



COUNTY OF CHAMPAIGN STATE OF ILLINOIS

RENEWAL APPLICATION FOR LIQUOR LICENSE

FOR COUNTY CLERK'S OFFICE USE ONLY

Business Name: _____
 License Class: _____
 License Fee Paid: \$ _____
 All Relevant Sections Completed: yes no
 Application Signed: yes no
 All Documentation Attached: yes no
 Checked by: _____

USE THIS APPLICATION ONLY IF BOTH SECTIONS 1 AND 2 ARE UNCHANGED FROM YOUR PREVIOUS APPLICATION. OTHERWISE PLEASE COMPLETE FULL APPLICATION.

PLEASE PRINT OR TYPE ALL THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION MUST INCLUDE ALL REQUIRED SUPPORTING DOCUMENTATION AND THE REQUIRED LICENSE FEE.

SECTION 1

BUSINESS LOCATION TO BE LICENSED

All applicants must complete this Section.

Name: _____

Address: _____

Phone: _____ Email: _____

DIAGRAM / FLOOR PLAN:

- Diagram submitted with previous license application accurately depicts the exterior and interior layouts of the premise and is valid as the premises have not been altered.
- Premises have been altered since previous license application. **(Please attach a diagram showing the internal and external configuration of the premises to be licensed, including all doors, windows, entrances, exits, the fixed structural internal features of the premises, plus the interior rooms, walls, partitions, stages, performance areas, and restrooms. This diagram is not required for applications for a Caterer license.)**

Does applicant own the premises? yes no **If no, please attach a signed copy of the lease for the premises.**

SECTION 2

TYPE OF LICENSE FOR WHICH APPLICATION IS BEING MADE

All renewal applicants must complete this Section. Please check for which license an application is being made.

- | | |
|--|--|
| <input type="checkbox"/> Class A (\$2,365 fee) | <input type="checkbox"/> Class D1 (\$930 fee) |
| <input type="checkbox"/> Class B (\$1,400 fee) | <input type="checkbox"/> Class F - Caterer (\$465 fee) |
| <input type="checkbox"/> Class C (\$1,865 fee) | <input type="checkbox"/> Class G - Club License (\$1,400 fee) |
| <input type="checkbox"/> Class D (\$1,200 fee) | <input type="checkbox"/> Class H - Hotel/Motel License (\$2,130 fee) |

If not completed with previous application, a state criminal background check is required of all persons owning or controlling at least 25 percent of the stock of a corporate applicant for a license, and at least one of the Chief Executive Officer, President or Chairman of the Board.. Some owners and managers who have previously not passed a criminal background check may need to submit one in order to renew a license. Upon receipt of your renewal application, we will determine which individuals on your application must submit to a background check and what fees they must submit.

Once a completed application has been received, all necessary background check requests have been submitted, and the liquor commissioner has approved the application, an annual license may be issued. When the results from the criminal background checks have been received and reviewed, an annual license shall be issued or a denial letter will be sent.

Please complete Section 2A, 2B or 2C below

**SECTION 2A -
INFORMATION REQUIRED FOR APPLICATIONS BY INDIVIDUALS**

Only individual renewal applicants must complete this Section.

Full Legal Name: _____

Any and All Aliases: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Social Security #: _____

Driver's License or ID #: _____ Date of Birth: _____

Is applicant a resident of Champaign County, Illinois? yes no Is applicant a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

**SECTION 2B
INFORMATION REQUIRED FOR APPLICATIONS BY CORPORATIONS**

Only corporate renewal applicants must complete this Section.

Corporation's Complete Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone #: _____

Date of Incorporation: _____ Place of Incorporation: _____

Is corporation in good standing and authorized to conduct business in Illinois? yes no If yes, **please attach written proof** (e.g., Articles of Incorporation, annual report, certificate from Secretary of State).

