



CITY OF CAHOKIA HEIGHTS

Curtis L. McCall Sr., Mayor

103 MAIN STREET

CAHOKIA HEIGHTS, ILLINOIS 62206

Office: (618) 337-9510

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LIQUOR LICENSE APPLICATION

BUSINESS NAME:		
BUSINESS ADDRESS:		
CITY:	STATE:	ZIP CODE:
OWNERS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
BIRTH DATE:	CELL NUMBER:	
IF NATURALIZED CITIZEN:		
DRIVER LICENSE# (Please attach a copy of Driver License or I.D.)		
STATE TAX IDENTIFICATION NUMBER:		
FEDERAL IDENTIFICATION NUMBER (FEIN):		
E-MAIL ADDRESS:		
PHONE NUMBER:		

CHECK PRINCIPAL KIND OF BUSINESS: (CHECK ONLY ONE)

DRUG STORE/PHARMACY ()	CONVENIENCE & GAS ()
NIGHT CLUB ()	LIQUOR STORE ()
GROCERY STORE ()	HOTEL/MOTEL ()
BAR /TAVERN ()	CIVIC FATERNAL, VETERENS, CHARITABLE NOT-FOR-PROFIT OR CLUB ()
GAS/GROCERY ()	DEPARTMENT STORE ()
GAMING ROOM ()	GAMING ROOM/ LIQUOR ()
OTHER ()	CONVENIENCE STORE ()
RESTAURANT ()	LIST WHAT TYPE IF OTHER ()

CLASSIFICATIONS:

<input type="checkbox"/> CLASS A - RESTARUANT LIQUOR LICENSE	<input type="checkbox"/> CLASS E – NIGHT CLUB / TAVERN LIQUOR LICENSE
<input type="checkbox"/> CLASS B – POURING LIQUOR LICENSE	<input type="checkbox"/> CLASS F – LIQUOR STORE LICENSE
<input type="checkbox"/> CLASS C – CIVIC, FRATERNAL, VETERANS SERVICE OR NOT FOT PROFIT / CHARITABLE	<input type="checkbox"/> CLASS G – GROCERY STORE LIQUOR LICENSE
<input type="checkbox"/> CLASS D – HOOKAH LOUNGE LIQUOR LICENSE	<input type="checkbox"/> CLASS H – GAS STATION LIQUOR LICENSE

IF APPLICANT IS A CORPORATION, PARTNERSHIP OR CLUB LIST ALL MEMBERS, OFFICERS, MANAGER, DIRECTORS OR ANY STOCKHOLDERS OWNING IN AGGREGATE MORE THAN 5% OF THE STOCK OF CORPORATION OR CO-PARTNERSHIP. (ATTACH EXTRA SHHET IF NEEDED)

PARTNERSHIP

NAME OF PARTNERSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

NAME OF PARTNERSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

NAME OF PARTNERSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

CORPORATION

NAME OF CORPORATION: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

NAME OF CORPORATION: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

NAME OF CORPORATION: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Attach a list of the names of the shareholders, directors and officers of the corporation along with their home address and contact numbers

Limited Liability Company LLC

Name of Company: _____

Address: _____

Contact Number: _____ Email: _____

Date liquor business will begin at this location by applicant? _____

Are premises owned? Yes ___ No ___ If yes please attach copy of Warranty Deed

Are premises leased or owner? Yes ___ No ___ If yes, please attach copy of lease agreement

Is your business located within 100 ft. of a Church, School, Hospital or home for the aged Yes ___ No ___

Will this business be conducted by an Agent or Manager? Yes ___ No ___ If yes, this person is required to get a finger print and be listed

Retailers Occupation Tax Registration Number (IBT): _____

Do you own any other business license in the city of Cahokia Heights? Yes ___ No ___ If yes, please list

Have you ever been denied a liquor license? Yes ___ No ___ If yes, please explain _____

Have you ever had a liquor license denied or revoked? Yes ___ No ___ If yes explain _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes please explain

Are you, or is any other person directly in your place of business a public official? Yes ___ No ___ If yes, please explain _____

Have you ever been arrested or convicted of a Felony? Yes () No () IF Yes, please explain

ASSERTIONS

The Applicant (s) will familiarize themselves with all of the laws of the United States, State of Illinois and the ordinance of the City of Cahokia Heights pertaining to the sale of alcoholic liquor and abide by them.

The Applicant (s) will not violate any of the laws of the United States, State of Illinois or any ordinance, rules and resolutions of the City of Cahokia Heights in the conduct of his, her or it's place of business.

The Applicant (s) understands that in the event there is a change of ownership in a licensed business, or partners in a partnership, or shareholders in a corporation or members of a limited liability company or change of managers, a background check for the new owner, partner, shareholder member or manager shall be required.

The Applicant is not a law enforcing public official, including members of the Local Liquor Control Commission, the City Mayor, any member of the City Council or any president., chairman or member of a County Board; and no such official shall be interested directly in the manufacture, sale or distribution of alcoholic liquor, except that license may be granted to the jurisdiction of that official if the issuance of such license is approved by the Local Liquor Control Commission.

AFFIDAVIT

I, The undersigned applicant or authorized agent thereof, swear and affirm that the matters stated in the forgoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of inducing the City of Cahokia Heights to issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for.

The undersigned further covenants and agrees that any misrepresentations made by the applicant herein, or any violation of the terms and conditions of this application or any of the laws, statutes, ordinances, rules, regulations and covenants above described, shall be just cause for revocation of the license herein applied for by the Local Liquor Control Commissioner, after a hearing on said matter.

Signature of Applicant or authorized agent

Print Name and Title

STATE OF ILLINOIS)

COUNTY OF ST. CLAIR)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

OFFICE USE ONLY:
LICENSE CLASSIFICATIONS (INCLUDE ALL REQUIRED):
LICENSE FEE (INCLUDE ALL):
LOCATION APPROVED BY ZONING COMMITTEE:
BUSINESS LICENSE APPROVED OR DENIED:
COMMENTS: