

**CITY OF SPRINGFIELD**  
**LIQUOR LICENSE APPLICATION**  
James O. Langfelder Mayor and Liquor Control Commissioner

1296

***WARNING: THE FILING OF THIS APPLICATION DOES NOT PERMIT THE APPLICANT TO ENGAGE IN THE SALE OF ALCOHOLIC LIQUOR. ISSUANCE OF THE REQUESTED LICENSE MUST PRECEDE OPERATION OF THE BUSINESS.***

[The term applicant includes the named proposed owner (ie, corp., individual, etc.), any partner, any majority stockholder or any manager of the proposed business.]

*\$50 application fee must accompany the filing of this application*

**AFFIDAVIT**

**This is an application for: [Check One]**

- A proposed new business.
- (Complete ALL items, EXCEPT Part II)
- New license as purchaser of an existing business -> Existing Business Info. \_\_\_\_\_ License Classification  
(Complete every line item)

**PART I - INFORMATION FOR BUSINESS**

1. *This application is for a class \_\_\_\_\_ liquor license to sell alcoholic beverages.* (Note: Class "D" and "E" licenses require that over 50% of the gross receipts of the licensed business be derived from the sale of food.)
2. Is new location within 100 ft. of a church, school, etc.? (See ILCS 5/6.11 for full explanation of this restriction) YES NO  
[If "yes", **STOP!** You are ineligible to receive a license under state law.] [If "no", continue below.]
3. **Zoning.** Attached evidence of proper zoning: YES NO  
(Contact the City's Building & Zoning Department to acquire proper zoning)
4. Name of Entity (ie, indiv ,corp, etc.) that will hold the license \_\_\_\_\_
5. Proposed name of the establishment (d/b/a): \_\_\_\_\_
6. Address of new business: \_\_\_\_\_
7. Make a short statement explaining the purpose of the business: \_\_\_\_\_
8. Proposed phone number: \_\_\_\_\_
9. List days and hours of operation: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_  
Sat. \_\_\_\_\_ Sun. \_\_\_\_\_
10. **ATTACHMENT REQUIRED:**  
A properly executed copy of the *lease*, signed by lessee and lessor. This lease must be in effect for the term of the license and expire 12/31/--. *This lease must be notarized and dated by the notary.*  
**OR**  
Attach *proof of ownership* of the establishment. (i.e., quick claim deed, etc.)
11. Who/What entity owns the premises of proposed business? [You must supply documentation demonstrating ownership]  
Name, Address, City, State, Zip, Phone number: \_\_\_\_\_
12. List all parties financing purchase or construction of business to be licensed: (Attach additional documents, if necessary)  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART II - INFORMATION FOR PURCHASE OF EXISTING BUSINESS**

1. Current information for existing liquor licensee:  
 Owner: \_\_\_\_\_ d/b/a: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
2. Proposed new information:  
 Owner: \_\_\_\_\_ d/b/a: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
3. Business has been operated since \_\_\_\_\_, 19\_\_ by the current licensee.
4. Is the business presently being operated, as a "going concern having value"? \_\_\_\_ YES \_\_\_\_ NO
5. Amount paid for business. Amount: \$ \_\_\_\_\_
6. Value of the physical assets. (Building, fixtures, furniture, stock, equipment, if purchased. Must attach proof of purchase.)  
 Amount \$ \_\_\_\_\_
7. **ATTACHMENT REQUIRED:** A letter of relinquishment, signed, dated and notarized, by the current licensee evidencing the intent to relinquish the current license should this application be granted.

**PART III - APPLICANT'S INFORMATION**

1. The license and ownership of the business will be held by:
  - A. CORPORATION\*: \_\_\_\_\_ Corporate Name: \_\_\_\_\_  
 State of Corporation: \_\_\_\_\_ If not Illinois, provide the name, address and phone number of registered agent:  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
**\*The following are required to be attached to this application:**  
 \_\_\_\_\_ COPIES OF ARTICLES OF INCORPORATION  
 \_\_\_\_\_ CURRENT CERTIFICATE OF GOOD STANDING ISSUED BY THE ILLINOIS SECRETARY OF STATE  
 \_\_\_\_\_ OBJECTS FOR WHICH ORGANIZED  
 LIST THE NAME, TITLE, ADDRESS & DATE OF BIRTH FOR ALL OFFICERS, DIRECTORS, STOCKHOLDERS OWNING MORE THAN 5% (AND THEIR PERCENTAGE OF OWNERSHIP), AND EACH MANAGER OR AGENT WHO WILL CONDUCT BUSINESS OR WORK IN THE PLACE OF BUSINESS. (ATTACH SEPARATE SHEET IF NECESSARY.)  

