



Return completed form to:
 City of Collinsville
 City Clerk's Office
 125 South Center
 Collinsville, IL 62234

City of Collinsville
LIQUOR LICENSE APPLICATION
 Office of the City Clerk
 618.346.5204

TO THE MAYOR OF THE CITY OF COLLINSVILLE, ILLINOIS, for a license to sell at retail, alcoholic liquor, pursuant to Collinsville Municipal Code Chapter 5.08. All applications for renewal shall be filed with the City Clerk on or before November 15. A late fee (\$20 per day) shall be assessed on a renewal application which is filed after November 15, pursuant to Section 5.08.390.

PART I.

Have you verified with the City Zoning Department that the location you are applying for has a valid site approval? (Applies to new applications only, not renewals) YES NO

PART II.

Please check below the appropriate class license(s) for which you are making application - see Section 5.08.260 of the Liquor Code:

- | | | | | | |
|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| CLASS A <input type="checkbox"/> | CLASS B <input type="checkbox"/> | CLASS B1 <input type="checkbox"/> | CLASS C <input type="checkbox"/> | CLASS D <input type="checkbox"/> | CLASS E <input type="checkbox"/> |
| CLASS F <input type="checkbox"/> | CLASS G <input type="checkbox"/> | CLASS H <input type="checkbox"/> | CLASS I <input type="checkbox"/> | CLASS J <input type="checkbox"/> | CLASS K <input type="checkbox"/> |
| CLASS L <input type="checkbox"/> | CLASS M <input type="checkbox"/> | CLASS N* <input type="checkbox"/> | CLASS O* <input type="checkbox"/> | | |

*Class N allows Class C, G, or K to hold Tasting Events. Class O allows Class B, B1, E, F, or K to serve outdoors for a special event.

PART III.

If you are applying for a Supplemental License, please check below the appropriate subclass. See Section 5.08.270 of the Liquor Code (applicable for holders of Class A, Class B, or Class B-1 licenses).
 Subclass 1: A. Sidewalk Dining B. Beer Garden

PART IV.

The attached Schedules (as defined below) require information necessary in order to complete this application. Please fill out the schedule appropriate to your particular type of operation.

- Schedule I Requires information relating to an **INDIVIDUAL** making application for license.
- Schedule II Requires information relating to a **PARTNERSHIP** making application for license.
- Schedule III Requires information relating to a **CORPORATION** making application for license (includes Clubs).

Indicate liquor license year for which application for a liquor license is being made: January - December, _____.

PART V. YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS.

