



CITY OF CARLYLE

**FOR OFFICE
USE ONLY:**

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

Approved	Denied

Chief of Police - Signature Date

Approved	Denied

Liquor Commissioner - Signature Date

LIQUOR LICENSE APPLICATION

New License Renewal License

Business Information

Business Name:

(DBA) Doing Business As

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises exactly as it should be listed on the license.

Business Address:

Business Location

City State ZIP Code

Business Phone #:

() _____

FEIN #: _____

Mailing Address:

IF different than the physical business location

City State ZIP Code

Please indicate where your business would like the local liquor correspondence sent to.

Renewal Application

Business Address Mailing Address Email Address: _____

License Certificate

Business Address Mailing Address Email Address: _____

Current Liquor Licenses:

Do you currently hold five or less retail liquor licenses in any another cities? If yes, please provide the following information for each.

Business Name: _____ City: _____ State: _____

Business Name: _____ City: _____ State: _____

Business Name: _____ City: _____ State: _____

Business Name: _____ City: _____ State: _____

Business Name: _____ City: _____ State: _____

Business Type:

Check the one box which best describes the type of business.

- Drug Store/Pharmacy Liquor Store Convenience & Gas
- Restaurant Video Gaming Parlor Small Grocery
- Convenience Bar/Tavern Gas Station
- Supermarket Hotel/Motel Other: _____

Warehousing:

If any of your inventory is warehoused, please provide the following information for the warehouse.

Address	City	State	Zip Code	County

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 management agreement
- I hereby certify that this application is being submitted for an event in Carlyle. *(Please list event details on page 5.)*

Landlord Name	Phone Number	Email Address		
Address	City	State	Zip Code	County

Status of Business:

Check the applicable box which corresponds to your business' official papers filed with the Office of the Illinois Secretary of State. Based on the box that you check, please provide the appropriate additional information.

<input type="checkbox"/> Sole Proprietorship	Date Filed with County Clerk:
<input type="checkbox"/> Partnership	Date of Formation:
<input type="checkbox"/> Illinois Corporation	Date of Incorporation:
<input type="checkbox"/> Foreign Corporation	Date & State of Incorporation:
	Date Qualified to do Business in IL:
<input type="checkbox"/> Limited Liability Company	Date of Formation:

Ownership Information

Provide the owner/officer/partner information in accordance with the business status selected above. 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. Total percentage ownership should equal 100 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. If there are a number of shareholders owning less than five percent, indicate the aggregate total of ownership below.

For each owner/officer/partner/five percent or more shareholder, please provide the requested information below. By providing the requested information you agree that the City of Carlyle may run a Criminal Background check on the listed person.

NAME: <i>(Last, First, Middle Initial)</i>					
HOME ADDRESS:					
TITLE/POSITION:				% OWNED:	
PHONE NUMBER	SEX	DATE OF BIRTH	U.S. CITIZEN?	PLACE OF BIRTH	
			YES or NO		
EVER CONVICTED OF A FELONY?		ARE YOU A NATURALIZED CITIZEN?		IF YES, INDICATE DATE & PLACE OF NATURALIZATION	
YES or NO		YES or NO			
DRIVER'S LICENSE #		OTHER LAST NAMES USED			

NAME: <i>(Last, First, Middle Initial)</i>					
HOME ADDRESS:					
TITLE/POSITION:				% OWNED:	
PHONE NUMBER	SEX	DATE OF BIRTH	U.S. CITIZEN?	PLACE OF BIRTH	
			YES or NO		
EVER CONVICTED OF A FELONY?		ARE YOU A NATURALIZED CITIZEN?		IF YES, INDICATE DATE & PLACE OF NATURALIZATION	
YES or NO		YES or NO			
DRIVER'S LICENSE #		OTHER LAST NAMES USED			

