



RETAILER LIQUOR LICENSE APPLICATION

For the license period beginning: _____ ending: _____

Check one: Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

DBA Business Phone Number Address of Premises Correspondence Correspondence Mailing Address Business Email Address Zip Code Zip Code

Is any law-enforcing official, Mayor, Member of the City Council or Commission, Member of a Village Board of Trustees, or Member of a County Board, directly or indirectly interested in the business for which license is sought?

Yes or No If so, state particulars:

1. Does the applicant own the premises for which this license is sought? Yes No If no, state statute requires that the lease agreement extend the full period of the liquor license. Does the applicant have a lease on such premises which covers the full period for which license is sought? Attach a copy of the lease. Lease from Lease to Period Covered by lease:

2. Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant? Yes or No If so, are premises: A: maintained and held out to the public as a place where meals are actually and regularly served? Yes or No B: provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare,cook and serve suitable food? Yes or No

3. Has the applicant obtained a city food handler license through the Champaign-Urbana Public Health District? Yes or No Please provide license number: 4. Is the applicant conducting the business of an importing distributor or distributor of alcoholic liquors? If so, at what locations? Yes or No

5. Is the applicant engaged in the manufacture of alcoholic liquors? If so at what locations: Yes or No

Illinois Business Tax # FEIN Number Urbana Business Account # Application for Class:

Date of Incorporation: State of Incorporation: Describe the principle nature of the business: State the Objects of Corporation, as set forth in the Charter: Description of Premises:

6. Has any officer, manager or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, ever:

If so, name of individual so convicted and offense:

A: Been convicted of any felony under Federal or State Law?	Yes or No		Offense Date

B: Been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor, opposed to decency and morality?	Yes or No		Offense Date

C: Been convicted of a violation of any Federal or State liquor law since February 1, 1934?	Yes or No		Offense Date

D: Permitted any appearance bond forfeiture for any of the violations mentioned above?	Yes or No		Date

7. Has the corporation (applicant) or any officer, manager, or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, made application for a similar license for this period for any premises in the State of Illinois other than those described above? Provide a separate listing if necessary.

Date of Application

Yes or No If so, name of applicant, location of the premises and disposition of the application

8. Has any license issued by State, Federal, or local authorities to the corporation (applicant) or to any officer, manager, or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, been revoked?

Yes or No If so give the name of licensee Particulars and date of revocation

9. List the full name and place of residence of each person below. A "SUPPLEMENT FORM" must be completed and attached to this application by each establishment MANAGER. (Provide a separate listing, if necessary, of all officers, directors, and stockholders owning in the aggregate more than five percent (5%) of the stock of said corporation.)

President / Member, Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member, Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member, Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member, Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Contact, Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Manager, Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

10. Authority conferred upon the manager by the corporation with relation to the operation or management of the business for which this license is sought?

Affidavit

STATE OF ILLINOIS)
)
COUNTY OF CHAMPAIGN) **SS.**

I swear that I will not violate any of the ordinances of the City of Urbana, or the laws of the State of Illinois, or the laws of the United States of America, in the conduct of the place of business described herein. I swear that the above information, including any changes made in pen and ink, is true and accurate, and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Signature of Officer of the Corporation

SUBSCRIBED and SWORN to before me this _____ day of _____ A.D., 20____.

Notary Public

My Commission expires:

TO BE COMPLETED BY CITY OF URBANA

Date	Date reported to council / board	Urbana business number	Signature of Deputy Liquor Commissioner
Date license granted	Date license issued	License number issued	