

**Date:** \_\_\_\_\_  
 **New Application**  
 **Renewal Application**

# CITY OF ST. CHARLES

LIQUOR CONTROL COMMISSIONER  
 TWO EAST MAIN STREET  
 ST. CHARLES, ILLINOIS 60174-1984



## City Retail Liquor Dealer License Application **Non-Refundable**

**Ordinance 5.08.050.A1**

**Application must be completed in full**

**Incomplete applications will be rejected**

Business Type: Circle one    Individual    Partnership    Corporation    Other \_\_\_\_\_

Business Name \_\_\_\_\_ Sales Tax # \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

If Corporation, Corporate Name \_\_\_\_\_

Corporation Address \_\_\_\_\_

**Corporate Officers, plus Manager of Establishment, Officers must include President, Vice President, Secretary and Treasurer Or Sole Proprietor**

**Have you had a business within the City of St. Charles under any other corporate name:**     **Yes**     **No**

If yes, list address of business \_\_\_\_\_

Full Name, include Middle Initial \_\_\_\_\_ Title \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Driver's License # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Full Name, include Middle Initial \_\_\_\_\_ Title \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Driver's License # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Full Name, include Middle Initial \_\_\_\_\_ Title \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Driver's License # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

**Type of Establishment:**     Package     Restaurant     Tavern     Hotel/Banquet/  
 Arcada/Q-Center     Other \_\_\_\_\_

**Check as Applicable to**     Holding Bar [5.08.010-F]     Service Bar [5.08.010-O]     Live Entertainment [5.08.010-H]  
**Type of Establishment:**     Outside Dining [17.20.020-R]

**Brief Business Plan Description based on type of establishment listed above:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Initial:** Liq Comm \_\_\_\_\_

Police Chief \_\_\_\_\_



**APPLICATION FOR LATE NIGHT PERMIT**  
**SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C**

To: St. Charles Liquor Control Commission

Date: \_\_\_\_\_

I now possess or have applied for a liquor license Class \_\_\_\_\_.

Applicant's Name:

\_\_\_\_\_

Name of Business:

\_\_\_\_\_

Business Address:

\_\_\_\_\_

Business Phone: \_\_\_\_\_

**Supplemental Permit Applied For:**

\_\_\_\_\_ \$800      1:00 a.m. Late Night Permit

\_\_\_\_\_ \$2,300      2:00 a.m. Late Night Permit

**Payment of Late Night Permit fee will be required at time of issuance of permit.**

\_\_\_\_\_  
Applicant Signature

**NOTE:** Other permits that may be available upon request are

- Class E Special Events License (1 to 3-day event @ \$100.00 per day)
- Outdoor Dining Permit (Contact Community & Economic Development Department 630 377 4443)

( ) Liquor Commissioner hereby directs City Clerk to issue permit indicated above.

\_\_\_\_\_ Date: \_\_\_\_\_  
Liquor Commissioner

# City of St. Charles Retail Liquor Dealer License Application

**Important! Application must be completed in full. Incomplete applications will be rejected.**

- 5.08.070 (2) If applicant is an individual or partnership, is each and every person a United States citizen? \_\_\_\_\_  
Is any individual a naturalized citizen? \_\_\_\_\_  
If yes, print name(s), dates(s) and place(s) of naturalization: \_\_\_\_\_  
\_\_\_\_\_
- 5.08.070 (3) List the type of business of the applicant: \_\_\_\_\_
- 5.08.070 (4) Number of years in business for the above listed type of business: \_\_\_\_\_  
Corporations Only: Date of Certificate of Incorporation: \_\_\_\_\_
- 5.08.070 (5) Amount of merchandise now on hand: \$ \_\_\_\_\_  
Amount of merchandise that normally will be in inventory when in operation: \$ \_\_\_\_\_
- 5.08.070 (6) Location/Address and description of business to be operated under this applied for license: \_\_\_\_\_  
\_\_\_\_\_
- 5.08.070 (6A) Is the premises owned or leased? \_\_\_\_\_  
If premises are leased, it is **mandatory** that a copy of the lease be provided and that the lease term exceeds the term of the liquor license requested in this application.  
Does it? \_\_\_\_\_
- 5.08.070 (6B) If 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 (7) Has applicant applied for a similar or other license on the premises other than the one for which this license is sought? \_\_\_\_\_ **If yes, what was the disposition of the application? Explain as necessary:**  
\_\_\_\_\_
- 5.08.070 (8) Has applicant (and all persons listed on page 1 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality? \_\_\_\_\_  
Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? \_\_\_\_\_
- 5.08.070 (9) List previous liquor licenses issued by Federal Government, any State Government or any subdivision thereof. Use additional paper if necessary.  
Government Unit: \_\_\_\_\_  
Date: \_\_\_\_\_ Location, City/State: \_\_\_\_\_  
Special Explanations: \_\_\_\_\_  
\_\_\_\_\_  
Government Unit: \_\_\_\_\_  
Date: \_\_\_\_\_ Location, City/State: \_\_\_\_\_  
Special Explanations: \_\_\_\_\_  
\_\_\_\_\_
- 5.08.070 (9) Have any liquor licenses ever been revoked? \_\_\_\_\_  
**If yes, list all reasons on a separate, signed letter accompanying this application.**
- 5.08.070 (10) Date of Incorporation (Illinois Corporations): \_\_\_\_\_  
Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporations): \_\_\_\_\_
- 5.08.070 (11) Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor 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 (A12) **Mandatory:** All individual owners, partners, officers, directors and/or persons holding directly or beneficially more than five (5) percent in interest of the stock or owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department.  
Has this been done? \_\_\_\_\_. If yes, date(s) \_\_\_\_\_

