**APPLICATION FOR CITY OF HOOPESTON**

**RETAILER’S LIQUOR LICENSE**

The undersigned hereby makes application for the issuance of a City of Hoopeston Liquor License for the term beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, and hereby certifies to the following facts:

1. Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number/Residential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy of Driver’s License/Photo ID Submitted: **Y / N**

1. If partnership or a corporation please list names and information of all owners below:

Name: Address: SS#: Photo ID 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y / N

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y / N

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y / N

 **\*Please submitted a copy of the Articles of Incorporation filed with the State of Illinois**

1. Exact address of place of business for which license is sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Name of Business/Doing Business As:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Full description of premises, be specific: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Example: # of rooms, floors, etc.)

1. Is this a business where alcoholic liquors are your primary business? **Y / N**

If no, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ex: hotel, restaurant, theatre)

1. Is location of business for which a retail liquor license is sought at least 100 feet from property line to property line from any school, hospital, home for the aged, indigent persons, veterans or for children? **Y / N**
2. Is location of business for which a retail liquor license is sought at least 100 feet building to building from a church? **Y / N**
3. Does the applicant seek a license to sell liquor upon the premises as a restaurant? **Y / N**
4. Are the premises maintained and held out to the public as a place where meals are regularly served? **Y / N**
5. Provided with an adequate and sanitary kitchen and dining room equipment with sufficient employees to prepare, cook and serve suitable food? **Y / N**
6. **Class of Liquor License applying for** – **Please check one of the following:**

\_\_ Class A (Consumption on premises/package sales)

\_\_ Class AA (Retail sale in package form only)

\_\_ Class AAA (Consumption of alcohol/served at table with food only)

\_\_ Class B (Retail sale of beer and wine only)

\_\_ Class BB (Beer and wine consumed on premises)

\_\_ Class TH (Consumption on premises during movies or theatrical performances)

\_\_ Class WT (Wine tasting not to exceed 2oz samples/bottles sold in package form only)

\_\_ Club License (Consumption on premises)

1. **ELIGIBILITY QUESTIONS/APPLICANT:**

Y / N Is the applicant a resident of the city? If NO, you **must** list a manager who is a resident

 and he/she must possess all the same requirements for eligibility as the applicant.

 (See page 3 of this application for manager’s questions)

Y / N Is the applicant a citizen of the United States?

Y / N Is the applicant a naturalized citizen? If so, please attach copy of court papers

Y / N Does the applicant own the premises for which license is being sought?

Y / N Does applicant have a lease for the full period of license? If so, please attach a copy

Y / N Has the applicant ever applied for a similar license or any other license in the city?

 If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Has the applicant ever had a previous license from any other state, federal or local government that was revoked, suspended or fined? If so, please list, along with dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Has the applicant ever been convicted of a felony or misdemeanor? If so, please list the nature and outcome of the conviction, including the dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Has applicant ever been convicted of a violation of the Federal and or State liquor law since February 1, 1943? If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Has applicant ever permitted an appearance bond forfeiture for any of violation mentioned in the above question?

Y / N Is the applicant engaged in the business of importing and or the distribution of alcoholic

 liquor? If so, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Is the applicant or any affiliate, associate, officer, partner or any other agent engaged in the manufacturing of alcoholic liquor? If so, what location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Is any law enforcement public official, mayor, alderperson, member of the city council or commission, or any president or member of a county board directly interested in the business for which the license is sought?

Y / N Has any manufacturer or importing distributor directly or indirectly paid or agreed to pay for this license, advance money or any credit?

Y / N Is such person directly or indirectly interested in the ownership or operation of the place of business?

1. **ELIGILIBILTY QUESTIONS/ MANAGER:**

Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number / Residential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy of Driver’s License submitted: Y / N

Y / N Is the manager a resident of the city?

Y / N Is the manager a citizen of the United States?

Y / N Is the manager a naturalized citizen? If so, please attach copy of court documents

Y / N Does the manager currently hold any other business license issued by the city? If so, list:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Has the manager ever applied for a similar license or any other license in the city?

