

Liquor License Application Process Checklist

COMPLETED APPLICATIONS must include the following:

1. APPLICATION

2. Copy of signed lease (if applicable) or Bill of Sale
3. Floor plan of establishment
4. Manager's Supplement
5. 2023 Owner / Manager Contact Information
6. Bond --\$2,000 required (Generally runs around \$50-100 per year.)
(To protect the City against claims made in the case of insolvency.)
7. Background Check for Applicant & Manager
8. Corporate License—Articles of Incorporation & Certificate of Good Standing.
9. Evidence of completion of TIPS or BASSETT Program for all servers & sellers.
10. \$50.00 Application fee
11. \$38.25 Fingerprint fee (per person)—Fingerprinting done at Charleston Police Department.

12. License Fee:
- | | |
|----|---|
| A: | \$ 1,400.00—Consumption on or off premises (secondary). |
| B: | \$ 1,250.00—Club License |
| C: | \$ 1,250.00—On-premises consumption only |
| D: | N/A |
| E: | \$ 1,400.00—Drug/Grocery Store--Off premise consumption |
| F: | \$ 300.00—Special Use Permit (No more than 3 in 12-mth. period) |
| G: | \$ 1,200.00—Hotel/Motel License |
| H: | \$ 300.00—County Fair Special Use Permit |
| I: | \$ 1,400.00—Brew Pub License |
| M: | \$1,400.00—Convenience Store (Consumption on or off Premises—sale of gas required—no alcohol sold in drive-thru.) |

LIQUOR LICENSE APPLICATION
FOR CITY RETAILER'S LICENSE
(Corporation Form)

This application is for a Class _____ License, as made and provided for in the Ordinances of the City of Charleston, Illinois.

The undersigned hereby make(s) application for the issuance of a City Retailer's License for the sale of alcoholic beverages for the term ending _____, 20____, and hereby do certify to the following facts:

1. Applicant's full name: _____

Date of Birth: _____ Place of Birth: _____

Residence Address: _____

Phone Number: _____

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

i. If naturalized citizen, date naturalized: _____
(Month/Day/Year)

ii. County and State: _____

iii. Court: _____

Corporate Name: _____

Name under which business is to be conducted: _____

Business Telephone Number: _____

License applied-for Address: _____

Street Name and Number

(Full description of location, place or premises, specifying floor, room, etc.)

Date of Incorporation: _____ State of Incorporation: _____

Objects of corporation as set forth in Charter: _____

FEIN: _____

State names of officers and residential addresses (No P.O. Boxes):

President: _____ Date of Birth: _____

Street Name & Number S.S. #: _____

City, State & Zip Code Length of time at this address: _____

Vice-President: _____ Date of Birth: _____

Street Name & Number S.S. #: _____

City, State & Zip Code Length of time at this address: _____

Secretary: _____ Date of Birth: _____

Street Name & Number S.S. #: _____

City, State & Zip Code Length of time at this address: _____

Treasurer: _____ Date of Birth: _____

Street Name & Number S.S. #: _____

City, State & Zip Code Length of time at this address: _____

Director: _____ Date of Birth: _____

Street Name & Number S.S. #: _____

City, State & Zip Code Length of time at this address: _____

Director: _____ Date of Birth: _____

Street Name & Number S.S. #: _____

City, State & Zip Code Length of time at this address: _____

Director: _____ Date of Birth: _____

_____ S.S. #: _____
Street Name & Number

_____ Length of time at this address: _____
City, State & Zip Code

Principal kind of business: _____

1. Does Applicant intend to sell alcoholic beverages upon premises as a restaurant? _____ (Y/N)

If yes, are premises:

A. Maintained and presented to the public as a place meals are regularly served? _____ (Y/N)

B. Provided with adequate capacity and sanitary kitchen and dining room equipment with sufficient employees to prepare, cook and served suitable food? _____ (Y/N)

2. Is Applicant licensed as a food dispenser? _____ (Y/N)

License Number: _____

3. Does Applicant own premises for which license is sought? _____ (Y/N)

4. Does Applicant have a lease on said premises covering the full period for which license is sought? _____ (N/Y)

If yes, state:

A. Name and address of Lessor: _____

B. Period covered by lease:

From: _____, 20____, to _____, 20____.