Name of Registered Agent for Service of Process: _____

Address of Registered Office for Service of Process: _____

For all persons owning at least 25 percent of the stock of the corporation, and at least one of the Chief Executive Officer, President or Chairman of the Board, please provide the following information. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Social Security #: _____

Driver's License or ID #: _____ Date of Birth: _____

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

SECTION 2C
INFORMATION REQUIRED FOR APPLICATIONS BY PARTNERSHIPS (GENERAL OR LIMITED),
JOINT VENTURES, OR ANY OTHER TYPE OF ORGANIZATION
WHERE TWO OR MORE PERSONS SHARE IN THE PROFITS AND LIABILITIES OF ORGANIZATION
Only renewal applicants, who are neither an individual nor a corporation, must complete this Section.

Organization's Complete Name: _____

Business Address: _____

Mailing Address (if different from business address): _____

Business Phone #: _____

For each partner or any other person entitled to share in the profits of the organization, whether or not any such person is also obligated to share in the liabilities of the organization, please provide the following information. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Social Security #: _____

Driver's License or ID #: _____ Date of Birth: _____

Is interest holder a resident of Champaign County, Illinois? yes no Is interest holder a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

Please complete Section 3 below

SECTION 3
INFORMATION REGARDING INDIVIDUAL(S)
(OTHER THAN THE PERSONS LISTED UNDER SECTIONS 2A, 2B, AND 2C)
WHO WILL BE THE DAY-TO-DAY ONSITE MANAGERS OF THE BUSINESS TO BE LICENSED
All applicants must complete this Section.

If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

Full Legal Name: _____

Any and All Aliases: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Social Security #: _____

Driver's License or ID #: _____ Date of Birth: _____

Is manager a resident of Champaign County, Illinois? yes no Is manager a U.S. citizen? yes no

Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

Please complete Section 4 below

**SECTION 4
ELIGIBILITY QUESTIONS**

All applicants must complete this Section. These questions apply to all persons listed under Sections 2A, 2B, 2C, and 3.
If any question is checked "yes", a detailed explanation is required and must be attached to this application.

- Is any person listed under Sections 2A, 2B, 2C and 3 a public official or law enforcement official in Champaign County, Illinois? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of a felony under any federal or state law? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of being the keeper or is keeping a house of ill fame? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or has forfeited his bond to appear in court to answer charges for any such violation? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of violating any County ordinance? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of a gambling offense as proscribed by any of subsections (a)(3) through (a)(11) of Section 28-1 of or as proscribed by Section 28-1.1 or 28-3 of the Criminal Code of 1961 (720 ILCS 5/28-1, 5/28-1.1, or 5/28-3), or as proscribed by a statute replaced by any of the aforesaid statutory provisions? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been issued a federal wagering stamp by the federal government? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever failed to make a tax return in violation of any tax act administered by the Department of Revenue? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever filed a fraudulent return in violation of any tax act administered by the Department of Revenue? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever failed to pay all or part of any tax or penalty finally determined to be due in violation of any tax act administered by the Department of Revenue? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever failed to keep books and records in violation of any tax act administered by the Department of Revenue? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever failed to secure and display a certificate or sub-certificates of registration, if required, in violation of any tax act administered by the Department of Revenue? yes no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever willfully violated any rule or regulation of the Department of Revenue relating to the administration and enforcement of tax liability? yes no

Please complete Sections 5 and 6.

SECTION 5
DRAM SHOP LIABILITY INSURANCE
All applicants must complete this Section.

Attach written proof of dram shop liability insurance in the form of a certificate of insurance issued by an insurance company licensed to do business in the State of Illinois.

SECTION 6
SIGNATURE, TITLE, AND DATE
All applicants must complete this Section. Please sign and date this application form.
An owner, officer, a partner or an officially authorized agent of the business, must sign this application.
The signature must be an original. Rubber stamps are not accepted.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and accurate to the best of my knowledge; I have read the Champaign County Liquor Ordinance and am familiar with its terms and conditions; and the business for which I seek a license and its proposed operation are and shall be in compliance with the Champaign County Liquor Ordinance.

I further agree to promptly notify, in writing, the Champaign County Liquor Commissioner during the pendency of this application, or during the term of any license issued pursuant to this application, of any change in any of the information provided in this application or the occurrence of any event that is a basis for suspension or revocation of said license or fine under the Champaign County Liquor Ordinance.

Signature

Title/Position

Date

Signed and sworn to before me this _____ day
of _____, 20____.

Notary Public