APPLICATION FOR JASPER COUNTY RETAILER'S LIQUOR LICENSE

All applicants for licensing as a liquor retailer must complete this application. Respond to all questions

	Japer Court		or licens		ill result in the
Retailer's liquor license application fee \$10	00.00 non-r	efund	able		
APPLICANT - CORPORATE INFORMATION					n, your license certificate a o your corporate
Enter your Federal Employer Identification Number (FEIN) in this FEIN is a nine-digit number issued by the Internal Revenue Sennumber is used for verification purposes only. If you do not have	vice. This e a FEIN,	address	please che	ck this box.	
Enter the eight-digit Illinois Department of Revenue Sales Tax Accou MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE If you need to obtain this number, visit tax.illinois.gov, click on "Bu	ISSUED. usinesses"		ILLINOIS SA	LES TAX ACCOU	INT ID
Enter the name of the sole proprietorship, partnership, corporation (Illi Note: This name must be consistent with the name printed on yo					
NAME					
Enter the mailing address if different than physical location addres. Ir (with area code and extension, if applicable) of the sole proprietorship	nclude: street add	lress, cou			telephone number
STREET ADDRESS		AREA CO	DE/TELEPHON	E NO.	
		(EXT.
COUNTY	CITY			STATE	ZIP CODE
STATUS OF BUSINESS					
Check the applicable box (sole proprietorship, partnership, III corresponds to your business' official papers filed with the Otte: In the case of a sole proprietorship, Section siness owner reside within the jurisdiction that	ffice of the Illino	is Secre	tary of Sta	te. Control A	, , , , ,
	FEIN is a nine-digit number issued by the Internal Revenue Servanumber is used for verification purposes only. If you do not have call 1 800 829-3676 for general information on how to apply for an the forms you need. 3. ILLINOIS SALES TAX ACCOUNT ID Enter the eight-digit Illinois Department of Revenue Sales Tax Accound MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE If you need to obtain this number, visit tax.illinois.gov, click on "But and then "How do I Register" under the Business Registration sechave any questions, call 217 785-3707. NAME Enter the name of the sole proprietorship, partnership, corporation (Illinois This name must be consistent with the name printed on you Tax Registration Certificate. NAME MAILING ADDRESS/PHONE (if different than physical location address. In (with area code and extension, if applicable) of the sole proprietorship STREET ADDRESS	Enter your Federal Employer Identification Number (FEIN) in this box. 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Include: street address, county, city, state, ZIP code, to with area code and extension, if applicable) of the sole proprietorship, corporation, etc. STREET ADDRESS AREA CODE/TELEPHONE NO.

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding five percent.

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 owning in the aggregate stock equal to or more than five percent (including officers, directors and shareholders with stock equal to or more than five percent for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent 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. BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 7 - ELIGIBILITY.

For each owner/officer/partner/five percent shareholder, provide full name, home address, city, state, ZIP Code, Social Security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Total percentage ownership should equal 100 percent. If there are a number of shareholders owning less than five percent, indicate the aggregate total of ownership under Line E.

A.	NAME (LAST, FIRST, MIDDLE IN	NITIAL)		HOME ADDRESS	CITY	STATE	ZIP
	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TEL	EPHONE NO.	% OWNED
					()		
В.				1			
В.	NAME (LAST, FIRST, MIDDLE II	NITIAL)		HOME ADDRESS	CITY	STATE	ZIP
	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TE	EPHONE NO.	% OWNED
					()		
C.							
C.	NAME (LAST, FIRST, MIDDLE II	NITIAL)		HOME ADDRESS	CITY	STATE	ZIP
	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TE	EPHONE NO.	% OWNED
					()		
D.							
D.	NAME (LAST, FIRST, MIDDLE II	NITIAL)		HOME ADDRESS	CITY	STATE	ZIP
	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TE	EPHONE NO.	% OWNED
					()		
	Total percentage of all stock	k held by all perso	ns with	less than five percent interest		0/,	_

4. BUSINESS LOCATION INFORMATION

۹.	NAME/DOING BUSINESS AS (DBA)									
	Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. Note: This name must be consister with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.									
	NAME/DOING BUSINESS AS (DBA)									
3.	TELEPHONE			AREA COD	E/TELEPHON	E NO.				
	Enter the area code, telephone number and exter location.	nsion at the	e business	()			ЕХТ.			
:.	ADDRESS									
	Enter the address, city, state, ZIP Code and coun license and on your Illinois Department of Revenue				st be cons	sistent with info	ormation on your local liquo			
	Remember, you MUST close on the business bill of sale, closing statement). IMPORTANT: You has the right to possession of the property (e.g., surrendered (if available). The applicant also net Release) if applicable. For more information, con	u must preded or le	sent proof that the app ease). If there is an exi vide the State of Illinoi	licant (e.g. sting state s Liquor C	, corporati liquor lice ommission	on, LLC, partness on the present with a Bulk S	ership, or sole proprietors emises, this license should			
	ADDRESS		CITY		STATE	ZIP CODE	COUNTY			
	A. DRUG STORE/PHARMACY B. RESTAURANT C. CONVENIENCE D. SUPERMARKET	F. 🔲 G. 🗆	LIQUOR STORE DEPARTMENT STOR BAR/TAVERN HOTEL/MOTEL	E ,	J.	NVENIENCE 8 ALL GROCER' S STATION HER				
	WAREHOUSING									
	If any of your inventory is warehoused, provide the	ne street ad		code and c						
	ADDRESS		CITY		STATE	ZIP CODE	COUNTY			
F.	RIGHTS TO THE PROPERTY I hereby certify that the property is owned by the applicant I hereby certify that the property is leased from the landlord I hereby certify that the property is managed via an operating or managment agreement									
	LANDLORD NAME				ARE	A CODE/PHONE N	UMBER (Home, cell, etc.)			
					()				
	EMAIL ADDRESS				FAX	NUMBER				
					()				
	4BBB500		OITY		0717	TID 0005	COUNTY			

5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

FIRST LICENSE APPLICATION - LICENSE HISTORY

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES

Indicate by checking the correct box whether or not this is the applicant's first application for a state liquor license at any location. If you check "no", indicate the date of your first state liquor license application; whether the license was granted, denied or withdrawn; and the address of your first state 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.