5.08.060 **Mandatory:** Has applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles? \_\_\_\_\_. If already furnished, date of delivery\_\_\_\_\_

5.08.230 Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; and/or any military or naval station? \_\_\_\_\_

Signature of Applicant(s)  
Corporation Signatures

Signature of Applicant(s)  
Individual or Partnership Signatures

President:: \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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 issue the Retail Liquor Dealer License to me/us for the location hereinbefore indicated; 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 license; that the answers made to questions in this application are 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) that disqualifies me/us to receive, by reason of any matter or thing contained in the ordinances of the City of St. Charles or the Illinois Liquor Control Act, a City Retail Liquor Dealer License for the sale of alcoholic liquor at the address hereinbefore shown. 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 application and/or revoke any license issued pursuant to this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, in and for said County and State, do hereby certify that \_\_\_\_\_ personally known to me to be the same 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**TO BE COMPLETED BY THE CITY OF ST. CHARLES**  
**ADDENDUM TO RETAIL LIQUOR LICENSE • CITY OF ST. CHARLES DEPARTMENT OF POLICE**

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_

To Liquor Control Commissioner, City of St. Charles, Illinois  
Pursuant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be in effect for the investigation of an applicant for a Retail Dealers Liquor License:

1. Date on which applicant will begin selling retail alcoholic liquors at this location: \_\_\_\_\_
2. Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? \_\_\_\_\_
3. If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? \_\_\_\_\_  
If so, answer (a), (b), and (c):
  - a. State the kind of such business: \_\_\_\_\_
  - b. Give date on which applicant began the kind of business named at this location: \_\_\_\_\_
  - c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person? \_\_\_\_\_
4. If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? \_\_\_\_\_  
If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? \_\_\_\_\_
5. Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? \_\_\_\_\_
6. Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited) \_\_\_\_\_
7. If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: \_\_\_\_\_
8. Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? \_\_\_\_\_
9. Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc? \_\_\_\_\_
10. Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? \_\_\_\_\_
11. It is required by the City of St. Charles that all employees undergo BASSET training. Provide copy of Certificate of training completion. \_\_\_\_\_
12. From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? \_\_\_\_\_  
If no, state exceptions: \_\_\_\_\_
13. Have all persons named in this application been fingerprinted? \_\_\_\_\_  
Fingerprinted by: \_\_\_\_\_ Date: \_\_\_\_\_
14. Other necessary data: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

Star Number/Rank: \_\_\_\_\_

Ward Number: \_\_\_\_\_

**Endorsement of the Chief of Police**

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Chief of Police: \_\_\_\_\_

**TO BE COMPLETED BY THE CITY OF ST. CHARLES**

**Endorsement of the Liquor Control Commissioner**

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Liquor Commissioner

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**Endorsement of the Fire Chief**

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Fire Chief

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**Endorsement of the Building Commissioner**

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Building Commissioner

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**Endorsement of Finance Director**

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Finance Director

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**Approval of the City Council**

Approved for issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

Attested to by City Clerk \_\_\_\_\_ Date \_\_\_\_\_