1. Name of applicant: _____
 Circle one: (Individual, Partnership or Corporation Name)

Address of Individual, Partnership or Corporation: _____

Phone number of Individual, Partnership or Corporation: _____

2. Name under which business is to be conducted: _____

3. Address of place of business for which this application is made: _____

| |
|--|
| <p>4. Attach legal description of premises or place of business which is to be operated under this license. Include a scale drawing of said premises clearly indicating all areas within or adjoining the building or structure which are to be used in connection with the retail sales of alcoholic liquor or are accessible from it</p> <p>5. Is this location within 100' of any boundary line of a church, school, hospital, home for the aged or indigent persons, nursing home, or home for veterans, their wives or children, or any military or naval station: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>6. If the answer to Question 5 is "yes", specify whether the business is (a) _____ a hotel offering restaurant services; (b) _____ a regularly organized club; (c) _____ a restaurant; (d) _____ a food shop or other place where the sale of alcoholic liquor is not the principal business carried on. Give exact date business specified was established: _____</p> |
| <p>7. Do you own the premises designated in Question 3? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: If the answer is "yes", a copy of the deed showing your ownership must be on file with the City Clerk at all times. If such copy is not on file, same must accompany this application. If you are purchasing the premises for which this application is being made, a copy of the purchase agreement must accompany this application.</p> |
| <p>8. Do you lease the premises designated in Question 3? <input type="checkbox"/> YES <input type="checkbox"/> NO If the answer is "yes", when does the lease expire? _____ NOTE: A current and valid copy of the lease must be on file with the City Clerk at all times. If such copy is not on file, same must accompany this application.</p> |
| <p>9. Do the premises for which this license is sought have two separate and private lavatories, one for men and one for women? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>10. Will this business be conducted by a manager or agent that is someone other than the applicant or an officer of the corporation? <input type="checkbox"/> YES <input type="checkbox"/> NO IF THE ANSWER IS "YES", SUCH PERSON MUST COMPLETE SCHEDULE I OF THE APPLICATION FOR LICENSE AND THE INDIVIDUAL DATA FORM.</p> |
| <p>11. Are you, or is any other person that is directly or indirectly interested in this business, a law enforcing public official? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes", describe the office or position held: _____ _____</p> |
| <p>12. Have you, a co-partner in the case of a partnership, or any officer, manager, director, or any stockholder owning or controlling the voting rights in the aggregate more than 20% of the stock of the corporation, been issued a Federal Gaming Device Stamp or Federal Wagering Stamp by the Federal Government for the current tax period? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>13. Has a Federal Gaming Device Stamp or Federal Wagering Stamp been issued by the Federal Government for the current tax period on the premises for which you are making this application for a liquor license? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>14. Do you have a current and valid City of Collinsville Business License as provided for in Chapter 5 of the Collinsville Municipal Code? <input type="checkbox"/> YES <input type="checkbox"/> NO If the answer is "yes", give the number of such license: _____ If the answer is "no", have you applied for such license?: _____</p> |
| <p>15. Do you have a current and valid Food Sanitation Permit issued by Madison County or St. Clair County as provided for in Section 5.08.050 (for Class B, B-1, E, F, I, J, K or L licenses) when food is being served? <input type="checkbox"/> YES <input type="checkbox"/> NO If the answer is "yes", provide copy. If the answer is "no", have you applied for such license?: _____</p> |

REVIEW PRIOR TO SIGNING:

1. Have you answered ALL questions on this application?
2. Have you attached the appropriate Schedule (I for Individual, II for Partnership, or III for Corporation) required by this application?
3. Have you attached the Statement of Financial Information required with this application?
4. Have you included a scale drawing of the premises as required by Question 4?
5. If applicable, have you included a copy of the deed on the premises indicated in Question 7?
6. If applicable, have you included a copy of the lease on the premises indicated in Question 8?
7. If applicable, have you attached Schedule I as required by Question 10?
8. Have you attached proof of liquor liability (dram shop) insurance?

I, _____ declare under penalty of perjury that the foregoing is true and correct.
 (Applicant's Name)

 Print name of applicant

 Signature of applicant

IF ANY OF THE NECESSARY INFORMATION REQUIRED BY THIS APPLICATION HAS BEEN OMITTED, THE APPLICATION WILL NOT BE PROCESSED AND A LIQUOR LICENSE WILL NOT BE ISSUED.

BY SIGNING THIS APPLICATION, YOU AGREE NOT TO VIOLATE ANY ORDINANCES OF THE CITY OF COLLINSVILLE, THE STATE OF ILLINOIS, OR THE UNITED STATES IN THE CONDUCT OF YOUR PLACE OF BUSINESS.

FOR CLASS B OR CLASS B-1 APPLICATIONS, REFER TO SECTION 5.08.280 OF THE LIQUOR CODE AND ATTACH REQUIRED DOCUMENTS TO THIS APPLICATION.

CLASS OF LICENSES/DESCRIPTION/ANNUAL FEE:

| | | |
|-------------|--|--|
| CLASS A: | TAVERN | \$1,500 |
| CLASS B : | RESTAURANT (50% food sales) | \$1,200 |
| CLASS B-1: | RESTAURANT (food sales must be minimum of 25%) | \$1,500 |
| CLASS C: | PACKAGED GOODS | \$1,200 |
| CLASS D: | PACKAGED GOODS - GAS STATIONS | \$1,200 |
| CLASS E: | HOTELS | \$1,200 |
| CLASS F: | CLUBS | \$ 800 |
| CLASS G: | SPECIAL EVENTS | \$ 100/day |
| CLASS H: | ANNUAL FESTIVALS | \$ 50/day |
| CLASS I: | RACE TRACK/STADIUM | \$2,000 (3 locations - \$250 per additional) |
| CLASS J: | GOLF COURSE | \$2,000 |
| CLASS K: | CONVENTION CENTER/HALL (not a Club) | \$2,000 (3 locations - \$250 per additional) |
| CLASS L: | CATERER | \$ 500 |
| CLASS M: | MAIL ORDER | \$1,000 |
| CLASS N: | TASTING EVENT | \$ 25 |
| CLASS O: | OUTDOOR EVENT | \$ 100/day |
| Subclass 1: | SIDEWALK CAFÉ, BEER GARDEN | \$ 300 (Class A) |
| | | \$ 150 (Class B, B-1) |