NAME: <i>(Last, First, Middle Initial)</i>					
HOME ADDRESS:					
TITLE/POSITION:				% OWNED:	
PHONE NUMBER	SEX	DATE OF BIRTH	U.S. CITIZEN?	PLACE OF BIRTH	
			YES or NO		
EVER CONVICTED OF A FELONY?		ARE YOU A NATURALIZED CITIZEN?		IF YES, INDICATE DATE & PLACE OF NATURALIZATION	
YES or NO		YES or NO			
DRIVER'S LICENSE #		OTHER LAST NAMES USED			

NAME: <i>(Last, First, Middle Initial)</i>					
HOME ADDRESS:					
TITLE/POSITION:				% OWNED:	
PHONE NUMBER	SEX	DATE OF BIRTH	U.S. CITIZEN?	PLACE OF BIRTH	
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EVER CONVICTED OF A FELONY?		ARE YOU A NATURALIZED CITIZEN?		IF YES, INDICATE DATE & PLACE OF NATURALIZATION	
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			YES or NO		
EVER CONVICTED OF A FELONY?		ARE YOU A NATURALIZED CITIZEN?		IF YES, INDICATE DATE & PLACE OF NATURALIZATION	
YES or NO		YES or NO			
DRIVER'S LICENSE #		OTHER LAST NAMES USED			

Total percentage of all stock held by all persons with less than five percent interest _____ %

Eligibility Questions:

The questions below pertain to the applicant and any other person listed under the section "Ownership Information" listed above. If you answer "Yes" to any of the questions please explain. You may include additional documents if needed for an explanation.

YES or NO Have you ever applied for a liquor license which has been denied?

YES or NO Have you ever had any previous liquor license suspended or revoked?

YES or NO Have you ever been convicted of a felony?

Type of License Information

Please select the license classification that your business is requesting from the City of Carlyle.

Date Paid

If requesting a liquor license for a special event, please provide the event information.

	<input type="checkbox"/>	CLASS A - \$500	Retail sale of alcoholic liquor for consumption on or off premises.			
	<input type="checkbox"/>	CLASS B - \$250	Retail sale of beer and wine only for consumption on the premises as well as other sales of beer and wine.			
	<input type="checkbox"/>	CLASS C - \$200	Retail sale of alcoholic liquor, but not for consumption on the premises where sold.			
	<input type="checkbox"/>	CLASS D - \$5	Non-Profit organization or for a Community Event which shall permit the retail sale of beer and wine only for consumption on the premises.			
	Event Name & Date:					
	Event Address:					
	<input type="checkbox"/>	CLASS E - \$5	Non-Profit organization which shall permit the retail sale of beer, wine, frozen margaritas and daiquiris, only for consumption on the premises during Special Events sanctioned by the City of Carlyle			
	Event Name & Date:					
	Event Address:					
	<input type="checkbox"/>	CLASS F - \$5	Retail sales and limited, complimentary tastings on the premises of the Carlyle Farmers' Market of wine manufactured by the licensee.			
	Event Dates:					
	Event Address:					
	<input type="checkbox"/>	EVENT LICENSE BY THE HOUR	<input type="checkbox"/>	\$5 - 12 Hours	<input type="checkbox"/>	\$10 - More than 12 Hours, & not more than 24 Hours within any one day
	Event Name:					
	Event Dates/Hours:					
	Event Address:					

Certificate of Insurance

ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF INSURANCE

The Certificate of Insurance MUST list the City of Carlyle as additionally insured. If the policy expires before the liquor license will, please make note to send in an updated copy of the certificate of insurance upon expiration.

	Date proof of insurance was received - City Hall Use
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Certification

This application must be signed by an owner, an officer, or partner. PLEASE SIGN BELOW TO AGREE TO THE FOLLOWING:

I will not violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the City in the conduct of my place of business. I also, on oath, state that I have completed the foregoing application to the best of my knowledge and belief and that the contents thereof are true and correct. Further, I agree to notify this commission within 30 working days of changes in any of the above information.

Signature: _____ **Date:** _____

Subscribed and affirmed before this _____ day of _____, _____

Notary Public Signature: _____