



COUNTY OF FULTON STATE OF ILLINOIS

APPLICATION FOR CLASS A & B LIQUOR LICENSE

FOR COUNTY BOARD OFFICE USE ONLY

Business Name: _____

License Class: A B

License Fee Paid: _____ Check #: _____

All Relevant Sections Completed: Yes No

Application Signed: Yes No

All Documentation Attached: Yes No

Checked by: _____

PLEASE PRINT OR TYPE ALL THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION MUST INCLUDE ALL REQUIRED SUPPORTING DOCUMENTATION AND THE REQUIRED LICENSE FEE.

SECTION 1

BUSINESS LOCATION And Information

All applicants must complete this Section.

Name/DBA: _____

Type of Establishment: Sole Proprietorship Partnership Corporation Other: _____

Note: 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 the local liquor license. Driver's License copy required.

Business Address: _____

Phone Number: _____ Email: _____

Type(s) of Business Operated on Premises: _____

Hours of Operation

MON	TUES	WED	THUR	FRI	SAT	SUN

No Licensee shall sell or allow to be sold any alcoholic liquor at any time other than as set out below:

Monday through Thursday: 6:00 A.M. to 1:00 A.M.

Friday and Saturday: 6:00 A.M. to 1:30 A.M.

Sunday: 12:00 noon to 12:00 Midnight

New Year's Eve and New Year's Day: From 6:00 A.M. New Year's Eve to 2:30 A.M. on New Year's Day

Does the applicant own the premises? Yes No **If no, please attach a copy of the lease for the premises.**

SECTION 1A

OWNERSHIP INFORMATION

All applicants must complete this Section.

For each owner/officer/partner/five percent shareholder, provide full name, home address, city, state, ZIP Code, Social Security number, date of birth, title/position, home telephone number, and percentage ownership. Total percentage ownership should equal 100 percent. If there are a number of shareholders owning less than five percent, indicate the aggregate total of ownership under Line D

a. Full Legal Name: _____
Title/Position: _____ Percentage Interest: _____
Home Address: _____
Mailing Address (if different): _____
Home Phone #: _____ Social Security #: _____
Date of Birth: _____

Is interest holder a resident of Fulton County, Illinois? Yes No Is interest holder a U.S. citizen? Yes No
Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

b. Full Legal Name: _____
Title/Position: _____ Percentage Interest: _____
Home Address: _____
Mailing Address (if different): _____
Home Phone #: _____ Social Security #: _____
Driver's License or ID #: _____ Date of Birth: _____

Is interest holder a resident of Fulton County, Illinois? Yes No Is interest holder a U.S. citizen? Yes No
Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

c. Full Legal Name: _____
Title/Position: _____ Percentage Interest: _____
Home Address: _____
Mailing Address (if different): _____
Home Phone #: _____ Social Security #: _____
Driver's License or ID #: _____ Date of Birth: _____

Is interest holder a resident of Fulton County, Illinois? Yes No Is interest holder a U.S. citizen? Yes No
Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

d. Total percentage of all stock held by all persons with less than five percent interest. _____%

SECTION 1B
INFORMATION REQUIRED FOR APPLICATIONS BY CORPORATIONS
Only corporate applicants must complete this Section.

Corporation's Complete Name: _____
Business Address: _____
Mailing Address (if different): _____

Business Phone #: _____

Date of Incorporation: _____ Place of Incorporation: _____

Is corporation in good standing and authorized to conduct business in Illinois? Yes No

If yes, **please attach written proof** (e.g., Articles of Incorporation, annual report, certificate from Secretary of State).

Name of Registered Agent for Service of Process: _____

Address of Registered Office for Service of Process: _____

SECTION 2

TYPE OF LICENSE FOR WHICH APPLICATION IS BEING MADE

All applicants must complete this Section. Please check for which license an application is being made.

Class A (\$1,000 fee): For the sale of beer and all alcoholic liquors for consumption on the premises of licensee, as well as for the package sale of beer and all alcoholic liquors other than for consumption on the premises.

Class B (\$750 fee): For the package sale of beer and all alcoholic liquors other than for consumption on the premises of licensee.

SECTION 3

LIQUOR LICENSE HISTORY

All applicants must complete this Section.

