



CITY OF SALEM, ILLINOIS
APPLICATION
FOR RETAIL LIQUOR LICENSE

File with the Local Liquor Control Commissioner
 At the office of the City Clerk
 Salem City Hall
 101 South Broadway
 Salem, Illinois 62881

License Period July 1 through June 30

For City Use Only

Application Reviewed By:

- ☐ Liquor Commissioner
- ☐ City Attorney
- ☐ City Clerk

Background Check Reviewed By:

- ☐ Liquor Commissioner
- ☐ City Clerk

Received

- ☐ Dram Shop Insurance
- ☐ Health Dept. License
- ☐ Copy Lease Agreement
- ☐ Application Fee \$ _____
- ☐ License Fee \$ _____

Please submit completed application along with a non-refundable application fee in the amount of \$100.00 if background check is required. For first time applicants, a criminal history background investigation is required for the local manager and for all partners, if a partnership. Initial annual fee may be pro-rated.

Check Class of license applied for:

- ☐ Class A \$1,100.00 – Annual Fee
- ☐ Class B \$ 400.00 – Annual Fee
- ☐ Class C \$ 600.00 – Annual Fee
 - ☐ Wine Sampling \$50.00 – Annual Fee
- ☐ Class D \$1,500.00 – Annual Fee
- ☐ Class E \$ 200.00 – Less than 100 Members Annual Fee
 - ☐ \$ 500.00 – 101 to 200 Members – Annual Fee
 - ☐ \$ 800.00 – Over 200 Members – Annual Fee
- ☐ Class F \$ 50.00 – Special Event
- ☐ Class G \$ 600.00 – Annual Fee
- ☐ Class H \$ 250.00 – Annual Fee
- ☐ Class I \$1,100.00 – Annual Fee

(See Code of Ordinance for Description of Classifications.)

1. a. Applicant's Name (s) _____
 (Corporation name if doing business as corporation; list all Partners if partnership)
- b. Mailing Address: _____
- c. Phone Number: _____
- d. If a partnership or corporation, list all owners of more than 5%)

Please Print

Name & Home Address	Date of Birth	Social Security Number	Position	% of Ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If additional space necessary, please attach list.)

2. Name under which business is to be conducted _____

3. Location of place of business for which license is being sought:

(Give exact address by street and number, floor and room if applicable.)
List Business Phone No. _____

4. Name of local manager or agent: _____

Home address _____

Manager's home Phone # _____

5. Check and fill out if applicable:

- | | |
|---|---|
| <input type="checkbox"/> Assumed Name | _____ 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 | _____ State of Incorporation |
| <input type="checkbox"/> Foreign Corporation | _____ Date qualified to do business in Illinois |

6. Applicant's retailer's occupation tax (ROT) registration number: _____

7. Please **provide** a copy of Dram Shop insurance coverage including name and address of insurance company for the licensee and owner of the building in which the alcoholic liquor will be sold for the duration of the license _____

8. ☐ Yes, ☐ No Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant, restaurant meaning the sale of food will equal more than 50% of gross revenue from the business? If so,
- ☐ Yes, ☐ No are premises maintained and held out to the public as a place where meals are actually and regularly served?
- ☐ Yes, ☐ No are premises provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food?

8a. Applicant must be licensed by the Marion County Health Department to dispense food.
Please provide copy of License.

9. ☐ Yes, ☐ No Does applicant own premises for which this license is sought?
If not, applicant must **provide** copy of lease covering the full period for which the license is sought. Complete the following:
- a. Name and address of landlord _____

- b. Does landlord have dram shop insurance? ____ . If yes, **provide** copy of insurance certificate. If not, applicant must list owner of building as additional insured and provide copy of certificate of insurance to the Liquor Commissioner. (See question #7.)

10. Check and complete the appropriate answer for the following:

- ☐Yes, ☐No Has applicant previously engaged in the business of sale of alcoholic license at retail?
If yes, list all other _____

11. Address of Applicant's warehouse if he warehouses liquor: _____

12. Describe parking facilities available to the business _____

13. Describe method you will use in sterilizing glasses and dishes and cleaning coils used in connection with dispensing draught beer. _____

14. ☐Yes, ☐No Will two separate restrooms be provided with hot and cold running water together with clean towels?

