City of Marseilles
200 Riverfront Dr.
Marseilles, IL. 61341
(815) 795-2133

CITY OF MARSEILLES
APPLICATION FOR CITY LIQUOR RETAILER'S LICENSE

The undersigned hereby makes application for a **retail liquor license(s)** as indicated hereafter (check appropriate class/classes);

Class "A"	Tavern	$800.00_____
Class "B"	Club	$200.00 _____
Class "C"	Package Liquor	$600.00_____
Class "D"	Restaurant	$500.00_____
Class "E"	Beer Garden/Sidewalk Cafe	$200.00_____
Class "F"	Outdoor Seasonal	$300.00_____
	Event Retail	

1. BUSINESS NAME: _____

BUSINESS ADDRESS: _____

_____

PHONE: _____

2. APPLICANT: **(Complete Section A,B or C)**

A. <u>Individual Applicant</u>

Name: _____ S.S.# _____

Drivers License Number: _____

Home Address: _____

_____

Citizen of United States?_____ Birth Date:_____

Place of Birth: _____

Place and Date of Naturalization: _____

Length of time as resident of Marseilles: _____

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Character of business: _____

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B. <u>Partnership Applicant</u>

Name of Partnership: _____

Character of Business: _____

Are all members of the partnership qualified to obtain a license as individual applicants? Yes_____ No _____

<u>Any and all persons entitled to share in the profits thereof</u> (add additional pages if necessary):

Name:_____S.S. # _____

Drivers License Number: _____

Home Address: _____

_____

Citizen of United States?_____ Birth Date: _____

Place of Birth: _____

Place and Date of Naturalization: _____

Length of time a resident of Marseilles: _____

Name:_____S.S. # _____

Drivers License Number: _____

Home Address: _____

_____

Citizen of United States?_____ Birth Date: _____

Place of Birth: _____

Place and Date of Naturalization: _____

Length of time a resident of Marseilles: _____

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C. <u>Corporate or Club Applicant (a Certificate of good standing issued by the Secretary of State must be submitted with this application);</u>

Name: _____

State of Incorporation:_____Date Incorporated:_____

If not an Illinois corporation, are you licensed to do business by the State of Illinois:

Yes_____ No _____

Objects for which it was organized: _____

_____

List the Name, Address, Phone Number, Social Security Number, Birth Date and Drivers License Number of all Officers and Directors:

<u>OFFICERS:</u>

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S.#</u>	<u>Birth Date</u>	<u>Driver Lic #</u>

<u>DIRECTORS:</u>

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S.#</u>	<u>Birth Date</u>	<u>Driver Lic #</u>

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If the majority of stock of a corporation is owned by one person or his nominee, the name, address, phone number, social security number, birth date and drivers license number of the person and the person acting as his nominee:

Name	Address	Phone	S.S.#	Birth Date	Driver Lic #

List all officers, managers, directors, or any stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation and indicate their relationship:

Name	Address	Phone	S.S.#	Birth Date	Driver Lic #	Relationship

Is any officer, manager or director thereof, or any stockholders owning in the aggregate more than five percent (5%) (either individually or by nominee) of the stock of such corporation eligible to receive a license as an individual pursuant to the laws of the State of Illinois and the City of Marseilles?
Yes_____ No _____

Does the applicant's international, national, state or local constitution, bylaws, articles or other official documents deny to any person the full and equal enjoyment of the organization and/or the proposed licensed facilities and/or services because of race, color, religion, sex, sexual orientation, or national origin?
Yes_____ No _____

List the Corporation's Registered Agent:

Name: _____ Phone: _____

Address: _____

_____ S.S. # _____

Drivers License # : _____ Birth Date: _____

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3. Length of time that applicant has been in the type of business being applied for, years and months: _____

4. Value of goods, wares or merchandise on hand: $_____

5. Can applicant provide a Surety Bond? Yes_____ No_____

6. Description of the premises or place of business which is to be operated under such license. List square footage of the premises to be licensed.

_____
_____
_____

7. Has applicant made applications for similar licenses at other locations?

Yes _____ No _____ If yes, at what location? _____

8. Has any previous license by any State or subdivision thereof or by the Federal

Government been revoked? Yes _____ No _____
If yes, please explain:

_____
_____

9. Has applicant or any person entitled to receive profits, ever been convicted of a felony, gambling offense, being the keeper of a house of ill fame, pandering, or other crimes or misdemeanors opposed to decency or morality?
Yes_____No _____

10. Has applicant ever been convicted of a violation of any Federal, State or local law concerning the manufacture, possession or sale of alcohol? Yes_____No _____

11. Has applicant ever forfeited bond to appear in court to answer charges for any such violation? Yes_____ No _____

12. Does applicant own the premises for which a license is sought?
Yes_____ No _____
If yes, evidence of ownership must be submitted with this application.

If no, does the applicant have a lease thereon for the full period for which the

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license is to be issued? Yes_____No _____

If so, a copy of the lease must be submitted with this application.

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13. If other than applicant, list name and address of the owner of the premises.

_____

_____

14. Is the applicant a law enforcing public official, mayor, alderman, trustee, commissioner, president or member of a County Board? Yes_____No _____

15. Does any such official mentioned in No, 14 have any interest in any way, either directly or indirectly, in the sale or distribution of alcoholic liquor for which this license is sought? Yes_____ No _____

16. Does the applicant have a Federal gaming device stamp or a Federal wagering stamp issued by the Federal Government for the current tax period? Yes _____ No _____

17. Does the premises to be licensed have a Federal gaming device stamp or a Federal wagering stamp issued by the Federal Government for the current tax period? Yes_____ No _____

18. If a manager or agent is to conduct the business under this application, would said manager or agent be qualified to receive a license as an individual applicant? Yes_____ No _____

19. Name of manager or agent: _____

Address: _____

Phone: _____ S.S. # _____

Drivers License # _____ Birth Date _____

20. Does the applicant directly or indirectly publish, circulate or display any written communication, the intent and effect of which is to deny any person the full and equal enjoyment of the proposed licensed facilities and/or services because of race, color, religion, sex or national origin, ancestry, age, marital status, handicap, military status, or sexual orientation? Yes_____No _____

21. Does the applicant have liquor liability (dram shop) insurance for the full period for which the license is to be issued? Yes_____No_____
A certificate of insurance must be submitted with this application.

22. STATEMENT:

The undersigned, being duly sworn, hereby states that the information contained

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in this application is true of my own knowledge and that the statements set forth are of my own free will.

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I solemnly swear that I will not violate any of the laws of the United States, the State of Illinois or the Ordinances of the City of Marseilles.

Signed_____ Printed Name_____

Signed_____ Printed Name_____

STATE OF ILLINOIS)
) SS
COUNTY OF LASALLE)

Subscribed and sworn to before me this_____day of_____, 20_____

(seal) _____
Notary Public

Return application with check to the City Clerk at 209 Lincoln Street Marseilles, Il 61341