

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

- | | | | |
|----|--------------------------|-------------------------------|--|
| A. | <input type="checkbox"/> | SOLE PROPRIETORSHIP | DATE FILED WITH COUNTY CLERK: _____ |
| B. | <input type="checkbox"/> | PARTNERSHIP | DATE OF FORMATION: _____ |
| C. | <input type="checkbox"/> | ILLINOIS CORPORATION | DATE OF INCORPORATION: _____ |
| D. | <input type="checkbox"/> | FOREIGN CORPORATION | STATE OF INCORPORATION: _____ |
| E. | <input type="checkbox"/> | LIMITED LIABILITY COMPANY | SECRETARY OF STATE FILE #: _____ |
| F. | <input type="checkbox"/> | LIMITED PARTNERSHIP | DATE QUALIFIED TO DO BUSINESS IN IL: _____ |
| G. | <input type="checkbox"/> | LIMITED LIABILITY PARTNERSHIP | |

3. OWNERSHIP INFORMATION

Provide the owner/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 5%.

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 5% (including officers, directors and shareholders with stock equal to or more than 5% 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 5% interest. If additional space is needed, provide information on separate sheet(s) in same format as application. Before completing this section check Question No. 6. Eligibility.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership shall equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

Name (Last, First, Middle Initial)		Home Address		State	Zip Code
Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
			()		

Name (Last, First, Middle Initial)		Home Address		State	Zip Code
Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
			()		

Name (Last, First, Middle Initial)		Home Address		State	Zip Code
Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
			()		

Name (Last, First, Middle Initial)		Home Address		State	Zip Code
Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
			()		

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____%

5. PROPERTY

A. Rights to Property

- I hereby certify that property it owned by applicant (new applicants - must provide proof of ownership)
- I hereby certify that property is leased from landlord (new applicants - lease must be placed on file)
- I hereby certify that property is managed via an operating or management agreement (new applicants - agreement must be placed on file)

B. Is the location of applicant's business for which this license is sought within 100 feet of any church, school, or hospital? Y N

C. Describe the premise for which license is sought (i.e. building, patio, outdoor sales area, etc.):

D. **For new applicants only:** Provide zoning of the property: _____ (refer questions to Community Development Director to determine if alcoholic liquor sales are allowable under the zoning code) Public Hearing Date: _____

6. ELIGIBILITY/HISTORY

For the purpose of the following questions, the term "applicant" refers to: the Corporation, AND any officers, directors, or registered agents of the corporation, AND any stockholders owning 5% or more of corporate stock, AND any individuals or partners listed on this application.

A. Are you indebted in any manner to the City or in default under the provisions of the Business Regulation and Taxation Code (i.e. an amount outstanding for Food and Beverage Taxes)? Y N

B. Are you disqualified to receive from the City of Freeport, Illinois, a retail license by reason of any matter or thing contained in the Freeport Municipal Code or the Illinois Liquor Control Act? Y N If yes, provide complete details on a separate sheet of paper and submit as Exhibit 6. (B).

C. Are you, or is any other person having either direct or indirect interest in your place of business, a public or law enforcing official (public official, mayor, city council member or any officer of the City) with jurisdictional authority? Y N If yes, provide complete details on a separate sheet of paper and submit as Exhibit 6. (C).

D. Have you or any officer or, in the case of a corporation, the resident manager or, in the case of a partnership, any of the partners, ever been convicted of a felony? Y N If yes, provide complete details on a separate sheet of paper and submit as Exhibit 6. (D).

E. Have you or any person named in application ever held a retail liquor license which has been revoked or suspended for cause while being a holder? Y N If yes, provide complete details on a separate sheet of paper and submit as Exhibit 6. (E).

F. Has the corporate applicant ever held a retail liquor license which has been revoked or suspended for cause while being a holder? Y N If yes, provide complete details on a separate sheet of paper and submit as Exhibit 6. (F).

G. Has any person named in application ever been convicted of a violation of any Federal or State law covering the manufacture, possession or sale of alcoholic liquor, or has any of said persons ever forfeited his bond to appear to court to answer charges for any such violation? Y N If yes, provide complete details on a separate sheet of paper and submit as Exhibit 6. (G).

7. LICENSE INFORMATION

Class of license sought: _____

Do you possess a current Illinois Video Gaming License? If answer is YES, please provide information below:

Number of gaming devices licensed by State of Illinois Gaming Board _____

IL Video Gaming License Number _____ City of Freeport Mechanical Games & Devices Number _____.

Estimate percentage of liquor sales ____%. Estimate percentage of food sales ____%. Estimate percentage of sales within the establishment other than liquor and food ____%. (Total of all should equal 100%).