5. Is the location of Applicant business within 100 feet of any church, school, hospital, home for aged or indigent persons or veterans (their wives or children), or any military or naval stations? _____ (Y/N)

6. Is any law enforcing public official, mayor, member of the City Council, or any president or member of a County Board directly or indirectly interested in the business for which license is sought? _____ (Y/N)

7. Has any manufacturer, distributor or importing distributor directly or indirectly furnished, loaned or rented any interior decorations other than signs for inside out / outside use (except those signs existing prior to February 1, 1934), costing in the aggregate more than \$100.00 in any one calendar year for use in or about the premises in question? _____ (Y/N)

8. Has any manufacturer, distributor or importing distributor direction or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Interior decorations and signs mentioned in #10 Exempted.) _____ (Y/N)

9. Is Applicant engaged in the manufacture of alcoholic beverages? _____ (Y/N)

10. Is Applicant engaged in the business of importing distributor or distributor of alcoholic beverages? _____ (Y/N)

If so, name location or locations: _____

11. Has any officer, manager, or director of said corporation, or any stockholder, or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, ever been convicted of any felony under Federal or State law? _____ (Y/N)

12. Will business be conducted by a manager or agent? _____ (Y/N)

If yes, state name and residence of such manager or agent and submit Manager's Supplement Form (obtain from City Clerk, executed by such manager or agent and filed with this application as a supplement thereto).

A. Name of Manager or Agent: _____

B. Residence Address: _____

(Must have resided in Charleston not less than one (1) year.)

C. Authority conferred upon him/her by corporation with relation to operation or management of business for which license is sought: _____

13. If Applicant has ever engaged in the business or sale of alcoholic liquor at retail, list address of all locations: _____

14. List Dram Shop Insurance coverage including name and address of insurance company for both the license and owner of the building in which the alcoholic liquor will be sold for the duration of the license: _____

15. Please attach a copy of the Corporation's certificate of Good Standing.

*NOTE: If business is to be conducted by a manager or agent, a Manager's Supplement Form (obtainable from City Clerk) must be executed and filed by said manager or agent as a supplement to this application.

Applicant Signature

Date

3-3-14: HOURS OF SALES:

A. The sale of alcoholic beverages for consumption on premises within the corporate City limits of Charleston shall be limited to the following hours for all license holders:

Monday	6:00 A.M. until 1:00 A.M. Tuesday
Tuesday	6:00 A.M. until 1:00 A.M. Wednesday
Wednesday	6:00 A.M. until 1:00 A.M. Thursday
Thursday	6:00 A.M. until 2:00 A.M. Friday
Friday	6:00 A.M. until 2:00 A.M. Saturday
Saturday	6:00 A.M. until 2:00 A.M. Sunday
Sunday	11:00 A.M. until 12:00 midnight

HOURS OF SALES FOR LICENSED PREMISES:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

MANAGER'S SUPPLEMENT FORM

(a) **Name:** _____

Date of Birth: _____ - _____ - _____
Month Day Year

(b) **Residence Address:** _____ (Street Name & Number)
(NOTE: Must have been Charleston Resident at least 1 year.)

Contact Phone No.: _____ **Email:** _____

(c) Place of Birth: _____ Social Security No.: _____ - _____ - _____

(d) Citizen of United States? _____ (Y/N) If naturalized, give date: _____ - _____ - _____
Month Day Year

Where were you naturalized? _____, _____.
(City) (State)

Court or Law under which naturalized: _____

(e) Have you ever been convicted of any felony under any Federal or State Law? _____ (Y/N)

If so, give date and state the nature of the offense: _____

(f) Have you ever been convicted of being the keeper of a house of ill fame; or other crime or misdemeanor opposed to decency and morality? _____ (Y/N)

If so, give date and state the nature of the offense: _____

(g) Have you been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____ (Y/N)

If so, give date(s): _____

(h) Have you ever permitted appearance bond forfeiture for any of the violations mentioned in (e) or (g)?
_____ (Y/N)

(i) Have you applied for a similar license for premises other than described in this application? _____ (Y/N)

If so, give date, location of premises and disposition of application: _____

Name of Establishment

Signature of Manager or Agent

Manager's Affidavit

State of Illinois }
County of Coles } SS.

I swear (or affirm) that I will not violate any of the ordinances of the City of Charleston or the laws of the State of Illinois or 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 knowledge and belief.

Name of Establishment

Signature of Manager or Agent

SUBSCRIBED and **SWORN** to before me
This ____ day of _____, A.D. 20__.

Notary Public

[SEAL]

Manager's Authority to Release Information

To Whom It May Concern:

The undersigned hereby authorizes any authorized representative of the City of Charleston bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to any law enforcement involvement, including, but not limited to, report of arrest, report of convictions, and other information relating to any involvement with law enforcement agencies. This release is executed with full knowledge and the understanding that the information is for the official use of the City of Charleston. I hereby release you as the custodian of such records, and any law enforcement agency, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me.

Full Name: _____
Signature

Date of Birth: _____

Full Name: _____
(Typed or Printed)

SS #: _____

Current Address: _____

Contact No.: _____

Date: _____

SUBSCRIBED and SWORN to before me
This ____ day of _____, 20__ AD.

Notary Public

[SEAL]