



DATE: _____

TO: THE HONORABLE LIQUOR COMMISSIONER, CITY OF OTTAWA

RE: APPLICATION FOR RETAIL LIQUOR LICENSE *

The undersigned hereby makes application for a **retail liquor license(s)** as indicated hereafter (check appropriate class/classes);

- Class "B" Retail License/Tavern _____ \$ 900.00
Class "B-W" Retail License/Sales of beer and wine to be consumed only on the
Premises _____ \$ 675.00
Class "C" Package Liquor Store License _____ \$ 900.00
Class "B-W(s)" Retail License/Sales of beer and wine to be consumed only off the
Premises _____ \$ 675.00
Class "D" Club License _____ \$ 450.00
Class "E" Banquet Hall License _____ \$ 900.00
Class "F" Unenclosed Premises/Patio License _____ \$ 50.00
Class "M-H" Motel/Hotel License _____ \$ 900.00
Class "R" Restaurant License _____ \$ 900.00

1. BUSINESS NAME: _____
BUSINESS ADDRESS: _____

PHONE: _____

2. APPLICANT: **(Complete Section A, B or C.)**

A. Individual Applicant

Name: _____ S.S.# _____

Drivers License Number: _____

Home Address: _____

1. A separate application form is required for Sidewalk Café Permits.

Citizen of United States? _____ Birth Date: _____
Place of Birth: _____
Place and Date of Naturalization: _____
Length of Time a Resident of Ottawa: _____
Character Of Business: _____

B. Partnership Applicant

Name of Partnership: _____
Character Of Business: _____

Are all members of the partnership qualified to obtain a license as individual applicants? Yes _____ No _____

Any and all persons entitled to share in the profits thereof (add additional pages if necessary):

Name: _____ S.S.# _____

Drivers License Number: _____

Home Address: _____

Citizen of United States? _____ Birth Date: _____

Place of Birth: _____

Place and Date of Naturalization: _____

Length of Time a Resident of Ottawa: _____

Name: _____ S.S.# _____

Drivers License Number: _____

Home Address: _____

Citizen of United States? _____ Birth Date: _____

Place of Birth: _____

Place and Date of Naturalization: _____

Length of Time a Resident of Ottawa: _____

C. Corporate or Club Applicant (a Certificate of good standing issued by the Secretary of State must be submitted with this application):

Name: _____

State of Incorporation: _____ Date Incorporated: _____

If not an Illinois corporation, are you licensed to do business by the State of Illinois: Yes _____ No _____

Objects for which it was Organized: _____

List the Name, Address, Phone Number, Social Security Number, Birth Date and Drivers License Number of all Officers and Directors:

OFFICERS:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S. #</u>	<u>Birth Date</u>	<u>Drivers Lic No.</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DIRECTORS:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S. #</u>	<u>Birth Date</u>	<u>Drivers Lic No.</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If the majority of stock of a corporation is owned by one person or his nominee, the name, address, phone number, social security number, birth date and drivers license number of the person and the person acting as his nominee:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S. #</u>	<u>Birth Date</u>	<u>Drivers Lic No.</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all officers, managers, directors, or any stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation and indicate their relationship:

Name Address Phone S.S. # Birth Date Drivers Lic No. Relationship

Is any officer, manager or director thereof, or any stockholders owning in the aggregate more than five percent (5%) (either individually or by nominee) of the stock of such corporation eligible to receive a license as an individual pursuant to the laws of the State of Illinois and the City of Ottawa?

Yes _____ No _____

Does the applicant's international, national, state or local constitution, bylaws, articles or other official documents deny to any person the full and equal enjoyment of the organization and/or the proposed licensed facilities and/or services because of race, color, religion, sex, sexual orientation, or national origin?

Yes _____ No _____

List the Corporation's Registered Agent:

Name: _____ Phone Number: _____

Address: _____

_____ S.S. # _____

Drivers License No.: _____ Birth Date: _____

3. Length of time that applicant has been in the type of business being applied for, years and months: _____
4. Value of goods, wares or merchandise on hand: \$ _____
5. Can applicant provide a Surety Bond? Yes _____ No _____
6. Description of the premises or place of business which is to be operated under such license. List square footage of the premises to be licensed.

7. Has applicant made applications for similar licenses at other locations?
 Yes ____ No ____ If yes, at what location: _____
8. Has any previous license by any State or subdivision thereof or by the Federal Government been revoked? Yes _____ No _____
 If yes, please explain: _____

9. Has applicant or any person entitled to receive profits, ever been convicted of a felony, gambling offense, being the keeper of a house of ill fame, pandering, or other crimes or misdemeanors opposed to decency or morality? Yes _____ No _____
10. Has applicant ever been convicted of a violation of any Federal, State or local law concerning the manufacture, possession or sale of alcohol? Yes _____ No _____
11. Has applicant ever forfeited bond to appear in court to answer charges for any such violation? Yes _____ No _____
12. Does applicant own the premises for which a license is sought?
 Yes _____ No _____
 If yes, evidence of ownership must be submitted with this application.
 If no, does the applicant have a lease thereon for the full period for which the license is to be issued? Yes _____ No _____
 If so, a copy of the lease must be submitted with this application.
13. If other than applicant, list name and address of the owner of the premises.

14. Is the applicant a law enforcing public official, mayor, alderman, trustee, commissioner, president or member of a County Board? Yes _____ No _____
15. Does any such official mentioned in No. 14 have any interest in any way, either directly or indirectly, in the sale or distribution of alcoholic liquor for which this license is sought?
 Yes _____ No _____
16. Does the applicant have a Federal gaming device stamp or a Federal wagering stamp issued by the Federal Government for the current tax period? Yes__ No __
17. Does the premises to be licensed have a Federal gaming device stamp or a Federal wagering stamp issued by the Federal Government for the current tax period?
 Yes _____ No _____
18. If a manager or agent is to conduct the business under this application, would said manager or agent be qualified to receive a license as an individual applicant?
 Yes _____ No _____

19. Name of manager or agent: _____

Address: _____

Phone: _____ S.S. #: _____

Drivers License No.: _____ Birth Date: _____

20. Does the applicant directly or indirectly publish, circulate or display any written communication, the intent and effect of which is to deny any person the full and equal enjoyment of the proposed licensed facilities and/or services because of race, color, religion, sex or national origin, ancestry, age, marital status, handicap, military status, or sexual orientation? Yes _____ No _____

21. Does the applicant have liquor liability (dram shop) insurance for the full period for which the license is to be issued? Yes _____ No _____
A certificate of insurance must be submitted with this application.

22. STATEMENT:

The undersigned, being duly sworn, hereby states that the information contained in this application is true of my own knowledge and that the statements set forth are of my own free will.

I solemnly swear that I will not violate any of the laws of the United States, the State of Illinois or the Ordinances of the City of Ottawa.

Signed: _____ Printed Name _____

Signed: _____ Printed Name _____

STATE OF ILLINOIS)
) SS
COUNTY OF LASALLE)

Subscribed and sworn to before me this _____ day of _____, 20____.

(seal)

Notary Public

Return application with check to the City Clerk at 301 W. Madison Street Ottawa, IL 61350