



CITY OF GENESEO, ILLINOIS
115 SOUTH OAKWOOD AVE
GENESEO, ILLINOIS 61254-1347
TELEPHONE: (309) 944-6419
FAX: (309) 944-8254

**APPLICATION FOR CITY OF GENESEO, ILLINOIS
 LIQUOR LICENSE**

All applicants for licensure as a liquor license holder must complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a City of Geneseo, Illinois liquor license. Any person who is a part of this application may be subject to a background check.

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION FORM MUST BEAR ORIGINAL SIGNATURE(S).

1. APPLICANT - CORPORATE INFORMATION

FEIN

Enter your Federal Employer Identification Number (FEIN) in this box.

FEIN

ILLINOIS BUSINESS TAX NUMBER / ILLINOIS LIQUOR LICENSE NUMBER

Enter the eight-digit Illinois Department of Revenue Business Tax (Sales Tax) Number and the eight-digit Illinois Retailer's Liquor License Number.

ILLINOIS BUSINESS TAX NUMBER (attach copy of sales tax certificate)	ILLINOIS LIQUOR LICENSE NUMBER (attach copy of license)

NAME, ADDRESS, TELEPHONE NUMBER

Enter the name, street address, and telephone number of the corporation, partnership, or sole proprietorship. This name must be consistent with the name on your Illinois Department of Revenue Sales Tax Certificate.

NAME			ADDRESS
CITY	STATE	ZIP CODE	TELEPHONE NUMBER, INCLUDING AREA CODE

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4. BUSINESS PREMISES INFORMATION

NAME / DOING BUSINESS AS (D/B/A)

Enter the name of the business. NOTE: THIS NAME WILL APPEAR ON YOUR LIQUOR LICENSE AND MUST BE CONSISTENT WITH THE NAME PRINTED ON YOUR ILLINOIS DEPARTMENT OF REVENUE SALES TAX CERTIFICATE. If operating under an assumed name, attach written proof that the Illinois Assumed Business Name Act has been satisfied.

NAME (DOING BUSINESS AS D/B/A)

TELEPHONE

Enter the telephone number at the business premises location.

TELEPHONE NUMBER

ADDRESS

Enter the address of the business premises.

BUSINESS PREMISES ADDRESS	CITY	STATE	ZIP CODE
	Geneseo	IL	61254

BUSINESS TYPE

Check the one box which best describes the type of business operation.

- | | | |
|--|---|--|
| <input type="checkbox"/> BAR/TAVERN | <input type="checkbox"/> GROCERY STORE | <input type="checkbox"/> RECREATIONAL FACILITY |
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> CONVENIENCE STORE | |
| <input type="checkbox"/> HOTEL / MOTEL | <input type="checkbox"/> CONVENIENCE STORE / GAS STATION | <input type="checkbox"/> OTHER (describe) |
| <input type="checkbox"/> LIQUOR STORE | <input type="checkbox"/> FRATERNAL/VETERAN'S ORGANIZATION | _____ |

OWNED PREMISES

Enter the 14-digit Henry County Property Tax Identification Number. Attach a copy of the deed of ownership.

HENRY COUNTY PROPERTY TAX IDENTIFICATION NUMBER

LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. Attach a copy of the lease.

LANDLORD NAME		(AREA CODE) TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP	COUNTY

DIAGRAM OF PREMISES

Attach an accurate diagram of the business premises **SHOWING ALL EXITS AND LOCATIONS WHERE LIQUOR WILL BE STORED, DISPENSED, SOLD, OR CONSUMED.**

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5. FEE SCHEDULE

LICENSE CLASSIFICATION	FEE
Class A - General	\$750.00
Supplemental Liquor License - Class A Only	\$250.00
Class B - Package Store	\$1,000.00
Class C - Restaurant, Beer and Wine On Premises Only	\$750.00
Class D - Restaurant, Alcoholic Liquor On Premises Only	\$750.00
Class E - Other Business, Beer and Wine Off Premises Only	\$750.00

6. FEE SUBMITTED WITH APPLICATION

Place a check mark next to those fees which are applicable to your application.

Liquor License Fee	Class	✓	Fee
Full Year (May 1 - April 30)	A	<input type="checkbox"/>	\$750.00
Half Year (May 1 - October 31) (November 1 - April 30)	A	<input type="checkbox"/>	\$375.00
Full Year (May 1 - April 30)	B	<input type="checkbox"/>	\$1,000.00
Half Year (May 1 - October 31) (November 1 - April 30)	B	<input type="checkbox"/>	\$500.00
Full Year (May 1 - April 30)	C, D, E	<input type="checkbox"/>	\$750.00
Half Year (May 1 - October 31) (November 1 - April 30)	C, D, E	<input type="checkbox"/>	\$375.00
Supplemental Liquor License (Class A Only)			
Full Year (May 1 - April 30)		<input type="checkbox"/>	\$250.00
Half Year (May 1 - October 31) (November 1 - April 30)		<input type="checkbox"/>	\$125.00
Other Fees {if applicable}		✓	
Entertainment License		<input type="checkbox"/>	\$200.00
Public Hearing Processing Fee		<input type="checkbox"/>	\$200.00
TOTAL AMOUNT SUBMITTED			
<i>{total of all amounts checked}</i>			

IN ADDITION TO THE LIQUOR LICENSE FEES, FIRST-TIME APPLICANTS MUST SUBMIT, BY SEPARATE PAYMENT, AN ADMINISTRATIVE PROCESSING FEE OF \$1,000.00.