 If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Has the manager ever had a previous license from any other state, federal or local government that was revoked, suspended or fined? If so, please list, along with dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Has the manager ever been convicted of a felony or misdemeanor? If so, please list the nature and outcome of the conviction, including the dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Has the manager ever been convicted of a violation of the Federal and or State liquor law since February 1, 1943? If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Have you ever permitted an appearance bond forfeiture for any of the violation listed in the question above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Is the manager engaged in the business of importing and or the distribution of alcoholic

 liquor? If so, what location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Is the manager a law enforcement public official, mayor, alderperson, member of the city council or commission, the president or member of a county board with direct interest in the business for which the license is sought?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business conducted by above manager must abide by all state statues and city ordinances set forth**

**for a liquor license holder. Please read following statement fully. Signature is required showing that you are aware and understand your duties as manager.**

**By signing below, I recognize and understand as manager I will be held responsible for any illegal activity, including but not limited to, witnessing or serving under age drinker(s). Witnessing or participating in the sale of illegal drugs or use of illegal drugs on premise which includes all parking areas associated with the establishment. Also, the witnessing of or knowingly serving an intoxicated person(s).**

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

Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list name, date of birth, telephone number and percentage owned by any partner, corporate officer, directors and shareholders, if any. Attach a separate sheet if necessary.

OWNERSHIP INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Date of Birth: | Telephone #: | % Owned: |

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1. **ELIGIBILITY QUESTIONS / PARTNER, OFFICERS, DIRECTORS OR SHAREHOLDERS**

Y / N Are you a citizen of the United States?

Y / N Are you a naturalized citizen? If so, please attach court documents

Y / N Do you currently hold any other business license issued by the city? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Have you ever applied for a similar license or any other license in the city?

 If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Ever had a previous license from any other state, federal or local government that was revoked, suspended or fined? If so, please list, along with dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Ever been convicted of a felony or misdemeanor? If so, please list the nature and outcome of the conviction, including the dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Ever been convicted of a violation of the Federal and or State liquor law since February 1, 1943? If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Have you ever permitted an appearance bond forfeiture for any of the violation listed in the question above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Are you engaged in the business of importing and or the distribution of alcoholic

 liquor? If so, what location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y / N Is the manager a law enforcement public official, mayor, alderperson, member of the city council or commission, the president or member of a county board with direct interest in the business for which the license is sought?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notice:**

**Application and all forms needed must be provided to the administration office at least 2 weeks prior to the expiration date of April 30th, to allow for processing of the new license.**

Please sign and date the application form and provide your title. The application must be signed

by an owner or partner. The signature must be original. Rubber stamps will not be accepted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Applicant) (Title) (Date)

APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City of Hoopeston Liquor Commissioner) (Date)

AFFIDAVIT

STATE OF ILLINOIS )

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the City of Hoopeston of the laws of the State of Illinois for the laws of 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. It is the responsibility of the applicant to notify the City of Hoopeston of any change in the business officers (managers, owners, partners or corporate members) and also change in information that is pertinent to this application.

Subscribed and Sworn to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Applicant)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notary) (Signature of Manager)

***CHECKLIST FOR RETAIL LIQUOR APPLICANT***

**The following items must be included with your application** **and payment at least 2 weeks prior to April 30th deadline for your application to be accepted:**

* Copy of Photo I.D. for owner, partners and/or manager
* Copy of papers stating ownership, partnership or Articles of Incorporation
* Copy of the Illinois Business Authorization/Certificate of Registration
* Copy of Federal Employer ID # showing legal business name
* Copy of lease, if applies or real estate contract
* Copy of naturalization papers if a naturalized citizen for owner, partners and/or manager
* Release form for background check of owner, each partner & manager
* Copy of Liability and Dram Shop Insurance for at least $1,000,000
* Your **completed** liquor application, including owner signature. The current contact information, including cell phone number and e-mail address
* Affidavit page with owner signature, manager signature plus notary signature and official seal
* One time application processing fee of $100 (New applicants only)