List names and locations of all other establishments for which any person listed under Section 1A

Name of Establishment: _____

Location of Establishment: _____

Name of Establishment: _____

Location of Establishment: _____

Name of Establishment: _____

Location of Establishment: _____

Has any person listed under Sections 1A ever had any liquor license denied, revoked, or suspended? Yes No

If yes, please list the dates and grounds for each such denial, revocation, or suspension, and the name and location of the business.

SECTION 4

ELIGIBILITY QUESTIONS

All applicants must complete this Section. These questions apply to all persons listed under Sections 1A

If any question is checked "yes", a detailed explanation is required and must be attached to this application.

1. Is any person listed under Sections 1A a public official or law enforcement official in Fulton County, Illinois? Yes No
2. Has any person listed under Sections 1A ever been convicted of a felony under any Federal or State law? Yes No
3. Has any person listed under Sections 1A ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality? Yes No
4. Has any person listed under Sections 1A ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or has forfeited their bond to appear in court to answer charges for any such violation? Yes No
5. Has any person listed under Sections 1A ever been convicted of violating any County ordinance? Yes No
6. Has any person listed under Sections 1A ever been convicted of a gambling offense as proscribed by any of subsections (a)(3) through (a)(11) of Section 28-1 of or as proscribed by Section 28-1.1 or 28-3 of the Criminal Code of 1961 (720 ILCS 5/28-1, 5/28-1.1, or 5/28-3), or as proscribed by a statute replaced by any of the aforesaid statutory provisions?
 Yes No
7. Has any person listed under Sections 1A ever been issued a federal wagering stamp by the federal government? Yes No
8. Has any person listed under 1A ever failed to make a tax return in violation of any tax act administered by the Department of Revenue? Yes No
9. Has any person listed under Sections 1A ever filed a fraudulent return in violation of any tax act administered by the Department of Revenue? Yes No
10. Has any person listed under Sections 1A ever failed to pay all or part of any tax or penalty finally determined to be due in violation of any tax act administered by the Department of Revenue? Yes No
11. Has any person listed under Sections 1A ever failed to keep books and records in violation of any tax act administered by the Department of Revenue? Yes No
12. Has any person listed under Sections 1A ever failed to secure and display a certificate or sub-certificates of registration, if required, in violation of any tax act administered by the Department of Revenue? Yes No
13. Has any person listed under Sections 1A ever willfully violated any rule or regulation of the Department of Revenue relating to the administration and enforcement of tax liability? Yes No

The local liquor control commissioner shall have the right to require fingerprints of any applicant for a local license or for a renewal thereof other than an applicant who is an air carrier operating under a certificate of a foreign air permit issued pursuant to the Federal Aviation Act of 1958

SECTION 5
DRAM SHOP LIABILITY INSURANCE
 All applicants must complete this Section.

Please attach written proof of dram shop liability insurance in the form of a certificate of insurance issued by an insurance company licensed to do business in the State of Illinois.

SECTION 6
Bond
 All applicants must complete this Section.

Please attach a bond in favor of Fulton County as aforesaid in the penal sum of (\$1,500.00) conditioned that the applicant shall operate their place of business and conduct their business in accordance with and shall observe the laws of the United States and the State of Illinois, and the rules and regulations described in the Fulton County Liquor Ordinance.

SECTION 7

SIGNATURE, TITLE, AND DATE

All applicants must complete this Section. Please sign and date this application form.

An owner, an officer, a partner or an officially authorized agent of the business must sign this application.

The signature must be an original and notarized.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and accurate to the best of my knowledge; I have read the Fulton County Liquor Ordinance and am familiar with its terms and conditions; and the business for which I seek a license and its proposed operation are and shall be in compliance with the Fulton County Liquor Ordinance.

I further agree to promptly notify, in writing, the Fulton County Liquor Commissioner during the pendency of this application, or during the term of any license issued pursuant to this application, of any change in any of the information provided in this application or the occurrence of any event that is a basis for suspension or revocation of said license or fine under the Fulton County Liquor Ordinance.

Signature

Title/Position

Date

Signed and sworn to before me this _____ day

of _____, 20____.