Make check or money order payable to the City of Geneseo.

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7. ELIGIBILITY QUESTIONS

These questions apply to any person listed under question 3. These questions must be answered or the application will be rejected. If any question is checked YES, a detailed, written explanation is required and must be attached to this application.

HAS ANY PERSON LISTED UNDER QUESTION 3:

- YES NO *BEEN CONVICTED OF A FELONY?*
- YES NO *BEEN CONVICTED OF A GAMBLING OFFENSE?*
- YES NO *EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?*
- YES NO *EVER HAD ANY PREVIOUS LIQUOR LICENSE OF WHICH HE/SHE WAS A PART OF THE APPLICATION REVOKED?*
- YES NO *BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL OR STATE LAW CONCERNING THE MANUFACTURE, POSSESSION, OR SALE OF ALCOHOLIC LIQUOR OR FORFEITED A BOND TO APPEAR IN COURT TO ANSWER CHARGES FOR ANY SUCH VIOLATION?*

IS ANY PERSON LISTED UNDER QUESTION 3:

- YES NO *CURRENTLY SERVING IN AN ELECTED POSITION OR AS A LAW ENFORCEMENT OFFICIAL IN ANY GOVERNMENTAL ENTITY?*

IF YES, PLEASE LIST TITLE AND TYPE OF GOVERNMENTAL ENTITY.

-
- YES NO *NOT A CITIZEN OF THE UNITED STATES OF AMERICA?*

IF OPERATING AS A SOLE PROPRIETORSHIP OR A PARTNERSHIP:

- YES NO *ARE YOU OR YOUR PARTNER(S) CURRENTLY NOT CITIZENS OF THE UNITED STATES OR RESIDENT ALIENS WITH LEGAL STATUS?*

8. SIGNATURE / TITLE / DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, or a partner. The signature must be an original.

I, THE UNDERSIGNED APPLICANT, UNDER PENALTIES OF PERJURY, SWEAR OR AFFIRM THAT THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT, THAT THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION, THAT THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF GENESEO TO ISSUE THE LICENSE FOR WHICH APPLICATION IS MADE, THAT THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR, AND THAT THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE CITY OF GENESEO.

I FURTHER AGREE TO NOTIFY THE LIQUOR COMMISSIONER OF CHANGES IN ANY OF THE INFORMATION INCLUDED IN THIS APPLICATION WITHIN SEVEN WORKING DAYS OF THE CHANGE.

PRINTED NAME OF APPLICANT

TITLE / POSITION

SIGNATURE OF APPLICANT

DATED: _____

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RESIDENT MANAGER OR SOLE PROPRIETOR INFORMATION

{For purposes of this ordinance, a person who lives within twenty (20) statute miles of the intersection of State and First Streets in Geneseo shall be considered a resident. A sole proprietor must reside within the city limits of the City of Geneseo.}

NAME			HOME TELEPHONE NUMBER	SOCIAL SECURITY NUMBER
HOME ADDRESS			HOW LONG HAVE YOU RESIDED AT THIS ADDRESS?	DRIVER'S LICENSE NUMBER <i>{attach copy}</i>
CITY	STATE	ZIP CODE	DATE OF BIRTH	DL EXPIRATION DATE

IF YOU HAVE RESIDED LESS THAN SIX MONTHS AT THE ABOVE ADDRESS, LIST PREVIOUS ADDRESS:

The following questions must be answered. If the questions are not checked, the application will be rejected. If any question is checked "yes", a detailed, written explanation is required and must be attached to this application.

- YES NO HAVE YOU EVER BEEN CONVICTED OF A FELONY?
- YES NO HAVE YOU EVER BEEN CONVICTED OF A GAMBLING OFFENSE?
- YES NO HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?
- YES NO HAVE YOU EVER HAD ANY PREVIOUS LIQUOR LICENSE OF WHICH YOU WERE A PART OF THE APPLICATION REVOKED?
- YES NO HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL OR STATE LAW CONCERNING THE MANUFACTURE, POSSESSION, OR SALE OF ALCOHOLIC LIQUOR OR FORFEITED A BOND TO APPEAR IN COURT TO ANSWER CHARGES FOR ANY SUCH VIOLATION?
- YES NO ARE YOU CURRENTLY SERVING IN AN ELECTED POSITION OR AS A LAW ENFORCEMENT OFFICIAL IN ANY GOVERNMENTAL ENTITY?

IF YES, PLEASE LIST TITLE AND TYPE OF GOVERNMENTAL ENTITY.

- YES NO WERE YOU BORN OUTSIDE OF THE UNITED STATES OF AMERICA?
- YES NO ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA?

IF A NATURALIZED CITIZEN, PROVIDE THE FOLLOWING INFORMATION:

DATE OF NATURALIZATION	CITY	STATE

I, THE UNDERSIGNED, UNDER PENALTIES OF PERJURY, SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. SHOULD ANY OF THE ABOVE INFORMATION CHANGE, I AGREE TO NOTIFY THE LIQUOR COMMISSIONER WITHIN SEVEN DAYS OF THE CHANGE.

Dated: _____

Printed Name

Signature