If the application is for a renewal of an existing license, the applicant must state that there has been no material change in the nature or scope of uses of the property since the time of last renewal: _____

8. CERTIFICATE OF INSURANCE

You must provide a copy of your Certificate of Insurance. The Certificate of Insurance must show that you have liquor liability insurance and must include the following 1) The applicant named as an insured 2) The address of the location matching the business address on this application 3) The dates of coverage and the coverage limits 4) The City of Freeport listed as a Certificate Holder (for purposes of receiving copies of updates/renewals) Insurance Carrier _____ Dates of Coverage: _____

9. RESIDENT MANAGER (Applicable to Corporation)

Name, address and length of residency of person, who, as resident manager of the corporation will conduct business to be operated under the license? (*Resident manager or agent for a partnership or corporation must be a resident of Stephenson County or live within a thirty mile radius of the licensed premises*)

For Renewal Applications: Is the Resident Manager named below a change from your last application? _____
(If yes, complete background check – see instructions on first page)

Name (Last, First, Middle Initial)		Home Address		State	Zip Code
Date of Birth	Sex	Title/Position	Area Code/Telephone No.	Background Check Completed?	
			()		

Is said person a U.S. Citizen by birth? Y N If so, state place and date of birth: _____

If not a citizen by birth, is said person a citizen by naturalization? Y N If so, state time and place of naturalization: _____

NEW LICENSES - APPLICANT INFORMATION REQUIRED

- Articles of Incorporation (Note; any changes must be on file with the City)
- Certificate of Good Standing – current year
- Certificate of Liquor Liability Insurance (updates should be faxed to 815-235-8874)
- Copy of Lease Agreement, if applicable
- Check or Money Order payable to City of Freeport for Initial and Annual fee – refer to chart last page
- Background Checks on File (5% or more in ownership & resident manager)
- For Clubs and Fraternal Organization – Attach Officer/Trustee/Governing Body Listing
(State of Illinois requires this information to be on file with the Liquor Commission)

RENEWAL LICENSE - APPLICANT INFORMATION REQUIRED

- Certificate of Good Standing – current year (if incorporated more than one year)
- Certificate of Liquor Liability Insurance (updates should be faxed to 815-235-8874)
- For Clubs and Fraternal Organization – Attach Officer/Trustee/Governing Body Listing
(State of Illinois requires this information to be on file with the Liquor Commission)
- Check or Money Order payable to City of Freeport for Renewal fee – refer to chart last page

(If not previously provided in application), provide corporate contact for inquiries regarding application.

Contact Person	Area Code/Telephone No.	Email Address

The City of Freeport Liquor Commission is requesting disclosure of information that is necessary under the City of Freeport Municipal Code. Disclosure of this information is mandatory. Failure to provide any information will result in the non-issuance of your license.

APPLICANTS' CERTIFICATION

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 an original (rubber stamps are not accepted) and signed before a notary.

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 CITY OF FREEPORT 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, THE STATE OF ILLINOIS, OR THE CITY OF FREEPORT, IN PARTICULAR, THE RULES AND REGULATIONS REGARDING THE SALE OF ALCOHOLIC LIQUOR.

FURTHER, I AGREE TO NOTIFY THE CITY CLERK'S OFFICE WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

Dated _____

Signature of Applicant

Title

(AFFIX CORPORATE SEAL)

Being each duly sworn upon his respective oath, states that he has read the above and foregoing application and knows the contents thereof and that the things and matters therein stated that are true and correct.

Subscribed and sworn to me before me this _____ day of _____

Notary Public

CITY OF FREEPORT, ILLINOIS
Schedule of Alcoholic Liquor License Fees

A. Initial Fee (nonrefundable)

Class A	\$ 10,000
Class A-R	10,000
Class B-1	10,000
Class B-2	10,000
Class P	10,000
Class W	5,000
Class C	3,000
Class R(*)	Dependent upon Number of Annual Events, as follows:
	\$ 3,000 - up to 20 annual events
	4,500 - up to 30 annual events
	6,000 - up to 40 annual events
	7,500 - up to 50 annual events
	9,000 - up to 60 annual events
Class M	\$1,500 - permits up to 10 special events sponsored by the Park District annually

B. Annual/Renewal Fee

	<u>Annual</u>	<u>Semi-Annual</u>
Class A	\$ 1,144.00	\$572.00
Class A-R	1,144.00	572.00
Class B-1	1,144.00	572.00
Class B-2	1,144.00	572.00
Class P	1,144.00	572.00
Class W	572.00	286.00
Class C	400.00	200.00
Class R	400.00	200.00
Class M	400.00	200.00

C. Temporary Licenses

	<u>Per Event</u>
Class T-1	\$ 25.00
Class T-2	75.00
Class T-3	100.00

(*) An "event" shall be defined as a single-day function and shall not include any multi-day functions.

See Chapter 806 of the City of Freeport Codified Ordinances for a description of liquor classes.