ANNUAL FEES MAY BE PAID ON A SEMI-ANNUAL BASIS FOR AN ADDITIONAL \$25 FEE



City of Collinsville
INDIVIDUAL DATA FORM

This form must be completed by all applicants, including all officers within a corporation, and all managers. Make copies as necessary. Attach separate sheets if needed.

Full Name: _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ ZIP Code _____

Phone Number(s): Home _____ Business _____

Sex: MALE FEMALE U.S. Citizen? YES NO Date of Birth: _____

Drivers License State _____ Drivers License Number _____ SSN _____
You must attach a copy of your driver's license to this form.

All Places of Employment (past 10 years):

Place of Birth (City & State): _____

List all previous arrests (dates, locations and charges)

Are you an alcoholic or have you received treatment for alcoholism or a drinking problem, or have you been involved in any incident involving the police, including traffic, in which you were intoxicated? YES NO

Have you been involved in any battery, assault, fight or public disorder: YES NO

List any other business you have ever had ownership in which held a liquor license (dates & locations):

Name of business for which you are making application): _____

List all persons having any financial interest in the business for which you are making application:

List all previous addresses (past 5 years):

I, _____ declare under penalty of perjury that the foregoing is true and correct.
(Applicant's Name)

Signature

DATE: _____



INSTRUCTIONS FOR APPLYING FOR AN INDIVIDUAL CITY OF COLLINSVILLE LIQUOR LICENSE

NOTE: Site Location Approval is necessary for new locations or locations which have not been used for the sale of alcoholic beverages for the past 12 months, or for locations where a change of license "class" is requested. Forms and instructions may be obtained from the City Clerk's office. If site approval is not necessary, you may proceed as follows:

When applying as an individual, the following documents should be filed with the office of the City Clerk.

You may file your application papers for your liquor license provided the Madison County or St. Clair County Health Department Food Sanitation Permit application is in the process. There are several steps required. Please follow their instructions carefully.

Please print or type information on forms. Please answer all questions or forms or write N/A for not applicable.

- _____ 1. Liquor License Application form.
- _____ 2. Schedule I (Individual) Application Form. Applicant must be a resident of Collinsville. If the manager is someone besides the applicant, a Schedule I and an Individual Data Form are to be completed for the manager.
- _____ 3. Individual Data Form for both applicant and manager.
- _____ 4. Statement of Financial Disclosure.
- _____ 5. Scale drawing of the interior of the premises.
- _____ 6. Liquor Surety Bond in the amount of \$2,000 from your insurance company (in force through December 31st of the current liquor license expiration date.) Must be signed by individual. This is separate from the required liquor liability (dram shop) insurance.
- _____ 7. Bill of Sale between former licenses and new applicant for the purchase of the business, fixtures, stock, etc. (This may be separate or included in a lease/deed).
- _____ 8. If applicant is leasing the building, a copy of the lease must be included. The lease should be in force at least to the end of the current license expiration date and must be leased to the individual. Subleases must have documentation showing permission from the owner of the building to sublet and a copy of the lease from which you are subletting. If applicant is buying the building, a copy of the deed or an agreement/ contract to purchase the building must be included.
- _____ 9. A copy of your drivers license must be included.
- _____ 10. Non-refundable filing fee in the amount of \$400 for all **new** applications to be credited toward the annual fee. No filing fee for renewals.

SCHEDULE I AND INDIVIDUAL DATA FORM MUST BE COMPLETED AND ATTACHED TO THIS APPLICATION FOR THE INDIVIDUAL AS WELL AS THE MANAGER (if Manager is someone besides the Applicant).



