty(s), if any:		
	a) Late Payment Penalty (Line 2 x 0.05)	\$ _____	(3a)
	b) Interest Charge (Line 2 x 0.01 per month)	\$ _____	(3b)
	c) Late Filing Penalty (Line 2 x 0.05)	\$ _____	(3c)
<b>Step 4</b>	Subtotal of penalties (add Lines 3a to 3c)	\$ _____	(4)
<b>Step 5</b>	Total tax, interest & penalty due (add lines 2 and 4)	\$ _____	(5)

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which the return is filed.

_____ Signature of Preparer	_____ Date	_____ Signature of Taxpayer	_____ Date
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Mail this completed return and payment check for the amount shown in Line (5) to:

City of Rock Island  
 Finance Department  
 1528 Third Avenue  
 Rock Island, IL 61201

If there are any questions please call (309) 732-2000. For additional forms, please visit [www.rigov.org](http://www.rigov.org).