

City of St. Charles

Renewal Application BYOB

Liquor License

For Office Use Only	
License Class _____	
F1 - \$150 or F2 - \$250	
ID No. _____	
License Fee Paid / /	
Police Dept. Review / /	
Liq. Commissioner Reviewed: / /	
<input type="checkbox"/> Site Plan(s)	
<input type="checkbox"/> Insurance	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	

SECTION I - Business Information	
Business Name _____	
Business Address _____	
Business Phone _____	
Business Email Address _____	
Business Classification <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	_____ F1 - \$150.00 _____ F2 - \$250.00
If corporation or partnership, please list officers: (use additional sheet if necessary)	
1. Office: _____ Name: _____ Address: _____	
Phone: _____ Social Security No.: - - Date of Birth: / /	
2. Office: _____ Name: _____ Address: _____	
Phone: _____ Social Security No.: - - Date of Birth: / /	
3. Office: _____ Name: _____ Address: _____	
Phone: _____ Social Security No.: - - Date of Birth: / /	

SECTION II - Owner Information	
Owner's Name _____ Corporate Registered Agent (if applicable) _____	
Corporate Contact Name (if applicable) _____	
Owner's Address (home/corporate headquarters) _____	
Owner's Phone _____ State of Incorporation (if applicable) _____	
If State of Incorporation is not Illinois, date when corporation became qualified to transact business in Illinois: / /	
Owner's Social Security/FEIN No. _____ Owner's Date of Birth/Date of Incorporation / /	
Have any persons prohibited by city code or state status acquired more than 5% ownership in corporation or partnership?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
License Holder BASSET Certification No. (See B.A.S.S.E.T. page to list primary managers, assistant managers – include copy of their certificates)	

SECTION III – Manager Information	
Manager Information*	Associate/Secondary Manager Information*
Manager's Name _____	Name _____
Manager's Address (home) _____	Address (home) _____
Manager's Phone (home) _____	Phone (home) _____
Manager's Social Security No. _____	Social Security No. _____
Manager's Date of Birth _____	Date of Birth _____
Manager's Date of Hire (Mo./Yr.) _____	Date of Hire (Mo./Yr.) _____

*All managers of **corporate-owned establishments** must have fingerprints and background checks on file with the Liquor Commissioner's Office. New managers must contact the Liquor Commissioner's Office at (630) 377-4445 to schedule an appointment.

SECTION IV – Business Operations

- Does your establishment have outdoor dining? _____ Yes or _____ No
- Does your establishment have entertainment indoor _____ Yes outdoor _____ Yes or _____ None

SECTION V – Lessor Information

Does the owner of the liquor establishment lease the premises on which the business is conducted? Yes No

Name of Lessor _____

Address of Lessor _____

Phone of Lessor _____

***Please include a copy of current lease with application.**

SECTION VI – Other Liquor Establishments

Does the owner hold a liquor license at another premise? Yes No

Name of other establishment (if different from business name above) _____

Address of other establishment(s) _____

Is any action currently pending against business or owner for violation of the Retailer’s Occupation Tax Act of the state of Illinois? Yes No

**SECTION VII
Affidavit**

**State of Illinois)
) SS
County of Kane)**

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and are made for the purpose of inducing the City of St. Charles to renew the liquor license issued to me/us for the period ending April, 30 _____ for the location hereinbefore indicated; that I am/we are now conducting, and intend to conduct during the period beginning May 1, _____ the business of a city retailer of alcoholic liquor at the address hereinbefore shown; that I am/we are qualified under the ordinances of the City of St. Charles and the laws of the state of Illinois to receive such renewal license that there has been no material change in the premises, and that the answers made to questions in the original application are still applicable insofar as they relate to the sale of alcoholic liquor at retail. I/We have committed no act (nor omitted performing any act required by law to be performed) which disqualified me/us to receive, by reason of any matter or thing contained in the ordinances of the City of St. Charles or in the Illinois Liquor Control Act, a city retailer’s license for the sale of alcoholic liquor at the address hereinbefore shown, and I/we have not accepted, received, or borrowed money, or anything else of value directly or indirectly from any person connected with or in any way representing any manufacturer or distributor or any coin operated or amusement device.

I/We further understand that any misrepresentation or failure to notify the Mayor of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the Mayor to deny this renewal application and/or to revoke any license issued pursuant to this application.

I, _____, a Notary Public in and for said county in the state aforesaid, do hereby certify that _____ personally known to me to be the renewal applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, 20_____.

(Seal)

Notary Public