City of Collinsville
SCHEDULE I - INDIVIDUAL

NAME OF BUSINESS: _____

1. Applicant Name: _____

2. Residence Address: _____

3. Date of Birth: _____

4. Place of Birth: _____

5. Are you a citizen of the United States? YES NO

6. If you are a naturalized citizen of the United States, give time and place you were naturalized: _____

7. Describe the type of business to be conducted at place to be licensed: _____

8. How long have you been engaged in business of this character? _____

Include a complete list of locations and inclusive dates during which you have been in said business on a separate sheet.

9. Have you made application for a license to sell at retail alcoholic liquor on premises other than described in this application to this or any other state or political subdivision thereof? YES NO

If the answer is "yes", give date, location and disposition of such application on a separate sheet.

10. Prior hereto, has any liquor license held by you, issued by any state or subdivision thereof, or by the Federal Government, been revoked or suspended? YES NO

If the answer is "yes", state reasons therefore, and if a suspension, state the length of such suspension on a separate sheet.

11. Have you ever been charged or convicted of a felony? YES NO

Keeper of house of ill fame? YES NO Prostitution? YES NO

Crime of decency or morality? YES NO Pandering? YES NO

Gambling? YES NO

Are you otherwise disqualified to receive a license by reason of any matter contained in the Liquor Code of the City of Collinsville? YES NO

If any answer to Question 11 is "yes", give dates, locations and results of any such charges or violations on a separate sheet.

12. Are you an alcoholic, or have you received treatment for alcoholism, or been involved in an incident involving the police, including traffic, in which you were intoxicated?

If answer to Question 12 is "yes", give dates locations and dispositions of such treatment or incident on a separate sheet.

13. Have you ever been involved in a battery, assault, fight or public disorder? YES NO

If answer to Question 13 is "yes", give dates locations and dispositions of such incident on a separate sheet.

14. How long have you resided in the City of Collinsville? _____

List all addresses at which you have resided in the past ten (10) years on a separate sheet.

AFFIDAVIT OF INDIVIDUAL AND MANAGER/AGENT

I swear that I and my manager or agent are fully informed as to the provisions of the Illinois Liquor Control Law and the Liquor Ordinances of the City of Collinsville and that I and my manage or agent will not violate any of the laws of the State of Illinois or of the Ordinances of the City of Collinsville in the conduct of the place of business described herein and that the statements contained in this application and any schedules and other attachments made a part of this application are true and correct.

I, _____ declare under penalty of perjury that the foregoing is true and correct.

Print Name of Licensee

Signature of Licensee

Print Name of Manager

Signature of Manager

Subscribed and sworn to before me this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

-----**FOR OFFICE USE ONLY**-----

License Number: _____

Class of License: _____

Amount Paid: _____

Semi-Annual Payments: YES NO

Service Fee Paid: _____

Date Paid: _____

Licensee: _____

Business Name: _____

Address: _____

APPROVED:

Liquor Commissioner

Date: _____



INSTRUCTIONS FOR APPLYING FOR A PARTNERSHIP CITY OF COLLINSVILLE LIQUOR LICENSE

NOTE: Site Location Approval is necessary for new locations or locations which have not been used for the sale of alcoholic beverages for the past 12 months, or for locations where a change of license "class" is requested. Forms and instructions may be obtained from the City Clerk's office. If site approval is not necessary, you may proceed as follows:

When applying as a partnership, the following documents should be filed with the office of the City Clerk.

You may file your application papers for your liquor license provided the Madison County or St. Clair County Health Department Food Sanitation Permit application is in the process. There are several steps required. Please follow their instructions carefully.

Please print or type information on forms. Please answer all questions or forms or write N/A for not applicable.

