



**INDIVIDUAL 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 Information

(a) Applicant’s full name: _____

(b) Date of birth _____
(Month) (Day) (Year)

(c) Residence Address _____ Telephone _____
(Give street and number)

(d) Work Address _____ Work Telephone _____

(e) Applicant’s email address: _____

(f) Attorney contact information (if applicable): _____

(g) Place of birth _____

(h) Are you a citizen of the United States? _____

If a naturalized citizen, when naturalized? _____ Where naturalized? _____
(Month) (Day) (Year) (City and State)

Court in which (or law under which) naturalized _____

(i) Last three home addresses, including exact street address, city and zip code:

i. _____

ii. _____

iii. _____

(j) Have you ever been convicted of any felony under any Federal or State law? _____

If so, give date and state offense _____

(k) Have you ever been convicted of gambling, keeping a gambling place, being the keeper of or keeping a house of prostitution; or of solicitation or other crime or misdemeanor opposed to decency and morality? _____

If so, give dates and state offense _____

(l) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____

If so, give dates and state offense _____

(m) Have you ever permitted a bond forfeiture for any of the violations mentioned in (i), (j), or (k)? _____

- (n) Have you made application for a similar other license for premises other than described in this application? _____
 If so, give date, location of premises and disposition of application _____
- (o) Has any license previously issued to you by State, Federal or local authorities been revoked? _____
 If so, state reasons therefore and date of revocation _____
- (p) Does applicant currently hold a federal wagering stamp? _____ Does the licensed premises currently hold a federal wagering stamp? _____
- (q) Is applicant a permanent resident of the City of Rockford? _____
- (r) Is the applicant disqualified from receiving a liquor license by reason of any matter or item contained in the laws of the State of Illinois, this chapter, or any other code or ordinance of the City of Rockford? _____

2. **Business Information**

- (a) Name under which business is to be conducted _____
- (b) Location of place of business for which license is sought: _____ Telephone No. _____
 (Exact address by street and number)
- (c) The character of the business _____
 (i.e. tavern, restaurant, grocery store, gas station, night club, etc.)
- (d) 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? _____
- (e) 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 _____
- (f) Is applicant licensed as a food dispenser? _____ If so, give number of license _____
- (g) The length of time the applicant has been in the business of the character described above _____
- (h) 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? _____
- (i) Is the applicant the beneficial owner or contract purchaser of the business to be licensed? _____
- (j) Will applicant be personally, actively involved in the day-to-day operation of the business to be licensed? _____
- (k) 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, all managers/agents must complete a background check and manager/agent application prior to the issuance of a liquor license.**

(l) Is the applicant seeking a license for Sunday liquor sales? _____

(m) Is the applicant seeking a full liquor license or a beer/wine license? _____

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

Beer garden _____ Outdoor seating area _____ Enclosed outdoor smoking area _____

(o) Is the applicant seeking a license for packaged liquor sales? _____

3. 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:

schools _____ churches _____ mental health clinics _____
hospitals _____ senior citizen housing _____ child care center _____
transitional service facilities _____ homeless/indigent shelters _____ hospices _____
community based housing as defined by the City of Rockford Zoning Ordinance _____
nursing or personal care facilities _____ 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.

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

5. 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.) _____

6. Is the applicant engaged in the manufacture of alcoholic liquors? _____
If so, at what location or locations? _____

7. Is the applicant conducting business of an importing distributor or distributor of alcoholic liquors? _____
If so, at what location or locations? _____

8. 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)

9. 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.

10. Does the applicant agree not to 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? _____
11. Has applicant submitted his/her fingerprints to the appropriate authorities for purposes of running a complete background check on applicant? _____ If yes, when did such submission occur? _____
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. Does the applicant agree to conduct and submit BASSET training certification for managers and servers as required pursuant to City of Rockford Ordinance Section 3-68? _____
19. Has the applicant reviewed Chapter Three of the City of Rockford Code of Ordinances governing alcoholic liquor? _____
20. Has or will the applicant apply for an Illinois Gaming License? _____ If yes, please indicate the requested number of video gaming terminals (VGTs) for the business to be licensed (Maximum 5) _____. (Note: if applicant is not seeking gaming, a No Gaming liquor license classification will be issued, if approved)
21. Anticipated alcoholic, food/non-alcoholic beverages, and general merchandise sales as a percentage of total revenue for the business (total revenue includes gaming revenue)?

Alcohol sales percentage of total revenue	_____ %
Food/non-alcoholic beverage sales percentage of total revenue	_____ %
General merchandise sales percentage of total revenue	_____ %
Percentage of revenue from other sources or total revenue (includes gaming revenue)	_____ %

STATE OF ILLINOIS)SS.
COUNTY OF WINNEBAGO)

I (or we) swear (or affirm) that I (or we) 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 (our) knowledge and belief.

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

 Notary Public

 Signature of Applicant