NO 🔲

IF N	O, PROVIDE DATE FIRST APPLIED:
DIS	POSITION: GRANTED DENIED WITHDRAWN
ADI	DRESS OF FIRST STATE APPLICATION:
TYPE 0	F LIQUOR LICENSE
	e box which describes the manner in which you sell alcoholic beverages to consumers. This information must be consistent with your approval y the local liquor licensing authority.
	Class "A" which shall only permit the retail sale of alcoholic beverages in sealed packages, but not for consumption on the premises where sold. The annual license fee shall be Three Hundred and seventy-five Dollars (\$375.00). Class "B" which shall permit the retail sale of alcoholic beverages for consumption on or off the premises where sold, and not for resale in any form. The annual license fee shall be Five Hundred Dollars (\$500.00). Class "C" which shall permit the resale of beer for consumption only on the premises where sold, and not for resale in any form. The annual license fee shall be Four Hundred Dollars (\$400.00). There shall be no more than one (1) license issued during any year. Class "D" which shall authorize the sale and offer for retail sale alcoholic beverages in the original package, for consumption on or off the premises, as well as other retail sales of such wine only in the original package, which shall be consumed on or off the premises. A person possessing an Illinois State Wine Maker's License, or Illinois State Wine Manufacturer's License, and a Jasper County Winery License may also sell wine in its original package to distributors and retailers in Illinois to the extent by their Illinois State License. The fee for a Class "D" license shall be Five Hundred Dollars (\$500.00) per
	year. Class "E" which shall permit the retail sale of alcoholic beverages for consumption only on the premises where sold, to be issued to a regularly organized club, as hereinbefore defined, such sales to be made only to members of the club and to their guests. The annual license fee shall be Seven Hundred Fifty Dollars (\$750.00).
	Class "F which shall permit only the retail sale of beer and wine in sealed packages for consumption off the premises where sold and not for resale in any form. The annual license fee shall be Six Hundred Dollars (\$600.00).

6. HOURS OF OPERATION

AUTHORIZED HOURS

These hours must be the hours authorized by the local municipality (or county if in an unincorporated area):

MON	TUES	WED	THUR	FRI	SAT	SUN

AVAILABLE HOURS

These hours indicate when a representative is available for an inspection of the premises:

MON	TUES	WED	THUR	FRI	SAT	SUN

EXPECTED OPENING DATE						
WHAT IS THE FIRST DAY YOU EXPECT TO BE OPEN AND SELLING ALCOHOL?						

7. ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed on page 3 of this form. IF ANY QUESTIONS ARE ANSWERED WITH A "YES" ATTACH A FULL WRITTEN EXPLANATION TO THIS DOCUMENT.

7A	☐ YES	□ NO	Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)? [235 ILCS 5/6-3]
7B	☐ YES	□ NO	Are you delinquent under the cash beer law?
7C	☐ YES	□ NO	If a retailer, are you delinquent under the 30-day credit law?
7D	☐ YES	□ NO	Have you ever submitted an application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]
7E	☐ YES	□ NO	Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
7F	☐ YES	■ NO	Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]
7G	☐ YES	□ NO	Have you ever been convicted of a gambling offense as defined under Section 6-2 of the Illinois Liquor Control Act which, includes offenses enumerated in 720 ILCS 5/28-1(a)11, gambling; 720 ILCS 5/28-1.1(a)-(d) syndicated gambling; and 720 ILCS 5/28-3 keeping a gambling place?
7H	☐ YES	□ NO	Do you possess a current Federal Wagering Stamp?
71	☐ YES	□ NO	Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]
7 J	☐ 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?
7K	☐ YES	□ NO	Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]
7L	☐ YES	□ NO	Are you in violation of the required liquor liability insurance coverage stated in Section 6-21(a) of the Illinois Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?
7M	☐ YES	□ NO	If a corporate licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-2(a)(10a)]

8. <u>VID</u>	EO GA	MIN	<u>VG</u>	
	☐ YES		NO	Do you possess a current Illinois Video Gaming License? If YES, please provide the information be VIDEO GAMING LICENSE NUMBER:
	☐ YES		NO	Have you made an application for an Illinois Video Gaming License that is currently pending? If YES, please provinformation below:
				VIDEO GAMING NUMBER APPLICATION NUMBER: DATE APPLIED:
9. <u>VER</u>	IFICAT	ION	<u> </u>	
Liquor	Control Liquor	Ord Con	dinand itrol C	on, I hereby certify that I have been provided with a copy of the Jasper County ce. I further agree that I will comply with all terms and conditions of the Jaspe Ordinance, which I have read and do understand all of the terms and condition
				E/DATE
				application form and provide your title with the organization. The application must be signed by an owne signature must be original. Rubber stamps, photocopies, or faxed copies are not accepted.
IN T INFO HER APP	HE FORE DRMATIO REIN APPI LICANT V	GOII N; T LIED VILL	NG APF HEY AF FOR; NOT V	PPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATE PLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AN RE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENS THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND TH IOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, I
INFO THE	DRMATIO	N. (N	IOTE: I	NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOV F THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVID PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN FIVE PERCENNESS).
SIGNATURE	OF APPLICA	NT		TITLE/POSITION DATE