- _____ 1. Liquor License Application form.
- _____ 2. Schedule II (Partnership) Application Form. If the manager is someone other than one of the applicants, a Schedule I and Individual Data Form must be completed for each manager.
- _____ 3. Individual Data Form for each individual listed on Schedule II.
- _____ 4. Statement of Financial Disclosure.
- _____ 5. Scale drawing of the interior of the premises.
- _____ 6. Liquor Surety Bond in the amount of \$2,000 from your insurance company (in force through December 31st of the current liquor license expiration year). Must be signed by all partners. This is separate from the required liquor liability (dram shop) insurance.
- _____ 7. Bill of Sale between former licenses and new applicant for the purchase of the business, fixtures, stock, etc. (This may be separate or included in a lease/deed).
- _____ 8. If applicant is leasing the building, a copy of the lease must be included. The lease should be in force at least to the end of the current license expiration date and must be leased to the individual. Subleases must have documentation showing permission from the owner of the building to sublet and a copy of the lease from which you are subletting. If applicant is buying the building, a copy of the deed or an agreement/ contract to purchase the building must be included.
- _____ 9. A copy of each partners' drivers license must be included.
- _____ 10. Non-refundable filing fee in the amount of \$400 for all **new** applications to be credited toward the annual fee. No filing fee for renewals.

SCHEDULE II AND INDIVIDUAL DATA FORM MUST BE COMPLETED AND ATTACHED TO THIS APPLICATION FOR EACH APPLICANT AND MANAGER (if Manager is someone besides the Applicant).



NAME OF BUSINESS: _____

Each member of the partnership shall answer the following questions.

1. Name of Partnership: _____

2. Name of Persons who have an interest in the partnership or who are entitled to share in the profits of such partnership:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

3. Residence address of each person listed in Question 2:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

4. Date of Birth AND Place of Birth of each person listed in Question 2:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

5. Are the persons listed in Question 2 citizens of the United States?

- (a) YES NO (d) YES NO
- (b) YES NO (e) YES NO
- (c) YES NO

6. If any person listed in Question 2 is a naturalized citizen of the United States, give time and place of such naturalization on a separate sheet.

7. Describe the type of business to be conducted at place to be licensed:

8. How long has each person listed in Question 2 been engaged in business of this character?

- (a) _____
 - (b) _____
 - (c) _____
 - (d) _____
 - (e) _____
-

9. Has any person listed in Question 2 made application for a license to sell at retail alcoholic liquor on premises other than described in this application to this or any other State or political subdivision thereof?

YES NO

If "yes", name each person and give date, location and disposition of such application on a separate sheet.

10. Prior hereto, has any liquor license held by any person listed in Question 2, issued by any State or subdivision thereof, or by the Federal government, been revoked or suspended? YES NO

If "yes", state reasons therefore and if a suspension, state the length of such suspension on a separate sheet.

12. Has any person listed in Question 2 ever been charged or convicted of a felony? YES NO

Keeper of house of ill fame? YES NO Prostitution? YES NO

Crime of decency or morality? YES NO Pandering? YES NO

Gambling? YES NO

Is any person otherwise disqualified to receive a license by reason of any matter contained in the Liquor Code of the City of Collinsville? YES NO

If any answer in Question 12 is "yes" for any person, give dates and locations and results of any such charges or convictions on a separate sheet.

13. Is any person listed in Question 2 an alcoholic or ever been treated for alcoholism or any drinking problem, or has any person been involved in any incident involving the police, including traffic, in which case they were intoxicated? YES NO

If answer to Question 13 is "yes", give dates locations and dispositions of such treatment or incident on a separate sheet.

14. Has any person listed in Question 2 ever been involved in a battery, assault, fight or public disorder?

YES NO

If "yes", give dates locations and dispositions of such incident on a separate sheet.

15. For each person listed in Questions 2, list all addresses at which said person has resided in the past ten (10) years.

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

Use separate sheet if needed.

AFFIDAVIT OF MEMBERS OF PARTNERSHIP

We swear that we are the sole owners of the business described in this application, that the premises specified in this application comply in all respects with the requirements of the Illinois Liquor Control Law and the Liquor Code of the City of Collinsville and that we are qualified to obtain a license under the Illinois Liquor Control Law and the Liquor Code of the City of Collinsville.

We swear that we are fully informed as to the provisions of the Illinois Liquor Law and the Liquor Code of the City of Collinsville and that we will not violate any of the laws of the State of Illinois or the Ordinances of the City of Collinsville in the conduct of the place of business described herein and that the statements contained in this application and any schedules and other attachments made a part of this application are true and correct.

I, _____ declare under penalty of perjury that the foregoing is true and correct.