NAME:	TITLE:	ADDRESS:	DOB:
_____	_____	_____	_____
_____	_____	_____	_____
  - B. INDIVIDUAL: \_\_\_\_\_ Name of applicant: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_
  - C. PARTNERSHIP: \_\_\_\_\_ Name: \_\_\_\_\_  
**Supply information concerning all partners and all persons entitled to share in the profits of partnership:**  
**(Attach additional sheet, if necessary)**
    1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
 Percentage of interest owned: \_\_\_\_\_ /

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
Percentage of interest owned: \_\_\_\_\_

D. LMT. PARTNERSHIP\*: \_\_\_\_\_ Name:

*\*Supply information concerning all partners entitled to share in the profits of partnership and all limited partners owning more than 5% interest. (Attach additional sheet, if necessary)*

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

*\*The following are required to be attached to this application:*

COPIES OF ARTICLES OF INCORPORATION

CURRENT CERTIFICATE OF GOOD STANDING ISSUED BY THE ILLINOIS SECRETARY OF STATE  
OBJECTS FOR WHICH ORGANIZED

LIST THE NAME, TITLE, ADDRESS & DATE OF BIRTH FOR ALL OFFICERS, DIRECTORS,  
PERSONS OWNING MORE THAN 5% INTEREST IN THE BUSINESS (AND THEIR PERCENTAGE OF  
OWNERSHIP), AND EACH MANAGER OR AGENT WHO WILL CONDUCT BUSINESS OR WORK IN THE  
PLACE OF BUSINESS. (ATTACH SEPARATE SHEET IF NECESSARY.)

E. CLUB\*: \_\_\_\_\_ NAME:

*\*The following are required to be attached to this application:*

\_\_\_ COPIES OF THE ORGANIZATION'S CORPORATE CHARTER.

\_\_\_ OBJECTS FOR WHICH ORGANIZED

\_\_\_ LIST THE NAME, TITLE, ADDRESS & DATE OF BIRTH FOR ALL OFFICERS, DIRECTORS AND  
EACH MANAGER OR AGENT WHO WILL CONDUCT BUSINESS OR WORK IN THE PLACE OF  
BUSINESS. (ATTACH SEPARATE SHEET IF NECESSARY.)

\_\_\_ ATTACH TWO COPIES OF A LIST OF THE NAMES AND ADDRESSES OF ALL CURRENT MEMBERS.

2. Citizenship:  
**Corporations:** (Information required for each officer and stockholder owning more than 5% of corporate stock. Add attachment if needed.)

Name: \_\_\_\_\_  
 \_\_\_ U.S. Citizen \_\_\_ Non-U.S. Citizen  
 Naturalized/Date/Place \_\_\_\_\_

Name: \_\_\_\_\_  
 \_\_\_ U.S. Citizen \_\_\_ Non-U.S. Citizen  
 Naturalized/Date/Place \_\_\_\_\_

**Individual Applicant & Partnerships:**(for each person)

Name: \_\_\_\_\_  
 \_\_\_ U.S. Citizen \_\_\_ Non-U.S. Citizen  
 Naturalized/Date/Place \_\_\_\_\_

Name: \_\_\_\_\_  
 \_\_\_ U.S. Citizen \_\_\_ Non-U.S. Citizen  
 Naturalized/Date/Place \_\_\_\_\_

**Limited Partnerships:** (Information required for each general partner and any limited partner owning more than 5% interest. Add attachment if needed.)

Name: \_\_\_\_\_  
 \_\_\_ U.S. Citizen \_\_\_ Non-U.S. Citizen  
 Naturalized/Date/Place \_\_\_\_\_

Name: \_\_\_\_\_  
 \_\_\_ U.S. Citizen \_\_\_ Non-U.S. Citizen  
 Naturalized/Date/Place \_\_\_\_\_

3. The applicant(s) is/are a bonafide resident(s) of the City of Springfield, Illinois. \_\_\_ YES \_\_\_ NO

4. Previous applications: Have you, the applicant, ever made previous applications (not include this application) to the Springfield, IL liquor commission for a liquor license? \_\_\_ YES \_\_\_ NO  
 If YES, supply the information below:

Total number applied for in the last FIVE years	Total number <i>disapproved</i> in the past FIVE years	Total number of licenses suspended or revoked