15. ☐Yes, ☐No Will you maintain the entire premises in a clean and sanitary manner free from condition which might cause accidents?

16. ☐Yes, ☐No Will you familiarize yourself, and instruct your employees, concerning the laws of the United States, State of Illinois, and ordinance of the City of Salem pertaining to the sale of alcoholic liquor and abide by all of them?

17. ☐Yes, ☐No Do you understand that employees, waitresses and bartenders must be 21 years of age or older to serve, mix or handle alcoholic beverages in the City of Salem.

18. ☐Yes, ☐No As a license holder that allows consumption on the premises, will you familiarize yourself and your employees with the "Happy Hours" law?

19. ☐Yes, ☐No Does applicant understand that the Liquor Commissioner has the authority to request a review the financial records of the business and request a certified audit of same?

20. ☐Yes, ☐No Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days). Or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business?

21. ☐Yes, ☐No Is applicant or any affiliate, associate, subsidiary, officer, director or other agent engaged in the manufacture of alcoholic liquors? If so, what location or locations?

22. ☐Yes, ☐No Is applicant engaged in the business of importing distributor or distributor of alcoholic liquors? If so, list location or locations? _____

23. ☐Yes, ☐No Is any law enforcing public official, Mayor, City Councilman, or any member of a County Board directly interested in the business for which this license is sought?

24. ☐Yes, ☐No Is the property line of the location of applicant's business for which license is sought within 100 feet from the property line of institutions of higher learning; of any school; hospital; home for aged or indigent persons; or for veterans, their wives or children; or in the case of a church, 100 feet to the nearest part of any building to be used for worship services or educational programs to the property line of applicant's business?

25. The following section to be completed and signed by each individual applicant, co-partnership /corporate applicant and local manager:

(Duplicate this portion of the application for co-partnership/corporate applicant)

- (a) Name _____
- (b) Date of birth _____ SS# _____
- (c) Residence address _____ Phone # _____
- (d) If a naturalized citizen, when naturalized? _____, Where naturalized _____
Court in which (or law under which) naturalized? _____
- (e) Have you ever been convicted of any felony under any Federal or State law? _____
- (f) Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality? _____
- (g) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____
If so, give dates and state offence _____
- (h) Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in (g)? _____
- (i) Have you made application for other similar license for premises other than described in this application? _____
- (j) Has any license previously issued to you by State, Federal or local authorities been revoked, suspended or fined? _____ If so, state reasons therefore and date(s) _____

- (k) Is applicant delinquent in the payment of retailer's occupational tax (Sales Tax)? _____ If so, give reason _____

- (l) Is applicant delinquent under the cash beer law? _____ If so, give reason _____
- (m) If retailer, are you delinquent under the 30 day credit law? _____ If so, State reason _____

- (n) Has applicant ever had an application for liquor license, which has been denied? _____, If so, state reason _____

- (o) Has applicant ever been convicted of a gambling offence? _____
- (p) Does applicant possess a current federal wagering stamp? _____ If so, state reason. _____

Signed by _____
(individual applicant, co-partnership /corporate applicant and local manager)

NOTE: If application is being made in behalf of a partnership, firm, association, club or corporation, then the same shall be signed by at least two (2) members of such partnership or the president or secretary of such corporation or two (2) authorized agents of such partnership or corporation; and the local manager.

AFFIDAVIT

STATE OF ILLINOIS)
) ss
COUNTY OF MARION)

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the City of Salem or the laws of the State of Illinois or the laws of the United States of American, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

Subscribed and Sworn to
before me this _____
day of _____, 20____

Applicant or Authorized Agent, Title

Notary Public

(Notary Seal)

Subscribed and Sworn to
before me this _____
day of _____, 20____

Name & Title

Notary Public

(Notary Seal)

Name & Title

Subscribed and Sworn to
before me this _____
day of _____, 20____

(Notary Seal)

Notary Public