



Date:

- Incorporated February 16, 1865 -  
 115 South Oakwood Avenue  
 Geneseo, Illinois 61254-2128  
 Phone (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, EMAIL ADDRESS**

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, AREA CODE, EMAIL ADDRESS

## 2. STATUS OF BUSINESS

Check the applicable box that corresponds to your business as filed with the Office of the Secretary of State of Illinois. A first-time corporate applicant must submit valid Articles of Incorporation showing approval by the Secretary of State of Illinois or a valid Certificate of Authority to do business within the State of Illinois.

- PARTNERSHIP                      DATE OF FORMATION \_\_\_\_\_
- ILLINOIS CORPORATION          DATE OF INCORPORATION \_\_\_\_\_
- FOREIGN CORPORATION          DATE OF INCORPORATION \_\_\_\_\_
- STATE OF INCORPORATION \_\_\_\_\_
- DATE QUALIFIED TO DO BUSINESS IN ILLINOIS \_\_\_\_\_

## 3. OWNERSHIP INFORMATION

- (A) For each owner, partner, corporate officer or director (whether or not they own any stock), and/or shareholder owning in the aggregate equal to or more than 5% of the stock, provide full name, home address, city, state, zip code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership. If additional space is needed, provide information on a separate sheet in the same format. No License shall be issued to a person that has not submitted to a City background check to determine compliance with eligibility requirements of Section 110.17 prior to the initial issuance of any license to an applicant. A new background check will only be required if the owners, sole proprietor or resident manager changes. The applicant shall, in addition to the license fee thereafter set forth, reimburse the City for the actual cost of the background check. Notwithstanding the foregoing, background checks will not be required for applicants for Class F and Class H licenses.

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION	TELEPHONE NUMBER	% OWNED

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION	TELEPHONE	% OWNED

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION	TELEPHONE	% OWNED

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION	TELEPHONE	% OWNED

TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST: \_\_\_\_\_ %

# APPLICATION FOR CITY OF GENESEO, ILLINOIS LIQUOR LICENSE

## 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"/> [ ] Brew Pub          |
| <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.**

# APPLICATION FOR CITY OF GENESEO, ILLINOIS LIQUOR LICENSE

## 5. FEE SCHEDULE

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

## 6. FEE SUBMITTED WITH APPLICATION

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

Liquor License Fee	Class	✓	Fee
City of Geneseo Liquor License			
Option – ½ Year Liquor License Payment (2 <sup>nd</sup> half due by October 30)			
Entertainment License - Annual			\$250.00
Entertainment License – One Time			\$50.00
Juke Box License			\$25.00
Amusement License - \$35 per machine	#		
Tobacco License			\$50.00
<b>Other Fees First Time Applicants</b>		✓	
Administrative Fee			\$750.00
Background/Fingerprinting			\$36.50
Public Hearing Processing Fee			\$200.00
Bassett Training for Servers – Submit Proof of Training Per Server			N/C
<b>TOTAL AMOUNT SUBMITTED</b>			
Payment Options: Online Payment or Check made out to City of Geneseo (Payment must be received before Application is processed)			

# APPLICATION FOR CITY OF GENESEO, ILLINOIS LIQUOR LICENSE

## 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: \_\_\_\_\_

# APPLICATION FOR CITY OF GENESEO, ILLINOIS LIQUOR LICENSE

## **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

# APPLICATION FOR CITY OF GENESEO, ILLINOIS LIQUOR LICENSE

## BASSETT TRAINING LIST

Per City of Geneseo Liquor Ordinance Section 110.17Q

(Q) An applicant for any liquor license who has not provided evidence of the following: evidence to the Commissioner that all employees who will be engaged in mixing, preparing or delivering alcoholic liquor to customers, guests, or patrons, have successfully completed a Beverage Alcohol Sellers and Services Education and Training ("BASSETT") Program conducted by an agency licensed by the Illinois Department of Alcohol and Substance Abuse or training provided by the insurance company providing coverage to a license holder. Each new Such employee hired by the licensee after issuance of the license shall complete a BASSETT program at the next Available training session or within sixty (60) days of actually beginning work, whichever comes first. A copy of the certificate of completion of such BASSETT program for each such employee shall be filed with the Commissioner. Each certification shall be renewed every three (3) years from the date of issue. Organizations that are issued a Class F, Special Event License shall not be required to have their servers trained as set forth above. Organizers of a Class F Special Event shall meet with designated City Officials to go over standard protocol for serving alcoholic beverages prior to the event.

LIST OF ALL EMPLOYEES WHO WILL BE ENGAGED IN MIXING, PREPARING, OR DELIVERING ALCOHOLIC LIQUOR TO CUSTOMERS, GUESTS, OR PATRONS

Employee Name

Bassett Training Certificate Attached/Previously Submitted

Employee Name	Bassett Training Certificate Attached/Previously Submitted