RANDOLPH COUNTY, ILLINOIS
LIQUOR CONTROL COMMISSION

ANDY GERLACH
LIQUOR COMMISSIONER

MELANIE L. JOHNSON
COUNTY CLERK

1 Taylor Street
Chester, IL 62233

618-826-5000 ext. 191
countyclerk@randolphcountyil.gov

___ APPLICATION ___ RENEWAL for RANDOLPH COUNTY LIQUOR LICENSE

LIQUOR LICENSE FEE: $375.00 FILING FEE: $30.00 TOTAL: $405.00

SPECIAL EVENT LICENSE: $5.00

Make check or money order payable to **"Randolph County Clerk"**

Please print or type the information requested in the spaces provided.

APPLICANT INFORMATION

NAME: _____

BUSINESS INFORMATION

NAME: _____

NOTE: Must be consistent with the name registered with the IL Department of Revenue

D/B/A NAME: _____

ADDRESS: _____

PHONE: _____

FEDERAL EMPLOYER ID #: _____

STATE SALES TAX #: _____

TYPE OF BUSINESS

SOLE PROPRIETORSHIP ____ Date D/B/A filed with County Clerk _____
PARTNERSHIP ____ Date of formation _____
ILLINOIS CORPORATION ____ Date of Incorporation _____ File # _____
LIMITED LIABILITY COMPANY ____ Date Formed _____

OWNERSHIP INFORMATION

Information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director. All Not-for-profit organizations and associations must provide the requested information for all officers, directors, and managers.

Note: In the case of a sole proprietorship, the business owner must reside within the jurisdiction that grants the local liquor license.

A. _____
Name (Last, First, Middle Initial)

_____
Home address City State Zip

_____
Social Security Number Date of Birth Sex Title/Position

_____
Area Code/Telephone Number % of Ownership

B. _____
Name (Last, First, Middle Initial)

_____
Home address City State Zip

_____
Social Security Number Date of Birth Sex Title/Position

_____
Area Code/Telephone Number % of Ownership

C. _____
Name (Last, First, Middle Initial)

_____
Home address City State Zip

_____
Social Security Number Date of Birth Sex Title/Position

_____
Area Code/Telephone Number % of Ownership

BUSINESS TYPE

A. ___ Restaurant
B. ___ Convenience Store
C. ___ Supermarket
D. ___ Liquor Store
E. ___ Bar/Tavern
F. ___ Social Club
G. ___ Other

WAREHOUSING

If any inventory is warehoused, provide the name and street address of warehouse.

_____

Name Address

LEASED PREMISES

If you lease the premises, provide the landlord's name, address, and phone number. The lease must cover the full term of the license.

_____

Name Address Phone

ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed as owner/manager/officer. **The questions must be answered**. If any question is answered "yes", a written explanation is required and must be attached to the application.

Yes	No	
___	__	Are you delinquent in the payment of any Illinois Business Taxes? (Sales, withholding, Etc.)
___	__	Are you delinquent under the cash beer law?
___	__	If retailer, are you delinquent under the 30-day credit law?
___	__	Have you ever made application for a liquor license which has been denied?
___	__	Have you ever had any previous liquor license suspended or revoked?
___	__	Have you ever been convicted of a felony?
___	__	Have you ever been convicted of a gambling offense?
___	__	Do you possess a current federal wagering stamp? Stamp number: _____
___	__	Do you possess a current Illinois Video Gaming License? License number: _____
___	__	Are you, or any other person having a direct interest in your place of business, a public or law enforcing official within the same jurisdiction as the license?
___	__	Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives, or suppliers of alcoholic products?

HOURS OF OPERATION

List the daily hours of operation or write "closed" for each day of the week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

SIGNATURE/TITLE/DATE

NOTE: The signature must be an original. No rubber stamps will be accepted.

I (WE) DO SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF; THAT I (WE) WILL COMPLY WITH ALL REGULATIONS OF FEDERAL, STATE, AND LOCAL LIQUOR CONTROL LAWS; THAT A COPY OF THE LIQUOR CODE GOVERNING THE SALE OF ALCOHOLIC LIQUORS AND BEVERAGES IN RANDOLPH COUNTY, ILLINOIS, HAS BEEN FURNISHED TO ME (US); THAT I (WE) UNDERSTAND THE SAME, AND AGREE TO COMPLY WITH ALL THE PROVISIONS SET FORTH THEREIN.
I (WE) SWEAR (OR AFFIRM) THAT I (WE) AM 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.

_____	_____	_____
Signature of Applicant/Authorized Agent	Title/position	Date
_____	_____	_____
Signature of Applicant/Authorized Agent	Title/position	Date
_____	_____	_____
Signature of Applicant/Authorized Agent	Title/position	Date

REQUIRED – Include with this application:

*****Copy of CURRENT CERTIFICATE of INSURANCE**

*****APPLICABLE FEE**

*****Copy of ARTICLES OF INCORPORATION or proof of LLC**