

City of St. Charles, Illinois Liquor Control
 Commissioner
 CITY RETAIL LIQUOR DEALER LICENSE RENEWAL
 APPLICATION



Incomplete applications will not be accepted.

Applications may be submitted to: 2 E. Main Street, St. Charles, IL 60174-1984

Business Name _____

Date Application Received: _____

LICENSE TYPE:

A Package A1 A2 A4 A5 A6

B Restaurant B1 B2 B3

C Tavern C1 C2 C1

D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - D-Type _____

G Brewery/Restaurant or Site License G1 G2

H Catering License H1 H2

Late Night Permit 1:00am \$800 (B/C only)

Late Night Permit 2:00am \$2300 (B/C only)

Refer to St. Charles City Code for exact fees

Licenses are valid May 1 - April 30 and a renewal application is required for each year after the license is issued(5.08.040)

Check items to confirm all questions are answered	Applicant	Office Use
Is License Fee included? (5.08.070C) Application fee/License fee is non-refundable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Is Application Complete? (for all questions applicable to your business)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Has your Lease or Building Ownership changed in the last year? If yes, attach new lease/proof of ownership.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Has your Liquor Liability Insurance changed in the last year? If yes, attach new certificate of insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Have your Articles of Corporation changed in the last year? (if applicable) If yes, attach new articles of incorporation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Do you have new servers or a new manager in the last year? B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) information must be submitted for <i>all employees (attach a separate sheet) and the B.A.S.S.E.T certificate must be submitted each manager.</i> It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Has the Business Site Plan changed in the last year? If yes, attach new Site Plan (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Has the Business Floor Plan changed in the last year? If yes, attach new Site Plan (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects, such as pool tables, bar stools, vending/amusement machines; as well as all exits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Has the Business Plan changed in the last year? If yes, attach new Business Plan, including Hours of Operation, Copy of Menu, Whether or not live music will be played at this establishment, Outdoor seating and/or outdoor designated smoking area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Have all managers been fingerprinted? Must be completed before application is submitted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

OFFICIAL USE ONLY

Signature of Chief of Police _____

Date _____

LICENSE RENEWAL IS CONTINGENT ON CONTINUING TO MEET ALL REQUIRED BUILDING AND FIRE DEPARTMENT REQUIREMENTS.

APPLICANT INFORMATION

1. Type of Business: Individual Partnership Corporation Other (explain):

2. Business Name:

3. Business Address:

4. Type of Business (5.08.070-3):	5. Length of Time in this Business (5.08.070-4):	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$
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7. Business Phone:	8. Business E-mail:	9. Business Website:	10. Illinois Tax ID Number:
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11. Applicant/Contact Person Name:	12. Title:	13. Contact Person Phone No.:
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14. Email Address:

15. If Corporation, Corporation Name:

16. Corporation Address (city, state, zip code):

ADDITIONAL OWNERS, INVESTORS (greater than 5% interest), and MANAGER INFORMATION

NA – No additional Owners/Investors/Managers

Full Name, include middle initial:	Title:
Birthdate: Birthplace: Driver's License#:	Home Phone:
Home Address:	Email Address:

Full Name, include middle initial:	Title:
Birthdate: Birthplace: Driver's License#:	Home Phone:
Home Address:	Email Address:

Full Name, include middle initial:	Title:
Birthdate: Birthplace: Driver's License#:	Home Phone:
Home Address:	Email Address:

CORPORATION / PREMISES QUESTIONS

1. Is the premises owned or leased (5.08.070-6A)? **Owned** **Leased**

2. If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):

Name of Building Owner: Phone Number:

Address of Building Owner: E-mail Address:

Mailing Address of Building Owner (if different):

	Name of Building Owner:	Phone Number:
	Address of Building Owner:	E-mail Address:
	Mailing Address of Building Owner (if different):	
	Name of Building Owner:	Phone Number:
	Address of Building Owner:	E-mail Address:
	Mailing Address of Building Owner (if different):	

3. Has the applicant and all designated managers read and do they all understand and agree not to violate any laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business (5.08.070-11)?
- Yes No
- Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? Yes No
- Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? Yes No
- Have you ever been convicted of a gambling offense? Yes No (If a partnership or corporation, include all partners and the local manager(s).)
- Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?
- Yes No

COMMENTS/ADDITIONAL INFORMATION

Business Name:

SIGNATURES

Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20_____

(Seal)

Notary Public