

**LOCAL APPLICATION FOR RETAILER'S LICENSE
FOR SALE OF ALCOHOLIC LIQUORS
CITY OF AUBURN, (SANGAMON COUNTY) ILLINOIS**
324 West Jefferson Street Phone: (217) 438-6151
Auburn, IL 62615

FOR OFFICE USE ONLY	
Date Received:	
Crim Background:	
Date Approved:	
Applic Fee Pd:	
License Number:	

WARNING: The filing of this application does not permit applicant to assume control of the Tavern until approval of the Liquor Commission is granted, and new license is actually issued.

APPLICATION FOR: (CHECK ONE)

- Class A Tavern..... \$25.00 fee \$400.00 annual fee
- Class A1 Bowling Alley..... \$25.00 fee \$400.00 annual fee
- Class B Beer & Wine Only..... \$25.00 fee \$400.00 annual fee
- Class C Package Liquor Only..... \$25.00 fee \$400.00 annual fee
- Class D Temporary Permit ___ # days.. No Application charge \$7.50 per day (\$15 non-res)
Date(s): _____
- Class E Non-Profit Private Club No Application charge No Charge

APPLICANT NAME / DOING BUSINESS AS: (as shown on your Illinois Dept of Revenue Sales Tax Certificate)

BUSINESS ADDRESS: Correspondence Here

CORPORATE ADDRESS: Correspondence Here

BUSINESS PHONE: (____) _____ - _____

MAIN CONTACT: (____) _____ - _____

FEIN #: _____

IL SALES TAX #: _____

- STATUS OF BUSINESS:**
- Assumed Name Date Filed: _____
 - Partnership Date Formed: _____
 - Illinois Corporation Date Incorporated: _____
 - Limited Liability Company Date Formed: _____
 - Not-for-profit Organization Date Formed: _____

In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants local liquor license. Is applicant a resident of the city of Auburn? _____ How long? _____

OWNERSHIP INFORMATION: (If applicant is a partnership, please furnish for each partner; in case of a club, association, or corporation, furnish for each officer, director, and any stockholder owning more than five percent (5%) of the stock of such corporation.) If more space needed, attach separate sheet(s).

A.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO	BIRTHDATE	SEX	TITLE / POSITION	PHONE NO.	% OWNED	
U.S. CITIZEN? YES or NO				()		

B.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO	BIRTHDATE	SEX	TITLE / POSITION	PHONE NO.	% OWNED	
U.S. CITIZEN? YES or NO				()		

C.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO	BIRTHDATE	SEX	TITLE / POSITION	PHONE NO.	% OWNED	
U.S. CITIZEN? YES or NO				()		

FINGERPRINT REQUIREMENTS

Fingerprints are required to obtain a liquor license.

Below is the location & contact information of the business in which the City utilizes for this service:

FIRM Systems

6 Lawrence Square

Springfield, IL 62704

Phone number: 866-721-1203 ext 110

A fee is required to obtain fingerprinting through FIRM. It is the responsibility of the applicant(s) to pay for the service at the time of fingerprinting.

LOCAL MANAGER'S INFORMATION:

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO	BIRTHDATE	SEX	HOME PHONE	CELL PHONE		
			()	()		

ELIGIBILITY QUESTIONS - These questions apply to ALL people listed on this application and must be answered. If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- Yes No 1. Have you ever been convicted anywhere of a felony or misdemeanor? (Except traffic offenses)
- Yes No 2. Have you ever applied for and been denied a liquor license?
- Yes No 3. Have you had any previous liquor license revoked?
- Yes No 4. Are you or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- Yes No 5. Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
- Yes No 6. If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or resident aliens with legal status?
- Yes No 7. Is the property line of the proposed location within one hundred feet (100') of the property line of any church, school, hospital, home for aged or indigent persons or for war veterans, their wives or children, or of any military or naval station?
- Yes No 8. Will food for human consumption be sold at this place of business?
- Yes No 9. Will alcoholic liquors be sold or delivered outside any building or structure on said premises?
- Yes No 10. Will alcoholic liquors be sold for consumption on the premises?
- Yes No 11. Does applicant own the premises for which a license is sought?

If not, state the full name, address, phone number of the landlord: _____

HOURS OF OPERATION: This information will assist in choosing an inspection time which causes least disruption to the business.

MON	TUES	WED	THURS	FRI	SAT	SUN

AFFIDAVIT AND SIGNATURE: Application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. The signature must be an original; rubber stamps are not accepted.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in this application are true and correct; they are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Auburn to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the United States of America or the State of Illinois or the City of Auburn, Illinois, in particular the Illinois Liquor control act, rules and regulations, the civil rights sections, and the ordinances of the City of Auburn now in force, or which may be hereafter passed. I agree to permit a fingerprint record be done by the Auburn Police Department.

FURTHER, I AGREE TO NOTIFY THE CITY OF AUBURN WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

SUBSCRIBED and SWORN to before me this _____ day of _____, 20____.

SIGNATURE OF APPLICANT / AUTHORIZED AGENT

title / position

date

NOTARY PUBLIC (SEAL)