



PARTNERSHIP FORM
APPLICATION FOR CITY RETAILER'S LICENSE TO SELL ALCOHOLIC LIQUORS

The undersigned hereby makes (make) application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term ending April 30, 20\_\_\_\_, and hereby certifies (certify) to the following facts:

1. Applicant's Partnership Information

- (a) Partnership's full name and address:
(b) Name under which business is to operated:

\*ALL PARTNERS MUST COMPLETE AND SUBMITT AN INDIVIDUAL PARTNERSHIP APPLICATION AND COMPLETE A BACKGROUND CHECK PRIOR TO THE ISSUANCE OF A LIQUOR LICENSE

(c) State the names of officers as indicated, with their respective full and complete residence addresses:

Table with 2 columns: Name, Address. Rows for President, Vice President, Secretary, Treasurer.

2. Business Information

(a) Location of place of business for which license is sought:

\_\_\_\_ Telephone No. \_\_\_\_
(Exact address by street and number)

(b). The character and principle type of the business:

\_\_\_\_
(i.e. tavern, restaurant, grocery store, gas station, night club, etc.)

(c) If the applicant seeks a license to sell alcoholic liquor upon the premises as a restaurant is premises:

- (i) Maintained and held out to the public as a place where meals are actually and regularly served?
(ii) Food service hours
(ii) Provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food?

(d) Does the applicant beneficially own or have a contract to purchase the premises for which this license is sought?

If not, has applicant a lease on such premises covering the full period for which license is sought? If so, please provide:

(i) Name and address of lessor \_\_\_\_\_

(ii) Period covered by lease: From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_\_

(e) Is applicant licensed as a food dispenser? \_\_\_\_\_ If so, give number of license \_\_\_\_\_

(f) The length of time the applicant has been in the business of the character described above \_\_\_\_\_

(g) Is the premises for which a liquor license is sought comprised of a store or other place of business where the majority of customers are under the age of twenty-one (21) years or where the principal business transacted consists of the sale of school books, school supplies, food, lunches, or drinks for such customers? \_\_\_\_\_

(h) Will applicant be personally, actively involved in the day-to-day operation of the business to be licensed? \_\_\_\_\_

(i) Is the business or will the business for which a liquor license is sought be managed by a manager or agent? \_\_\_\_\_  
\*If the answer is yes, each manager and agent must complete a manager application and background check prior to the issuance of a liquor license

(j) What is the amount of anticipated alcoholic liquor sales as a percentage of gross annual sales of the business? \_\_\_\_\_

(k) Is the applicant seeking a license for Sunday sales? \_\_\_\_\_

(l) Is the applicant seeking a full liquor license or only a beer/wine license? \_\_\_\_\_

(m) Is the applicant seeking approval for any of the following uses:

Beer garden \_\_\_\_\_ Outdoor seating area \_\_\_\_\_ Outdoor smoking area \_\_\_\_\_

(n) Is the applicant seeking a license for package liquor sales? \_\_\_\_\_

4. Is the location of applicant's business for which license is sought within 100 feet of the nearest property line of any of the following properties:

School \_\_\_\_\_ Church \_\_\_\_\_ Mental health clinic \_\_\_\_\_

Hospital \_\_\_\_\_ Senior citizen housing \_\_\_\_\_ Child care center \_\_\_\_\_

Transitional service facility \_\_\_\_\_ Homeless/indigent shelter \_\_\_\_\_ Hospice \_\_\_\_\_

Community based housing as defined by the City of Rockford Zoning Ordinance \_\_\_\_\_

Nursing or personal care facility \_\_\_\_\_ Homes for veterans, their spouses or children \_\_\_\_\_

Any military or naval stations \_\_\_\_\_ Any church building used for worship or educational purposes \_\_\_\_\_

\*Do not answer question three if the premises for with the license is sought exceeds forty thousand square feet of total floor area and whose principal business carried on therein is not the sale of alcoholic liquor. If applicant is answering this question, please refer to the Liquor License Application Information document included in the Liquor License Application packet.

