



# CITY OF CAHOKIA HEIGHTS

Curtis L. McCall Sr., Mayor

103 MAIN STREET

CAHOKIA HEIGHTS, ILLINOIS 62206

Office: (618) 337-9510

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## RENEWAL LIQUOR LICENSE APPLICATION

BUSINESS NAME:		
BUSINESS ADDRESS:		
CITY:	STATE:	ZIP CODE:
OWNERS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
BIRTH DATE:	NUMBER:	
IF NATURALIZED CITIZEN:		
DRIVER LICENSE# (Please attach a copy of photo 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:

( ) CLASS A - RESTARUANT LIQUOR LICENSE	( ) CLASS E – NIGHT CLUB / TAVERN LIQUOR LICENSE
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<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

**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