Print Name of Licensee

Signature of Licensee

Print Name of Licensee

Signature of Licensee

NOTE: (At least two members of a partnership must sign)

Subscribed and sworn to before me this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

-----FOR OFFICE USE ONLY-----

License Number: _____

Class of License: _____

Amount Paid: _____

Semi-Annual Payments: YES NO

Service Fee Paid: _____

Date Paid: _____

Licensee: _____

Business Name: _____

Address: _____

APPROVED:

Liquor Commissioner

Date: _____



INSTRUCTIONS FOR APPLYING FOR A CORPORATION CITY OF COLLINSVILLE LIQUOR LICENSE

NOTE: Site Location Approval is necessary for new locations or locations which have not been used for the sale of alcoholic beverages for the past 12 months, or for locations where a change of license "class" is requested. Forms and instructions may be obtained in the City Clerk's office. If site approval is not necessary, you may proceed as follows:

When applying as a corporation, the following documents should be filed with the office of the City Clerk. For Class F (club) licenses, provide information on the President and Secretary of the club on the application.

You may file your application papers for your liquor license provided the Madison County or St. Clair County Health Department application is in the process. There are several steps required. Please follow their instructions carefully.

Please print or type information on forms. Please answer all questions or forms or write N/A for not applicable.

- _____ 1. Liquor License Application form.
- _____ 2. Schedule III (Corporation) Application Form. If THE manager is someone besides the applicant, a Schedule I and an Individual Data Form must be completed for each manager.
- _____ 3. Individual Data Form for each individual listed on Schedule III.
- _____ 4. Statement of Financial Disclosure.
- _____ 5. Scale drawing of the interior of the premises.
- _____ 6. Liquor Surety Bond in the amount of \$2,000 from your insurance company (in force until December 31st of the current liquor license expiration date). Must be signed by the President or the Principal of the corporation and be in the name of the corporation. This is separate from the required liquor liability (dram shop) insurance.
- _____ 7. Bill of Sale between former licensee and new applicant for the purchase of the business, fixtures, stock, etc. (This may be separate or included in a lease/deed.)
- _____ 8. If applicant is leasing the building, a copy of the lease must be included. The lease should be in force at least to the end of the current license expiration date and must be leased to the corporation. Subleases must have documentation showing permission from the owner of the building to sublet and a copy of the lease from which your corporation is subletting. If applicant is buying the building, submit a copy of the deed or an agreement/contract to purchase the building.
- _____ 9. Non-refundable filing fee in the amount of \$400 for all **new** applications to be credited toward the annual fee. No filing fee for renewals.
- _____ 10. Articles of Incorporation.
- _____ 11. A copy of each officers and managers drivers license must be included.

FOR CORPORATIONS CHANGING OFFICERS BUT THE CORPORATION/LLC REMAINS THE SAME: A new application will not be required - please submit: 1) a new Schedule III; 2) an Individual Data Form for each new officer; 3) an Affidavit showing the transfer of stock to the new owner(s); and 4) a Financial Disclosure Form.

FOR TRADE NAME CHANGES: Please submit a letter to the City Clerk's Office advising of the change.



City of Collinsville
SCHEDULE III – CORPORATION

NAME OF BUSINESS: _____

1. Name of Corporation: _____

2. Date of Incorporation: _____

3. Date Charter issued: _____

4. For what purpose was the Corporation organized? _____

5. Names, addresses, and dates of birth for each officer, director, manager; also, any stockholder owning or controlling the voting rights to more than 5% of the stock of the Corporation. If application is for a Class F (club) license, provide information on the President and Secretary.

Name: _____ Title: _____

Address: _____ DOB: _____

Name: _____ Title: _____

Address: _____ DOB: _____

Name: _____ Title: _____

Address: _____ DOB: _____

Name: _____ Title: _____

Address: _____ DOB: _____

Name: _____ Title: _____

Address: _____ DOB: _____

6. Designate the citizenship of those individuals listed in Question 5, or if naturalized, time and place of such naturalization:

7. Give character of business to be conducted at place to be licensed:

8. How long has the Corporation been engaged in business of this character?

9. Has any person referred to in Question 5 made application for a license to sell at retail alcoholic liquor on premises other than described in this application to this or any other State or political subdivision thereof?

