



LIQUOR LICENSE APPLICATION

CITY OF ALTON, ILLINOIS

Liquor Commissioner

101 E Third • Suite 201 • Alton, Illinois 62002

Telephone: (618) 463-3500

Fax: (618) 463-3525

E-mail: liquor@cityofaltonil.com

Website: www.cityofaltonil.com

Dear Liquor License Applicant:

Thank you for choosing the City of Alton to locate your business. The business community is a vital ingredient in the continued growth of the City.

The application process that you will begin is a procedure that under normal circumstances will take several weeks to complete. Building and/or fire code concerns may add to this time frame.

If your business is located within the Appearance Review District boundaries, you are required to have all signage and exterior changes approved by the Appearance Review Commission. Facade Grant funds are available for up to 25% of eligible exterior repairs and improvements. For Facade Grant information, please contact the Department of Development & Housing at (618) 463-3801. Complimentary design assistance is also available to business owners through the Alton Main Street Association; you can reach them at (618) 463-1016.

If you have any questions, please contact my office at (618) 463-3500, Extension 3.

Once again thank you for choosing Alton.

Sincerely,

David Goins
Liquor Commissioner



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Before starting the application process, please contact the Mayor's Office regarding the availability of liquor licenses and contact the Building & Zoning Department to check zoning of the proposed property. If there is no history of a liquor license at the proposed property or if a change in liquor license classification is requested, consents will be required from property owners within 300 feet of the address.

The following must be submitted to the Mayor's Office:

1. Consent Forms
2. Notarized Application (Corporation or resident)
3. \$250 Application Fee (non-refundable / not applicable)
4. Copy of Driver's License
5. Release of Information Form
6. Illinois Sales Tax ID Number
7. Purchase or Lease Agreement
8. Articles of Incorporation
9. Seller/Server's Training Certificate from:
Basset Training at www.bassetcertification.org
10. Certificate of Liquor Liability Insurance (City of Alton must be listed as the Certificate Holder)
11. Emergency Contact Information Form

When the above paperwork has been approved, the premises will be inspected by the Building & Zoning Department for proper zoning and to insure Alton City Code requirements and Illinois State Fire Code requirements are met.

A Madison County Health Department Permit is required for all food establishments.

Please be aware that delinquent fees owed to the City must be paid in full.

If you have any questions regarding the liquor license process, please contact Karyn Dee Clanton at 618-463-3500, Ext. 287.



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Application is hereby made for the issuance to the undersigned of an Alcoholic Beverage Retail License Class _____ for the year _____

1 Name of Business: _____

Address: _____

Telephone: _____

Are you looking to obtain a Video Gaming License? _____ YES _____ NO

1 If applicant(s) owns the proposed licensed premises, please check here: (_____).

1 Attach a copy of the lease or purchase agreement authorizing applicant to occupy and conduct business in said premises. The lease must be for the duration of license.

4 Illinois Business Tax Number: _____

1 Name of Applicant: _____

Maiden Name: _____

Date of Birth: _____ / _____ / _____ SS#: _____

Address: _____

Telephone: _____ Cell: _____

If applicant is a **Partnership**, please list the full name, residential address, and previous business activity for **each partner**. Attach a separate piece of paper if necessary.

• Name: _____ Birthday: _____ / _____ / _____

Address: _____

Telephone: _____ Cell: _____

Business Activity: _____

• Name: _____ Birthday: _____ / _____ / _____

Address: _____

Telephone: _____ Cell: _____

Business Activity: _____



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If applicant is a **Corporation**, give full name and address of **each officer** and attach a copy of the Articles of Incorporation.

If applicant is a **foreign Corporation qualified under the Illinois Business Corporation Act to transact business in Illinois**, attach a copy of the order to do business in Illinois.

