

# City of Freeport, Illinois



## Application for License to Sell Alcoholic Liquor at Retail within the Corporate Limits

### New Licensees

*Fees for new applicants: Each application shall be accompanied by the applicable issuance fee and license fee made payable to the City of Freeport (refer to page six for fee schedule). Background checks are required of owners of more than a 5% interest in any licensee and resident managers. Background check applications and instructions are available from the City Clerk or on the City of Freeport website under Quick Links – Forms, Police Department forms*

**To the Liquor Commissioner of the City of Freeport, Illinois: The undersigned hereby applies to the City of Freeport, Illinois for a license to sell retail alcoholic liquors within the corporate boundaries under the provisions of Chapter 806 of the Codified Ordinances of the City of Freeport.**

\_\_\_\_\_ I have attached my completed Application for State of Illinois Retailer's License herewith, along with any attachments required thereby, and by signing this application swear and affirm that all information set forth therein is true and correct, and that I intend for such information to be used by the Liquor Commission of the City of Freeport to determine whether or not to grant or deny my Application for a License to Sell Alcoholic Liquor at Retail within the Corporate Limits of the City of Freeport, Illinois.

#### 1. IDENTIFIED PERSONS INFORMATION

Here you must list the Authorized Agent and Resident Manager, as defined in 806.01 of the Codified Ordinances of the City of Freeport. Generally, the Authorized Agent is the person who should be contacted in relation to any decisions to be made by the licensee, and will also be the person on whom any official notices are served. The Resident Manager may, but need not, be a different person. The Resident Manager must be a full-time employee who is a US Citizen, resides within City Limits, and is responsible for conducting the day-to-day business of the licensee.

Licensee hereby consents to service of process for purposes of any notice to be given pursuant to the Codified Ordinances of the City of Freeport, Illinois, including, but not limited to the provisions of Chapters 608 or 806 thereof, via electronic mail transmission at the address set forth below as to the Authorized Agent. Licensee understands that it is the Licensee's duty to maintain a valid electronic mail address at all times, and to notify the City Clerk promptly in the event of any change therein.

#### AUTHORIZED AGENT:

Name (Last, First, Middle Initial)		Street Address		City	State	Zip
Date of Birth	Sex	Title/Position	Area Code/Telephone No.		Electronic Mail (required)	

CHECK HERE if Resident Manager is the same person as the Authorized Agent and skip next section. Otherwise, leave this box blank and fill out the following Section.

**RESIDENT MANAGER (if different from Authorized Agent)**

Name (Last, First, Middle Initial)			Street Address		City	State	Zip
					Freeport	IL	61032
Date of Birth	Sex	Title/Position	Area Code/Telephone No.		Electronic Mail (required)		
			( )				

**2. BUSINESS PREMISES INFORMATION**

- A. **NAME/DOING BUSINESS AS (D/B/A)** Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. **Note! This name must be consistent with the name printed on your State license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.**

Name (Doing Business As D/B/A)

**B. TELEPHONE NUMBER AT PHYSICAL PREMISES**

Area Code/Telephone No. ("LAND LINE" as required by Section 608.15 of the Codified Ordinances).
( ) EXT.

**C. Street Address**

Address

- D. **BUSINESS TYPE** Check the one box which best describes the type of business. If the selections are inappropriate, describe the business under "other"

- |   |   |
|---|---|
| A. <input type="checkbox"/> DRUG STORE/PHARMACY | H. <input type="checkbox"/> HOTEL/MOTEL       |
| B. <input type="checkbox"/> RESTAURANT          | I. <input type="checkbox"/> CONVENIENCE & GAS |
| C. <input type="checkbox"/> CONVENIENCE         | J. <input type="checkbox"/> SMALL GROCERY     |
| D. <input type="checkbox"/> SUPERMARKET         | K. <input type="checkbox"/> GAS STATION       |
| E. <input type="checkbox"/> LIQUOR STORE        | L. <input type="checkbox"/> OTHER _____       |
| F. <input type="checkbox"/> DEPARTMENT STORE    |   |
| G. <input type="checkbox"/> BAR/TAVERN          |   |

**E. HOURS OF OPERATION**

MON	TUES	WED	THURS	FRI	SAT	SUN

F. **EXPECTED OPENING DATE :** \_\_\_\_\_

**3. PROPERTY**

**A. Rights to Property – By signing this Application, the Applicant certifies that the business premises identified in Section 2 of this Application is:**

- Owned by Applicant (must provide proof of ownership in the form of a Deed or other document showing title ownership of property)
- Leased from \_\_\_\_\_ (must provide a signed written lease for a term of not less than one (1) year).

**B. Is the location of applicant's business for which this license is sought within 100 feet of any church, school, or hospital?**  Y  N

**C. Current zoning of the property:** \_\_\_\_\_  Special Use for Alcoholic Liquor Sales  
(The property must be zoned for the sale of alcoholic liquor pursuant to a Special Use in B-1 or B-2 Districts, or as a Special or Permitted Use in a B-3 District) Please Refer any zoning questions to Community Development Director to determine if alcoholic liquor sales are allowable under the zoning code).

**4. ELIGIBILITY/HISTORY** For the purpose of the following questions, the term "applicant" refers to: the Corporation, AND any officers, directors, or registered agents of the corporation, AND any stockholders owning 5% or more of corporate stock, AND any individuals or partners listed on this application.

**A. Are you indebted in any manner to the City or in default under the provisions of the Business Regulation and Taxation Code (i.e. an amount outstanding for Food and Beverage Taxes)?**

Y  N

**B. Are you disqualified to receive from the City of Freeport, Illinois, a retail license by reason of any matter or thing contained in the Freeport Municipal Code or the Illinois Liquor Control Act?**

Y  N If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 6.B.

**C. Are you, or is any other person having either direct or indirect interest in your place of business, a public or law enforcing official (public official, mayor, city council member or any officer of the City) with jurisdictional authority?**

Y  N If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 6.C.

**D. Have you or any officer or, in the case of a corporation, the resident manager or, in the case of a partnership, any of the partners, ever been convicted of a felony?**

Y  N If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 6.D.

**E. Have you or any person named in application ever held a retail liquor license which has been revoked or suspended for cause while being a holder?**

Y  N If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 6.E.

**F. Has the corporate applicant ever held a retail liquor license which has been revoked or suspended for cause while being a holder?**

Y  N If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 6.F.

**G. Has any person named in application ever been convicted of a violation of any Federal or State law covering the manufacture, possession or sale of alcoholic liquor, or has any of said persons ever forfeited his bond to appear to court to answer charges for any such violation?**

Y  N If yes, provide complete details on a separate sheet of paper and submit with this application, referring to this paragraph 6.G.

**5. LICENSE INFORMATION**

Class of license sought:

**TIER I LICENSES**

\_\_\_\_\_ Class A – Tavern License (sales for consumption on premises)

\_\_\_\_\_ Class R – Restaurant License (sales for consumption on premises)

Additional Submissions Required:

Copy of current Stephenson County Category I or II Food Service License

\_\_\_\_\_ Class LR – Limited Restaurant License (sales for consumption on premises)

Additional Submissions Required:

Copy of current Stephenson County Category I or II Food Service License

\_\_\_\_\_ Class P – Package Sales (sales for off-premises consumption only)

\_\_\_\_\_ Class K - Craft Sales (Brew Pub or Wine Retailer)

**TIER II LICENSES**

\_\_\_\_\_ Class W – Wine and Beer only ( sales for consumption on premises)

\_\_\_\_\_ Class WP - Wine and Beer only ( sales for consumption on premises)

**TIER III LICENSES**

\_\_\_\_\_ Class CR – Caterer-Retailer

\_\_\_\_\_ Class H – Rental Hall License

**TIER IV LICENSES**

\_\_\_\_\_ Class M – Park District License

Supplemental Licenses Requested (Attach Separate Form)

\_\_\_\_\_ Outdoor Sales

\_\_\_\_\_ Video Gaming

\_\_\_\_\_ Package Sales

**6. CERTIFICATE OF INSURANCE**

You must provide a copy of your Certificate of Insurance. The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) The applicant named as an insured, 2) The address of the location matching the business address on this application, 3) The dates of coverage and the coverage limits, and 4) The City of Freeport listed as a Certificate Holder (for purposes of receiving copies of updates/renewals)

Insurance Carrier \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_

**(If not previously provided in application), provide corporate contact for inquiries regarding application.**

Contact Person	Area Code/Telephone No.	Email Address

The City of Freeport Liquor Commission is requesting disclosure of information that is necessary under the City of Freeport Municipal Code. Disclosure of this information is mandatory. Failure to provide any information will result in the non-issuance of your license.

**APPLICANTS' CERTIFICATION**

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, or partner. The signature must be an original (rubber stamps are not accepted) and signed before a notary.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF FREEPORT TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE CITY OF FREEPORT, IN PARTICULAR, THE RULES AND REGULATIONS REGARDING THE SALE OF ALCOHOLIC LIQUOR.

FURTHER, I AGREE TO NOTIFY THE CITY CLERK'S OFFICE WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

Dated \_\_\_\_\_

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

\_\_\_\_\_  
Title

(AFFIX CORPORATE SEAL)

Being each duly sworn upon his respective oath, states that he has read the above and foregoing application and knows the contents thereof and that the things and matters therein stated are true and correct.

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

Subscribed and sworn to me before me this \_\_\_\_\_ day of \_\_\_\_\_

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

(SEAL)

## Primary License Classifications

TIER 1 LICENSES	Description	Relevant Notes	Issuance Fee	Annual Fee
CLASS A	Taverns	On-premises service and consumption of Alcoholic Liquors		
CLASS R	Restaurants	On-premises service and consumption of Alcoholic Liquors in conjunction with operation of a Restaurant. Allows Supplemental Gaming License.		
CLASS LR	Limited Restaurants	On-premises service and consumption of Alcoholic Liquors in conjunction with operation of a Limited Restaurant. Allows Supplemental Gaming License.	\$10,000.00	\$1,000.00
CLASS P	Package Sales	Sales of Alcoholic Liquor in original package for off-premises consumption		
CLASS K	Brewpubs and Wine Retailers	Sales of alcoholic liquor for on-premises consumption. Allows sales of package liquor produced on-site for off-premises consumption without supplemental license.		
<b>TIER 2 LICENSES</b>	----	----		
CLASS W	Wine and Beer On-premises	On-premises service and consumption of beer and wine only.		
CLASS WP	Wine and Beer Package Sales	Sales of beer and wine in original package for off-premises consumption	\$5,000.00	\$750.00
<b>TIER 3 LICENSES</b>	----	----		
CLASS CR	Caterer Retailer	Available for caterers to allow service of alcoholic liquors at a remote location in conjunction with the sales of food. Annual fee based on number of events in preceding year.	\$1,250.00	\$250.00 (0-15) \$500.00 (16-30) \$750.00 (31+)
CLASS H	Rental Halls	Available for operators of Rental Halls. Annual fee based on number of events in preceding year.		
<b>TIER 4 LICENSES</b>	----	----		
CLASS M	Park District	Park District Only	\$500.00	\$500.00

## Supplemental Licenses

Available to Holders of Qualifying Primary License

Supplemental License	Available for	Description	Annual Fee
Package Sales	A, R, LR, W	Allows package sales for off-premises consumption in addition to on-premises license	\$250.00
Video Gaming	R, LR (and existing "A-V" licenses)	Allows video gaming in addition to liquor sales in conjunction with the operation of a restaurant or limited restaurant	\$250.00 Base fee plus \$100.00 per terminal
Outdoor Sales	A, K, R, LR, W	Allows outdoor sales of liquor for on-premises consumption	\$100.00

## Temporary Licenses

Maximum of 15 days per year, per licensee  
May be 1 to 5 consecutive days per event

License	Available to	Fee per event
T-1	501(c) not-for-profit organizations	\$25.00
T-2	City of Freeport Current Licensees	\$100.00
T-3	Out-of-Town Licensees	\$250.00