5. MANAGER\*: Will one or more managers be employed in the operation of the business?:  
 \_\_\_ NO \_\_\_ YES  
 If YES, complete items below:

**\*Corporations or limited partnerships , must employ and have a background investigation done on a manager who is a resident of the City of Springfield**

**\*Each person listed here as a manager, must complete a background questionnaire and submit to a background investigation.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_ Citizen of the U.S.?: \_\_\_ yes \_\_\_ no

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_ Citizen of the U.S.?: \_\_\_ yes \_\_\_ no

**PART IV**  
**Applicant(s) Stipulations and Agreement**

***SIGNATURES REQUIRED: Individual applicant; all partners of a partnership; if a limited partnership any general partners and any limited partners owning more than a 50% interest in a limited partnership; all corporate officers, directors, any stockholder owning more than 50% of the corporation stock and they must indicate their official position.***

**THE APPLICANT(S) HEREBY AGREE AND STIPULATE AS FOLLOWS:**

1. To be questioned or to testify under oath to all relevant and material matters at the request of the Commissioner, either before or after the issuance of the license.
2. To provide upon receipt of a lawfully authorized subpoena issued by the Commissioner, any books or records of the licensed business.
3. That the applicant, any partner, stockholder, manager or employee, when requested by the Commissioner, will permit a record of his or her fingerprints to be made for the purpose of further investigation of this application.
4. That the applicant has not accepted, received or borrowed money, or anything else of value, or accepted or received credit (other than merchandise credit, for a period not to exceed 30 days) from a manufacturer, distributor or wholesaler of alcoholic liquor.
5. That the applicant, i.e. individual, partners, corporate officers, or corporate stockholders, are not sworn officers or employees of the Police Department of the City of Springfield, nor do any individuals, partners, corporate officers or corporate stockholders possess police power within the State of Illinois.
6. That the applicant shall not allow the licensed premises to become or constitute a nuisance to the neighborhood of its location, and I realize that should it, any license issued me now or in the future may be suspended or revoked, so as to abate the nuisance.
7. That the applicant hereby consents to a complete background investigation of himself, partners, officers, directors, stockholders of more than 5% ownership, and managers of the applicant. It is agreed that all forms necessary to effect this purpose will be completed by persons in interest and that cooperation in such investigation be a prerequisite to the approval of the license applied for. It is understood that only information necessary and relevant to the protection of the public interest will be sought.

The applicant is aware that should this application be granted, the business location may not be transferred for at least (90) days following commencement of operation at the current location.

The undersigned applicants hereby agree and stipulate to the above provision

NAME:	TITLE:
Signature _____	_____
Print Name _____	_____
Signature _____	_____
Print Name _____	_____
Signature _____	_____
Print Name _____	_____
Signature _____	_____
Print Name _____	_____
Signature _____	_____
Print Name _____	_____

**PART V**  
**AFFIDAVIT**

The undersigned, being duly sworn, on oath, certifies that all information supplied in this application is true and correct as to myself/ourselves, in any partners or corporation and its stockholders, as well as managers listed and that I/we will advise the Liquor Commissioner, in writing, if any information supplied becomes invalid or additional information is required by the Springfield Liquor Code now or as hereafter amended.

**AFFIDAVIT**

The undersigned, being duly sworn, hereby attest, under penalty of perjury that I/we have paid all taxes or other debts owed to the City of Springfield. I/we understand that the commissioner shall refuse to issue this license until such time as all taxes and outstanding debts are paid; the commission shall be authorized to suspend or revoke the license if I/we fail to pay any tax payable to the City or other debt owed to the City by the date it is due.

***SIGNATURES REQUIRED: Individual applicant; all partners of a partnership; if a limited partnership, any general partners and any limited partners owning more than a 50% interest in a limited partnership; all corporate officers, directors, and any stockholder owning more than 50% of the corporation stock. All officers and directors must indicate their official position.***

Signature _____	Signature _____
Print Name _____	Print Name _____
Title _____	Title _____

Signature _____	Signature _____
Print Name _____	Print Name _____
Title _____	Title _____

Signature _____	Signature _____
Print Name _____	Print Name _____
Title _____	Title _____

Signature _____	Signature _____
Print Name _____	Print Name _____
Title _____	Title _____

**NOTARY:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

Notary Public

**LIQUOR COMMISSION USE ONLY**

Application Recommendation: APPROVAL / DENIAL Date \_\_\_\_\_ Time \_\_\_\_\_ Business License Mgr Signature \_\_\_\_\_