5. Is any law enforcing official, mayor, alderman or member of the city council directly or indirectly interested in the business for which license is sought? \_\_\_\_\_

6. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Interior decorations and signs complying with state law exempted.) \_\_\_\_\_

7. Is the applicant engaged in the manufacture of alcoholic liquors? \_\_\_\_\_

If so, at what location or locations?

\_\_\_\_\_

---

8. Is the applicant conducting business of an importing distributor or distributor of alcoholic liquors? \_\_\_\_\_

If so, at what location or locations?

---

9. Do you hold any other current business licenses issued by the City of Rockford? \_\_\_\_\_  
(yes) (no)

If so, what type of license do you currently hold and what is the address of the licensed premises?

---

(type) (address)

10. Does applicant hold or ever held a liquor license issued by the state of Illinois to any other political subdivision of Illinois or any other state? \_\_\_\_\_

(i) If yes, please list from which political subdivisions applicant has been issued a liquor license

---

---

---

(ii) Has any previous license to applicant or any partnership to which applicant was a party by any state or subdivision thereof, or by the federal government been revoked, suspended, or a fine issued pursuant to violations of any regulations? \_\_\_\_\_ If yes, please list the dates of said revocation, suspension or fines and the reasons therefor.

---

---

---

11. Does the applicant agree to not violate any of the laws of the State of Illinois or of the United States, or any ordinance of the City of Rockford in the conduct of applicant's place of business? \_\_\_\_\_

12. Illinois Retailers Occupation Tax number currently assigned to the business or individual applicant: \_\_\_\_\_

13. Is the business for which a liquor license is sought or the individual applicant currently delinquent in payments to the Illinois Department of Revenue, City of Rockford or any other governmental entity? \_\_\_\_\_

14. What is the existing inventory level for the proposed business? \_\_\_\_\_

---

15. Other than merchandising credit in the ordinary course of business for a period not to exceed ninety/90 days, as expressly permitted by the Liquor Control Act, has OR will the applicant received or borrowed any money or anything else of value, directly or indirectly, from any manufacturer, distributor(s) or importing distributor(s)? \_\_\_\_\_

16. Does the applicant state that she or he is not a party and will not be a party, in any way, directly or indirectly, to any violation by a manufacturer, distributor or importing distributors of the Act? \_\_\_\_\_

17. Will the applicant hire private security licensed by the State of Illinois upon the written request of the liquor commissioner? \_\_\_\_\_
18. If applicant is a club, has it the qualifications described in the Illinois Act relating to alcoholic liquors? \_\_\_\_\_
19. Has any officer, manager, or director of said partnership ever been convicted of any felony under any Federal or State law? If so, give name of person so convicted, stating date and offense \_\_\_\_\_  
\_\_\_\_\_
20. Has any officer, manager, or director of said partnership ever been convicted of a violation of any Federal or State liquor law since February 1, 1934? If so, give name of person so convicted, and give date \_\_\_\_\_  
\_\_\_\_\_
21. Has any officer, manager, or director of said partnership ever been convicted of gambling, keeping a gambling place, of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality? \_\_\_\_\_  
If so, give name of person so convicted, giving dates and stating offense \_\_\_\_\_
22. Has the partnership (applicant) or any officer, manager, or director of said partnership made application for a similar license for this period for any premises other than those described above? \_\_\_\_\_  
If so, give name of applicant, location of premises, date and disposition of application \_\_\_\_\_  
\_\_\_\_\_
23. Does the licensed premises, partnership (applicant) or any officer, manager or director of said partnership currently hold a federal wagering stamp? \_\_\_\_\_
24. Is any law enforcing official, mayor, alderman or member of the city council directly or indirectly interested in the business for which license is sought? \_\_\_\_\_
25. Has any license previously issued by State, Federal or local authorities to the partnership (applicant) or to any officer, manager, or director of said partnership been revoked? If so, give name of licensee and state reasons for and date of revocation.  
\_\_\_\_\_

**STATE OF ILLINOIS SS.  
COUNTY OF WINNEBAGO**

I swear (or affirm) that I will not violate any of the ordinances of the City of Rockford or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my knowledge and belief.

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

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary