



700 N. DIVISION STREET
MORRIS, ILLINOIS 60450

CITY OF MORRIS
Chris Brown
Mayor

(815) 942-5438
FAX: (815) 941-5236

APPLICATION FOR LIQUOR LICENSE

Morris, Illinois

Date: _____

To the Mayor of the City of Morris, Illinois:

The undersigned hereby make application for a City of Morris Class _____ liquor license under the Ordinances of the City of Morris, and makes the following statements of facts and representations in support of such application:

1. OWNERSHIP INFORMATION

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder or member owning in the aggregate an ownership interest equal to or more than 5%, and/or manager or agent conducting the business. Please indicate the total percentage of stock ownership, if any, which is held by persons who hold less than a 5% interest. All Not-For-Profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format, as this application requires.

For each person, please provide full name, home address, city, state, zip code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

NAME		DATE OF BIRTH		SEX
ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	TITLE/POSITION	% OWNED	AREA CODE/TELEPHONE NO.	
EMAIL ADDRESS:			CELL PHONE NO.:	

B.

NAME			DATE OF BIRTH	SEX
ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	TITLE/POSITION	% OWNED	AREA CODE/TELEPHONE NO.	
EMAIL ADDRESS:			CELL PHONE NO.:	

C.

NAME			DATE OF BIRTH	SEX
ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	TITLE/POSITION	% OWNED	AREA CODE/TELEPHONE NO.	
EMAIL ADDRESS:			CELL PHONE NO.:	

D.

NAME			DATE OF BIRTH	SEX
ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	TITLE/POSITION	% OWNED	AREA CODE/TELEPHONE NO.	
EMAIL ADDRESS:			CELL PHONE NO.:	

E. Total percentage of all stock held by all persons with less than 5% interest _____%.

2. **STATUS OF BUSINESS**

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State and/or the Grundy County Clerk's Office.

D. BUSINESS TYPE

Check the one line which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Department Store | <input type="checkbox"/> Small Grocery |
| <input type="checkbox"/> Convenience | <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Gas Station |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Convenience & Gas | _____ |
| | | _____ |

E. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, zip code of this warehouse.

ADDRESS	CITY	STATE	ZIP CODE

F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state and zip code, along with a written copy of your Lease Agreement.

LANDLORD NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

4. BUSINESS PREMISE INFORMATION

A. BUSINESS NAME

Enter the name of the business which will be selling or serving alcoholic beverage at the licensed premises.

NAME AS IT IS TO APPEAR ON LICENSE

B. BUSINESS ADDRESS

ADDRESS	CITY	STATE	ZIP CODE

C. REGISTERED AGENT NAME

NAME

D. REGISTERED AGENT ADDRESS

ADDRESS	CITY	STATE	ZIP CODE

E. TELEPHONE

AREA CODE/TELEPHONE NO.#
ext.

F. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

G. ILLINOIS BUSINESS TAX NUMBER (IBT OR SALES TAX NO.)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax) Number. If you need to obtain this number, call the Illinois Department of Revenue in Chicago at 1-312-814-5232 or in Springfield at 1-217-785-3707. Or call toll-free at 1-800-732-8866.

ILLINOIS BUSINESS TAX #

H. RETAILER'S OCCUPATION TAX (ROT) REGISTRATION NUMBER

Enter your Retailer's Occupation Tax Registration Number

RETAILER'S OCCUPATION TAX #

I. DOCUMENT LOCATOR NUMBER

Enter your Document Locator Number on your Federal Special Tax Stamp

DOCUMENT LOCATOR #

5. LIQUOR LICENSE HISTORY

A. Your current State Liquor License Number: _____

B. FIRST LICENSE APPLICATION – LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation’s, sole proprietorship’s, etc’s, first application for a liquor license at any premises. If you check “NO”, indicate the date and location of your first liquor license application. Also indicate whether the license was granted, denied or withdrawn. Prove the address of your first liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

Is this your first license application? YES NO

If no, provide date first applied: _____

Disposition: GRANTED DENIED WITHDRAWN

Address of prior application(s): _____

Date applicant began serving liquor at their place of business: _____

C. TYPE OF LIQUOR LICENSE

- On premises consumption (patrons consume alcoholic beverages on premise only)
- Off premise consumption (carry-out purchases only)
- On/off premise consumption combination (both on premise consumption and carry-outs)

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 the insured (e.g. if the applicant is a corporation, then the corporation’s name must be listed.) 2) The address of the location where the liquor is being consumed; and 3) The dates of coverage and the coverage limits.

7. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 1. These questions **MUST** be answered. **IF THE QUESTIONS ARE NOT CHECKED, THE APPLICATION WILL BE REJECTED AS INCOMPLETE.** If any question is checked “YES” other than the first 2 questions, a written detailed explanation is required and must be attached to this application.

YES NO Are you a resident of the City of Morris, if not, please identify the manager of the business that does reside in the City of Morris?

YES NO Have you ever applied for and been denied a liquor license?

YES NO Have you had any previous liquor licenses revoked?

YES NO Have you ever been convicted as a keeper of a house ill fame?

YES NO Have you ever been convicted of a felony?

- YES NO Have you ever been convicted of a gambling offense as defined under Section 5/6-2 of the Riverboat Gambling Act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, "gambling," 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling;" and 720 ILCS 5/28-3, "keeping a gambling place"?
- YES NO Have you ever been convicted of pandering or a misdemeanor opposed to decency or morality?
- YES NO Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- YES NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
- YES NO Are you or any other person having a direct interest in your place of business more than thirty (30) days delinquent complying with a child support payment order?
- YES NO If you are the representative of a corporation, has any person or entity owning 5% or more of the stock in the corporation been convicted of any of the crimes listed above or failed to meet any of the qualifications listed above?
- YES NO Have you been delinquent in the payment of the Retailer's Occupation Tax (Sales Tax)?
- YES NO Have you been delinquent under the cash beer law?
- YES NO In the case of a retailer, have you been delinquent under the 30-day credit law?
- YES NO In the case of a distributor, have you been delinquent under the 15-day credit law?
- YES NO Does the applicant possess a current Federal Wagering Stamp?
- YES NO Have you been convicted of a gambling offense?

8. HOURS OF OPERATION

List the daily hours open for business.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

9. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. **The signature must be an original, rubber stamps are not accepted.**

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 MORRIS TO ISSUE A 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 ORDINANCES OF THE CITY OF MORRIS, THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THE CITY OF MORRIS WITHIN FOURTEEN (14) WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 1, THEY MUST PROVIDE THE CITY WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 1, EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

Signature of Applicant/Authorized Agent Title/Position Date

FOR CITY OF MORRIS USE ONLY

Fee tendered herewith: \$ _____

Date: _____ Granted _____ Denied _____

By: _____