



## City of West Peoria

2506 W. Rohmann Avenue  
West Peoria, IL. 61604  
Telephone: 309-674-1993  
Fax: 309-676-6010

Application Date: \_\_\_\_\_

Pro-Rated Fee: \_\_\_\_\_

Date Fees Paid: \_\_\_\_\_

### APPLICATION FOR LIQUOR RETAILER'S LICENSE CITY OF WEST PEORIA

Fee: \$350.00

*(Please Type or Print in Ink Only)*

#### BUSINESS INFORMATION

1. Applicant's full name:

\_\_\_\_\_  
Must be the individual who signs this application; if a club, partnership or corporation, give names of all owners of more than five percent (5%).

2. Name under which business is to be conducted:

\_\_\_\_\_

3. Location of business for which license is sought:

\_\_\_\_\_

4. Telephone number of business: \_\_\_\_\_ Email: \_\_\_\_\_

5. Class and subclass(es) of license applied for: \_\_\_\_\_

6. Does applicant seek a license to sell liquor upon the premises as a restaurant?

\_\_\_ Yes \_\_\_ No *If Yes, are the premises kept, used, maintained, advertised, and held out to the public as a place where meals are served, and where meals are actually and regularly served, without sleeping accommodations, such space being provided with adequate and sanitary kitchen and dining room equipment and capacity, and having employed therein a sufficient number and kind of employees to prepare, cook and serve suitable food for its guests?* \_\_\_ Yes \_\_\_ No

7. Does applicant own premises for which this license is sought? \_\_\_ Yes \_\_\_ No *If No, does applicant have a lease on such premises covering the full period for which the license is sought?* \_\_\_ Yes \_\_\_ No *If Yes, please provide a copy of the current lease.*

8. Is applicant licensed as a food dispenser? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

9. Is the location of applicant's business for which this license is sought:
- a. Within one hundred (100) feet, property line to property line, of any school other than an institution of higher learning, hospital, home for aged or indigent persons or for veterans, their spouses, or children, or any military or naval station?  
\_\_\_ Yes \_\_\_ No
  - b. Within one hundred (100) feet, building to building, from a church?  
\_\_\_ Yes \_\_\_ No
10. Is any law enforcing public official, including members of local liquor control commissions, any mayor, alderman, or member of the city council or commission, any president of the village board of trustees, any member of a village board of trustee, or any president or member of a county board directly interested in the business for which the license is sought? \_\_\_ Yes \_\_\_ No  
*If yes, please provide explanation on additional page provided.*
11. 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 thirty [30] days), or is such person directly or indirectly interested in the ownership, conduct, or operation of the place of business? \_\_\_ Yes \_\_\_ No
12. Is the applicant or any affiliate, associate, subsidiary, officer, director, or other agent engaged in the manufacture of alcoholic liquors? \_\_\_ Yes \_\_\_ No *If Yes, at what location(s)?*

---

*Full Address*

13. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? \_\_\_ Yes \_\_\_ No *If Yes, at what location(s)?*

---

*Full Address*

14. Will the business be conducted by a manager or agent? \_\_\_ Yes \_\_\_ No *If yes, give name and residence address of such manager or agent:*

---

*Name*

---

*Full Address*

15. Do you hold any other current business licenses issued by the City? \_\_\_ Yes \_\_\_ No  
*If Yes, what type of license do you currently hold and what is the address of the licensed premises:*

---

*Type of license / Full Address*

## INDIVIDUAL APPLICANT

1. Full Legal Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
3. Address to which information concerning license should be mailed:  
\_\_\_\_\_
4. Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_
5. Are you a citizen of the United States: ☐ Yes ☐ No
6. If a naturalized citizen, when and where naturalized:  
\_\_\_\_\_
7. Have you ever been convicted of any felony under any Federal or State law?  
☐ Yes ☐ No *If yes, give date(s) and state offense(s):*

\_\_\_\_\_

*Offense*

*Date*

\_\_\_\_\_

*Offense*

*Date*

## PARTNERSHIP/CORPORATE APPLICANT *(please attach additional information as needed)*

1. Name of each partner or each corporate officers/directors/shareholders, if any:

\_\_\_\_\_

*Full Name*

*Title*

\_\_\_\_\_

*Full Name*

*Title*

2. Date of Birth Each Partner/Officer:

\_\_\_\_\_

*Full Name*

*D/O/B*

\_\_\_\_\_

*Full Name*

*D/O/B*

3. Residence Address of Each Partner/Officer:

\_\_\_\_\_

*Name*

*Full Address*

\_\_\_\_\_

*Name*

*Full Address*

4. Telephone Number and Email of Each Partner/Officer:

<i>Name</i>	<i>Phone Number</i>	<i>Email Address</i>
<i>Name</i>	<i>Phone Number</i>	<i>Email Address</i>

5. Place of Birth of Each Partner/Officer:

<i>Name</i>	<i>Birth place</i>
<i>Name</i>	<i>Birth place</i>

6. Is each Partner/Officer a citizen of the United States:

<i>Name</i> _____	<i>US Citizen</i> ____ <i>Yes</i> ____ <i>No</i>
<i>Name</i> _____	<i>US Citizen</i> ____ <i>Yes</i> ____ <i>No</i>

7. If a naturalized citizen, when and where naturalized:

<i>Name</i>	<i>Location</i>
<i>Name</i>	<i>Location</i>

8. Has each Partner/Officer ever been convicted of any felony under any Federal or State law?

\_\_\_\_ *Yes* \_\_\_\_ *No* If yes, give date(s) and state offense(s):

<i>Name</i>	<i>Offense</i>	<i>Date(s)</i>
<i>Name</i>	<i>Offense</i>	<i>Date(s)</i>

**ADDITIONAL INFORMATION REQUIRED FOR LICENSE**

Please include the following with this application:

1. Fingerprints of applicant, each partner (if applicable), and manager (Peoria County Courthouse)
2. Certificate of Insurance showing dram shop liability
3. Copy of Articles of Incorporation (if applicable)
4. Copy of Food & Drink license issued by the Peoria City/County Health Department
5. Copy of Lease (if applicable)
6. Copy of Site Plan
7. Copy of Maximum Occupancy Limit card issued by Fire Marshal

The undersigned hereby make(s) application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term beginning \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_.

Page | 5 of 6

**ADDITIONAL INFORMATION PAGE**

Question # / Information

#	_____
#	_____
#	_____
#	_____
#	_____
#	_____
#	_____
#	_____
#	_____
#	_____