• Name: _____ Birthday: _____/_____/_____

Address: _____

Telephone: _____ Cell: _____

Business Activity: _____

• Name: _____ Birthday: _____/_____/_____

Address: _____

Telephone: _____ Cell: _____

Business Activity: _____

† List your occupation or employment with addresses thereof for the past ten years. For a Partnership or a Corporation, list the same information for each partner and the local resident manager. Attach a separate piece of paper if necessary.

† List Liquor Liability Insurance coverage including name and address of insurance company for both the licensee and for owner of the building in which the alcoholic liquor will be sold for the duration of the license.

• Insurance for Licensee: _____

• Insurance for the Premises: _____

† List addresses of all locations where the applicant has ever engaged in the business of the sale of alcoholic liquor at retail: _____



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1 Describe the parking facilities available to the business: _____

2 Will two separate restrooms be provided with hot and cold running water together with clean towels?
YES _____ NO _____

3 Describe the method used in cleaning the premises, sterilizing glasses and dishes, and cleaning coils used in connection with dispensing draught beer: _____

4 If the business is to offer food services, describe the type of food services, the facilities, the methods used, and all sanitation and cleaning procedures which will be followed: _____

5 Will you maintain the entire premises in a clean and sanitary manner, free from conditions that may cause accidents? YES _____ NO _____

6 Will you familiarize yourself with all laws of the United States, the State of Illinois, and the City of Alton pertaining to the sale of alcoholic liquor and abide by all of them? YES _____ NO _____

16. Will you attempt to prevent rowdiness, fights, and disorderly conduct of any kind and immediately notify the Police Department if any such events take place? YES _____ NO _____

17. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? YES _____ NO _____
If so, give all the details: _____

18. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of a felony? YES _____ NO _____
If so, give all the details: _____



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19. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of a gambling offense? YES _____ NO _____

If so, give all the details: _____

20. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been issued a federal gaming device stamp or a federal wagering stamp? YES _____ NO _____

If so, give all the details: _____

21. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever had a liquor license revoked or suspended? YES _____ NO _____

If so, give all details including location of the licensed property: _____

22. Will you and all your employees refuse to serve or sell alcoholic liquor to a minor or to an intoxicated person? YES _____ NO _____

STATE OF ILLINOIS)
) SS
COUNTY OF MADISON)

I, (print your name) _____, being first duly sworn, deposes that I have read the above and foregoing application, caused by the answers on said application to be true and correct.

APPLICANT

(1) _____

OFFICER

(2) _____

OFFICER

PARTNER

LOCAL RESIDENT MANAGER

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

Notary Public

NOTE: In the event applicant is a partnership, the application must be signed and sworn to in the same manner by all partners. In the event applicant is a corporation, the application must be signed and sworn to by two office



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ALTON POLICE DEPARTMENT
1700 E. Broadway Alton, IL 62002

Telephone: (618) 463-3505

Fax Administrator: (618) 462-3797

Fax Patrol: (618) 463-1967

Fax Records: (618) 462-3864

Website: www.altonpolice.com

In order to better serve Alton businesses, please complete the Emergency Contact Information Form. This information will be used for situations that may come up after normal business hours, such as an unsecured building, alarm activation, or criminal activity. All information is confidential and will be maintained and used only by the Alton Police Department.

Please keep this information updated by contacting the Police Department Dispatcher at 618-463-3505, extension 649.

If you have any questions or concerns regarding this matter, please contact Captain Kurtis McCray at 618-463-3505, extension 663.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in blue ink that reads "J. Ford".

Jarrett Ford
Chief of Police



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AUTHORITY FOR RELEASE OF INFORMATION

Print Name: _____ Age: _____

Date of Birth: _____ Social Security #: _____

This release, when presented by a duly authorized representative of the Alton Liquor Commission, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background,

Specifically, I hereby authorize the release of the following data or records to the Alton Mayor's Office.

- Employment Information
- Credit Information
- Educational Information
- Medical and Military Medical Information Selective Service Information
- **Police and Criminal Records**

This authorization is given in connection with a full field background investigation being conducted relative to my application for a liquor license in the City of Alton, Illinois.

Signature: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____