



### 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 INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
				( )			

B.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
				( )			

C.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
				( )			

D.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
				( )			

E. Total percentage of all stock held by all persons with less than five percent interest. \_\_\_\_\_%



## 5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

### FIRST LICENSE APPLICATION - LICENSE HISTORY

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.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES  NO

IF NO, PROVIDE DATE FIRST APPLIED: \_\_\_\_\_

DISPOSITION: GRANTED  DENIED  WITHDRAWN

ADDRESS OF FIRST STATE APPLICATION: \_\_\_\_\_  
\_\_\_\_\_

### TYPE OF LIQUOR LICENSE

Check the box which describes the manner in which you sell alcoholic beverages to consumers. This information must be consistent with your approval granted by 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?
- 7I  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)]
- 7J  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. VIDEO GAMING**

YES  NO Do you possess a current Illinois Video Gaming License? If YES, please provide the information below:  
VIDEO GAMING LICENSE NUMBER: \_\_\_\_\_

YES  NO Have you made an application for an Illinois Video Gaming License that is currently pending? If YES, please provide information below:  
VIDEO GAMING NUMBER APPLICATION NUMBER: \_\_\_\_\_ DATE APPLIED: \_\_\_\_\_

**9. VERIFICATION**

By signing this application, I hereby certify that I have been provided with a copy of the Jasper County Liquor Control Ordinance. I further agree that I will comply with all terms and conditions of the Jasper County Liquor Control Ordinance, which I have read and do understand all of the terms and conditions of that Ordinance.

**10. 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, or partner. **The signature must be original. Rubber stamps, photocopies, or faxed copies 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 STATE OF ILLINOIS 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 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 THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.** (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN FIVE PERCENT OR MORE OF THE BUSINESS).

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE/POSITION

\_\_\_\_\_  
DATE