YES NO

If so, give date, location and disposition of such application.

-
10. Prior hereto, has any liquor license held by any individual listed in Question 5, issued by any State or subdivision thereof, or by the Federal Government, been revoked or suspended? YES NO

If so, state reasons therefore, and if a suspension, state the length of such suspension on a separate sheet.

11. Has any person listed in Question 5 ever been charged or convicted of a felony? YES NO

Keeper of house of ill fame? YES NO Prostitution? YES NO

Crime of decency or morality? YES NO Pandering? YES NO

Gambling? YES NO

Is any person otherwise disqualified to receive a license by reason of any matter contained in the Liquor Code of the City of Collinsville? YES NO

12. If any answer to Question 11 is "yes", give dates, locations and results of any such charges or convictions on a separate sheet.
-

13. Is any person listed in Question 5 an alcoholic or ever been treated for alcoholism or any drinking problem, or has any person been involved in any incident involving the police, including traffic, in which case they were intoxicated? YES NO

If answer to Question 13 is "yes", give dates, locations and dispositions of such treatment or incident on a separate sheet.

14. Has any person listed in Question 5 been involved in any battery, assault, fight or public disorder?
 YES NO

If answer to Question 14 is "yes", give dates, locations and dispositions of any such incident on a separate sheet.

AFFIDAVIT ON BEHALF OF CORPORATIONS

The undersigned swear that the premises specified in this application comply in all respects with the requirements of the Illinois Liquor Control Law and Liquor Code of the City of Collinsville and that the application corporation and its manager or agent are qualified to obtain a license under the said Act.

We swear that the applicant will not violate any of the laws of the State of Illinois or the Ordinances of the City of Collinsville in the conduct of the place of business described herein and that we are fully informed as to the provisions of the Illinois Liquor Control Law and the Liquor Code of the City of Collinsville and that the statements contained in this application and any schedules and other attachments made a part of this application are true and correct.

I, _____ declare under penalty of perjury that the foregoing is true and correct.

Print Name of Licensee

Signature of Licensee

Print Name of Licensee

Signature of Licensee

(CORPORATE SEAL)

Subscribed and sworn to before me this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

-----FOR OFFICE USE ONLY-----

License Number: _____

Class of License: _____

Amount Paid: _____

Semi-Annual Payments: YES NO

Service Fee Paid: _____

Date Paid: _____

Licensee: _____

Business Name: _____

Address: _____

APPROVED:

Liquor Commissioner

Date: _____



City of Collinsville
STATEMENT OF FINANCIAL DISCLOSURE

DATE _____

NAME OF ESTABLISHMENT _____

ADDRESS OF ESTABLISHMENT _____

This schedule must be completed in its entirety except where noted. Attach separate sheet(s) as needed. Question No. 5 does not have to be answered unless the Mayor specifically requests this information.

PLEASE NOTE that this schedule will **not** be available to the general public and may be used only by City Officials for official purposes.

1. Give below a detailed statement of assets and liabilities of the business. This section MUST be filled out. Please do not write "NONE".

| ASSETS | | | LIABILITIES | |
|-------------|-----------|------|-------------|-----------|
| Description | \$ Amount | Name | Description | \$ Amount |
| | | | | |

2. List below the names and addresses of all secured creditors and a description of the security interest of each.

| NAME | ADDRESS |
|------|---------|
| | |

3. List below the names and addresses of all creditors who have any right to control the use or disposition of the business or any asset thereof.

| NAME | ADDRESS |
|------|---------|
| | |

4. List below the names and addresses of each creditor who holds indebtedness of the business totaling in the aggregate 20% or more of the net worth of the business. (Net worth is the amount that assets of the business exceed the liabilities of the business)

| NAME | ADDRESS |
|------|---------|
| | |

5. Attach hereto a detailed profit and loss statement for the last preceding business year. (ATTACH ONLY IF REQUESTED BY THE MAYOR)

6. If you are a corporation, please attach a copy of the latest annual report required to be filed Pursuant to Section 157.95 of the Business Corporation Act of Illinois.

7. Please list below in detail, a description of all agreements or obligations which purport to bind any successor to you to continue to purchase, rent or accept any goods, wares or services from a specified supplier thereof.

