

**APPLICATION FOR THE BUSHNELL, ILLINOIS
LIQUOR LICENSE**

All applicants for licenser as a liquor license holder must complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a City of Bushnell, Illinois liquor license. Any person who is a part of this application may be subject to a background check. The applicant acknowledges by signing this application that any police officer has the right of free and unrestricted access to the licensed premises at all times for the investigation, or inspection of said premises.

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION FORM MUST BEAR ORIGINAL SIGNATURE(S). The following documents and information are REQUIRED prior to receiving your local liquor license:

1. Photocopy of Certificate of Insurance if alcohol will be consumed on premises and Dram Shop Rider insurance.
2. Photocopy of State of Illinois Drivers License for all applicant(s).
3. Renewals require a copy of your Illinois Liquor License.
4. Proof of Ownership: Provide a copy of a closing statement or copy of a lease.

I. Applicant-Corporate Information

A. Federal Identification Number. Enter the FEIN is a nine-digit number issued by the U.S. Internal Revenue Service.

FEIN: _____

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. If you need to obtain this number, visit www.tax.illinois.gov and click on the "Businesses", and then the "Business Registration."

IBT: _____

C. Name, Address, Telephone Number

Enter the name, street address and telephone number of the corporation, partnership, or sole proprietorship. This name must be consistent with the name on your Illinois Department of Revenue Sales Tax Certificate.

of Revenue Sales Tax Certificate. If operating under an assumed name, attach written proof that the Illinois Assumed Business Name Act has been satisfied.

Name (Doing business as D/B/A)

Telephone: Enter the telephone number at the business premises location.

Telephone Number

Address: Enter the address of the business premises location.

Business premises address	City	State	Zip Code

Business Type: Check the one box which best describes the type of business operation.

- Bar/Tavern
- Convenience Store/Gas Station/Package Store
- Grocery Store
- Restaurant

Leased Premises: If you lease your premises, the lease must cover the full term of the license. Attach a copy of the lease.

Landlord Name	Telephone Number		
Address	City	State	Zip Code

G. Fee Schedule

Please check the liquor code for definitions to decide which license best fits your needs. There

are a limited number of each type of license. Please check the availability of the license at the City Clerk's office.

The fees listed below are yearly. However, they may be paid quarterly for an extra \$10 fee. If the fees are late, a \$50 late fee will be assessed to the license holder.

License Classification	Fee
Class A (4 available)	\$810
Class B (1 available)	\$120
Class C (2 available)	\$600
Class E (1 available)	\$190
Class F (1 available)	\$100
Class G (2 available)	\$240
Class H (1 available)	\$200
Super Bowl Permit	\$25
New Years Eve Permit (on Sundays)	\$25

H. Hours of Operation: List the daily hours open for business.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I. Eligibility Question

These questions must be answered or the application will be rejected. If any question is checked Yes, a detailed, written explanation is required and must be attached to this application.

Has any person listed on this application:

- Yes No Been Convicted of a Felony?
- Yes No Been disqualified to receive a liquor license by reason of any matter or thing contained in this ordinance, laws of this state or the ordinances of this City?
- Yes No Had a previous liquor license revoked by any state, or subdivision thereof, or by the federal government?

Yes No Are you currently serving in an elected position or as a law enforcement official in any governmental entity?

Yes No Were you born outside of the United States of America?

Are you a Citizen of the United States of America? Yes No

Place of Birth:

Date of Naturalization	City	State

Date: _____

Applicant Signature

CITY OF BUSHNELL LICENSE APPLICATION
VERIFIED STATEMENT OF APPLICANT(S)

STATE OF ILLINOIS)
)SS.
COUNTY OF McDONOUGH)

I/We, the Undersigned, being first duly sworn on oath, depose and state as follows:

- 1.) I/We am/are the applicant(s) in the foregoing City of Bushnell Liquor License Application;
- 2.) I/We do hereby certify that the information provided by me/us in and with such application is true, correct and complete;
- 3.) I/We do hereby certify that I/We am/are the owner(s) in fee simple of the premises sought to be licensed under the foregoing application, or that I/We have a lease for such premises for a term at least equal to the period of the liquor license applied for in said application;
- 4.) I/We agree to testify under oath and to answer all competent, relevant and material questions asked of me/us by the Local Liquor Control Commissioner, or his designated representative, at any hearing conducted by such Commissioner concerning the issuance or renewal of a liquor license or concerning any violation of any statute or ordinance. **I/We understand and agree that my/our failure or refusal to answer any such question shall be sufficient reason to refuse to issue or renew a liquor license, or to suspend or revoke any such license;**
- 5.) I/We acknowledge that I/We have reviewed the Bushnell Liquor Code and am/are familiar with its provisions and requirements;
- 6.) I/We agree to provide any additional information or documents requested by the Local Liquor Control Commissioner so that he can act upon my/our application;
- 7.) I/We agree that I/We will abide by all laws of the State of Illinois or the United States, or any ordinances of the City of Bushnell, in the conduct and operation of my/our business holding a liquor license.

Please provide a copy of each applicant's photo identification.

Applicant

Applicant

Applicant

Subscribed and sworn to before me this day of _____, 20__

Notary Public