



APPLICATION FOR RETAIL LIQUOR LICENSE

The undersigned hereby makes application for a **retail liquor license(s)** as indicated hereafter (check appropriate class/classes);

Class "B"	Retail License	_____	\$ 1,000.00
Class "C"	Package Liquor Store License	_____	\$ 1,000.00
Class "D"	Club License	_____	\$ 450.00
Class "F"	Outdoor Seating License	_____	\$ 50.00
Class "G"	Golf Course	_____	\$ 100.00
Class "S"	Special License	_____	\$ 100.00

1. **BUSINESS NAME:** _____

BUSINESS ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

RETAILERS OCCUPATION TAX (sales tax) NUMBER: _____

2. **APPLICANT** (*Complete Section A, B, or C*)

A. Individual Applicant (*must be a resident of the City of Ottawa*)

Name: _____ **S.S.#** _____

Driver's License Number: _____

Home Address: _____

Birth Date: _____

Type of business: _____

B. Corporation (Inc), Limited Liability Company (LLC), or Club Applicant (a Certificate of good standing issued by the Secretary of State must be submitted with this application)

Name: _____

State of Incorporation/Organization: _____

Date Incorporated/Organized: _____

If a corporation or club applicant, list the name, address, phone number, social security number, birth date and driver's license number of all officers and directors and shareholders owning more than 5% of the stock in the corporation. If a LLC, list all managers and members owning more than 5% interest in the LLC.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S. #</u>	<u>Birth Date</u>	<u>Drivers Lic No.</u>	<u>Title</u>
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

C. Partnership

Name: _____

List the name, address, phone number, social security number, birth date, and driver's license of all partners owning more than 5% of the partnership.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S. #</u>	<u>Birth Date</u>	<u>Drivers Lic No.</u>	<u>Title</u>
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

3. Has any previous license by any State or subdivision thereof or by the Federal Government been revoked or suspended? Yes _____ No _____

If yes, please explain: _____

4. Has applicant or any officer, director, manager, or shareholder, member, or partner owning more than 5% in the corporation, LLC, or partnership ever been convicted of a

felony, gambling offense, being the keeper of a house of ill fame, pandering, or other crimes or misdemeanors opposed to decency or morality? Yes _____ No _____

5. Has applicant, officer, director, manager, or shareholder, member, or partner owning more than 5% in the corporation, LLC, or partnership ever been convicted of a violation of any Federal, State or local law concerning the manufacture, possession or sale of alcohol?
Yes _____ No _____

6. Does applicant own the premises for which a license is sought?
Yes _____ No _____
If yes, evidence of ownership must be submitted with this application.

If no, does the applicant have a lease thereon for the full period for which the license is to be issued? Yes _____ No _____

A copy of the lease must be submitted with this application.

7. Is the applicant or any officer, director, manager, or shareholder, member or partner owning more than 5% in the corporation, LLC or partnership a law enforcing public official, mayor, alderman, trustee, commissioner, or member of a County Board?
Yes _____ No _____

8. Does any such official mentioned in No.7 have any interest in any way, either directly or indirectly, in the sale or distribution of alcoholic liquor for which this license is sought?
Yes _____ No _____

9. Is the applicant delinquent in the payment of retailer's occupation tax (sales tax)?
Yes _____ No _____ If yes, please explain _____

10. Name of manager in charge of the day to day operations of the business:

Address: _____

Phone: _____ Last 4 digits of SS #: _____

Driver's License No.: _____ Birth Date: _____

11. Does the applicant have liquor liability (dram shop) insurance for the full period for which the license is to be issued? Yes _____ No _____

A certificate of insurance must be submitted with this application.

12. If also applying for an outdoor seating license, is the outdoor seating located on public property or public right-of-way? (i.e. Sidewalk)

Yes _____ No _____

If Yes, please submit the following documents with this application:

1. A certificate of insurance evidencing a commercial general liability policy of not less than \$500,000.00 per occurrence for the public property being used for the outdoor seating, naming the City of Ottawa as an additional insured for any liability arising directly or indirectly from the operation of the outdoor seating.

2. Proof of liquor liability (dramshop) insurance for the property being used for outdoor seating.

If applying for an outdoor seating license on public property or a public right-of-way, you agree to the following:

You hereby agree not to block the flow of any pedestrian or vehicle traffic on public property nor will you block any access entrances. You hereby further agree to indemnify, defend, and hold the City harmless from any loss that results directly or indirectly from the issuance of an outdoor seating license on public property.

Applicant (sign only if apply for an outdoor seating license on public property)

STATEMENT

The undersigned, being duly sworn, hereby states that the information contained in this application is true of my own knowledge and that the statements set forth are of my own free will.

I solemnly swear that I will not violate any of the laws of the United States, the State of Illinois or the Ordinances of the City of Ottawa.

Signed: _____ Printed Name _____
Signed: _____ Printed Name _____

Return application with check to the City Clerk at 301 W. Madison Street Ottawa, IL



APPLICATION FOR VIDEO GAMING LICENSE

BUSINESS INFORMATION

Business Ownership: ☐ Proprietorship ☐ Partnership* ☐ Corporation* ☐ LLC* ☐ Association

***Please provide a copy of establishment's Articles of Incorporation or Organization and evidence the establishment is in good standing with the Illinois Secretary of State.**

Establishment Type: ☐ Veteran ☐ Fraternal ☐ Regular Truck Stop ☐ Large Truck Stop
☐ Restaurant ☐ Bar ☐ Video Gaming Parlor

Name of Business: _____

Address: _____ # of Terminals _____
(\$250.00 per terminal)

APPLICANT INFORMATION

Name of Applicant: _____ Phone: _____

Address: _____ Email: _____

SHAREHOLDER(S) OF 5%+ OF ESTABLISHMENT INFORMATION

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

DOCUMENTATION NEEDED

- ____ 1.) Copy of the State of Illinois Video Gaming License granted to the applicant under the act.
- ____ 2.) A statement that the establishment is not in arrears in any tax, fee, or bill due to the City of Ottawa OR State of Illinois.
- ____ 3.) A statement that the establishment agrees to abide by all state and federal laws and any local ordinances.
- ____ 4.) A statement that no manager or person owning more than 5% interest in the establishment has ever been convicted of a felony, a gambling offense, or a crime of moral turpitude.