IF ADDITIONAL SPACE IS REQUIRED TO ANSWER ANY OF THE ABOVE QUESTIONS,
PLEASE ATTACH A SUPPLEMENTAL SHEET



City of Collinsville
APPLICATION FOR SUBCLASS LIQUOR LICENSE
SIDEWALK DINING

Establishment Name: _____

Address: _____

NOTE: Sidewalk dining areas existing and approved prior to November 24, 2008, are grandfathered and are not required to submit a new Application for Subclass Liquor License. The license fee does apply annually.

Do you currently have a Sidewalk Dining subclass license? YES NO

Would you like to renew your Sidewalk Dining subclass license? YES NO

If the answer is yes to both questions above, simply sign this application below.

If the answer is no, finish completing this application if you would like to apply for a Sidewalk Dining subclass license. Sidewalk Dining subclass licenses are only available to holders of Class A, Class B or Class B-1 licenses.

Is this a new Sidewalk Dining subclass license application? YES NO

To apply for a new Supplemental License Sidewalk Dining, please refer to Section 5.08.270 of the Liquor Code. (Applicable for holders of Class A, Class B or Class B-1 licenses). Also refer to Section 17.060.075 - Sidewalk Dining - of the Collinsville Municipal Code.

ATTACH a scale drawing of the proposed sidewalk area to be used, including the locations of all tables and seating.

AS REQUIRED BY ORDINANCE: Attach a list of the names and addresses of the last person to whom taxes were assessed for any property within 500 feet of the proposed site.

Also attach a sworn statement that you, as applicant, have caused notices to be sent to all such property owners.

AFFIDAVIT

I swear that I am fully informed as to the provisions of the Illinois Liquor Control Laws and the Liquor Code of the City of Collinsville and will not violate any of the laws of the State of Illinois or of the City of Collinsville in the conduct of the function described herein; and that the statements contained in this application and any attachments thereto are true and correct.

Signature of Licensee or Agent

Subscribed and sworn to before me this

_____ day of _____, _____.

Notary Public

-----FOR OFFICE USE ONLY-----

Application for Subclass is Approved _____ Not Approved _____

Liquor Commissioner / Date



City of Collinsville
APPLICATION FOR SUBCLASS LIQUOR LICENSE
BEER GARDEN

Establishment Name: _____

Address: _____

NOTE: Beer gardens existing and approved prior to November 24, 2008, are grandfathered and are not required to submit a new Application for Subclass Liquor License. The license fee does apply.

Do you currently have a Beer Garden subclass license? YES NO

Would you like to renew your Beer Garden subclass license? YES NO

If the answer is yes to both questions above, simply sign this application below.

If the answer is no, finish completing this application if you would like to apply for a Beer Garden subclass license. Beer Garden subclass licenses are only available to holders of Class A, Class B, or Class B-1 licenses.

Is this a **new** Beer Garden subclass license application? YES NO

To apply for a **new** Beer Garden supplemental license, please refer to Section 5.08.270 of the Liquor Code applicable for holders of Class A, Class B or Class B-1 licenses.

ATTACH a scale drawing showing, specifically:

1. dimensions of how the area will be confined to restrict noise and prohibit removal of alcohol;
2. a substantial structure across which alcohol shall be served that provides bartenders reasonable protection from patrons;
3. the locations of (2) exits (one may be through the premises);
4. the location of a telephone.

AS REQUIRED BY ORDINANCE: Attach a list of the names and addresses of the last person to whom taxes were assessed for any property within 500 feet of the proposed site.

Also attach a sworn statement that you, as applicant, have caused notices to be sent to all such property owners.

AFFIDAVIT

I swear that I am fully informed as to the provisions of the Illinois Liquor Control Laws and the Liquor Code of the City of Collinsville and will not violate any of the laws of the State of Illinois or of the City of Collinsville in the conduct of the function described herein; and that the statements contained in this application and any attachments thereto are true and correct.

Signature of Licensee or Agent

Subscribed and sworn to before me this

_____ day of _____, _____.

Notary Public

-----**FOR OFFICE USE ONLY**-----

Application for Subclass is Approved _____ Not Approved _____

Liquor Commissioner / Date