



LIQUOR LICENSE APPLICATION

For questions or further information, contact:

Office of Local Liquor Control Commissioner

***Mayor, Liquor Control Commissioner
City Clerk, Deputy Liquor Control Commissioner***

619 16th Street, Moline, IL 61265

Phone: 309-524-2004

cityclerk@moline.il.us

*The City of Moline's Chapter 4, "Alcoholic Liquors," of the Moline Code of Ordinances,
may be viewed on the City's website at www.moline.il.us*

CITY OF MOLINE, IL-LIQUOR LICENSE APPLICATION CHECK LIST

NOTE: Consents by surrounding property owners may be required per Sec. 4-3202 of the Moline Code of Ordinances. This is the first step in the application process. Please contact the City Clerk for more information.

_____	Completed Permission for Background Check Form Call 309-524-2140 (Police Department) for appt. Results may take up to 6 weeks.
_____	_____ Sole Proprietors
_____	_____ Persons who own 5% or more of a corporation or LLC
_____	_____ Individuals in a Partnership
_____	_____ Liquor Manager
_____	Completed Application
_____	Fee: \$3,000 Non-Refundable Fee made payable to “City of Moline”
_____	Fee: Pro-Rated Annual Fee for Liquor License by Class and any applicable Options – to be determined upon submission of completed Application
_____	Documentation of Status of Business
_____	_____ Sole Proprietorship with Assumed Name Filing Documentation
_____	_____ Partnership Agreement with Assumed Name Filing Documentation
_____	_____ Illinois Corporation Articles of Incorporation with fully executed corporate minutes or resolution listing percentage of ownership
_____	_____ Foreign Corporation with Qualifications to do business in Illinois with fully executed corporate minutes or resolution listing percentage of ownership
_____	_____ Articles of Organization of Limited Liability Company with fully executed operating agreement listing percentage of ownership of members
_____	Color Copies of State Issued Photo Identification with Address of 1) all Owners who own more than 5% of the business and 2) the Liquor Manager
_____	Proof of the Right to Possession of Property/Premises
_____	_____ Deed or _____ Lease
_____	Statement by Owner of Premises
_____	Certificate of Liquor Liability (Dram Shop) Insurance – contact your insurance agent for information or referral
_____	Statement of Receipt of Chapter 4, Alcoholic Liquors of the Moline Code of Ordinances, and City of Moline 1.5% Prepared Food & Liquor Tax Form
_____	Copy of Certificate of Occupancy issued (prior to obtaining a liquor license) by City of Moline Building Division; call 309-524-2370 for information
_____	Copy of Food License issued (prior to obtaining a liquor license) by City of Moline Health Inspection Department; call 309-524-2370 for information
_____	Other Documentation as Needed for Individual Classifications
_____	_____ Copy of Food Service Sanitation Certification
_____	_____

NOTE: A State of Illinois Liquor License must be obtained **after** the City of Moline license is issued. Please contact the State of Illinois Liquor Control Commission for more information at www.state.il.us/lcc.

The licensing process takes 6-8 weeks on average



APPLICATION FOR LIQUOR LICENSE

1. Status of Business and Exact Name Applying for Liquor License:

Sole Proprietor

Partnership

Illinois Corporation

Foreign Corporation

Limited Liability Company

2. Name of Business (DBA)

3. Primary Address of Sole Proprietor, Corporation, Partnership or LLC

4. Primary Phone Number of Sole Proprietor, Corporation, Partnership or LLC

5. Primary Email of Sole Proprietor, Corporation, Partnership or LLC

6. Website of Sole Proprietor, Corporation, Partnership or LLC

7. Address of Premise to be Licensed:

8. Phone of Premise to be Licensed:
(Must be Land Line)

9. Owner of Premise to be Licensed:

10. Address of Owner of Premise:

11. Class of License: Check one and any Options that apply

- Class A-Restaurant (\$1400.00 Annual Fee/October 1-September 30)
 - Option I Outdoor Use (\$100.00 Annual Fee)
 - Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)
 - Option III Caterer's Retail (\$350.00 Annual Fee)
 - Option IV Restaurant Alternate-Allows minors to be dismissed at 11 p.m.daily with premises to remain open to serve alcoholic liquor (\$400.00 Annual Fee) ***(Check Availability-this option is capped at 15)***
 - Option V Extended Hours until 3 a.m. (\$1000.00 Annual Fee) ***(Check Availability-this option is capped at 15)***

Hours of Kitchen Operation:

Monday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Tuesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Wednesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Thursday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Friday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Saturday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Sunday	Open _____ a.m./p.m.	Close _____ a.m./p.m.

A copy of the State of Illinois Food Service Sanitation Manager Certification for a Category I facility for each applicable employee must be attached to this application

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- Class AA-Restaurant Beer & Wine Only (\$700.00 Annual Fee/October 1-September 30)
 - Option I Outdoor Use (\$100.00 Annual Fee)
 - Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)
 - Option III Caterer's Retail (\$350.00 Annual Fee)
 - Option IV Restaurant Alternate-Allows minors to be dismissed at 10 p.m. Sun-Thur and 11 p.m. Fri & Sat with premises to remain open to serve alcoholic liquor (\$400.00 Annual Fee) ***(Check Availability-this option is capped at 15)***

Hours of Kitchen Operation:

Monday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Tuesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Wednesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Thursday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Friday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Saturday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Sunday	Open _____ a.m./p.m.	Close _____ a.m./p.m.

A copy of the State of Illinois Food Service Sanitation Manager Certification for a Category I facility for each applicable employee must be attached to this application

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- Class B-Tavern (\$1400.00 Annual Fee/October 1-September 30) ***(Check Availability-this Classification is capped at 30)***
 - Option I Outdoor Use (\$100.00 Annual Fee)
 - Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)
 - Option V Extended Hours until 3 a.m. (\$1000.00 Annual Fee) ***(Check Availability-this option is capped at 15)***

-
- Class C-Packaged Sales Only-Primary Liquor Store (\$1400.00 Annual Fee/October 1-September 30)

11. Class of License (Continued from previous page)

Class CC-Packaged Sales Only-Secondary (Grocery/C-Store/Drug Store)
(\$1400.00 Annual Fee/October 1-September 30)

Option III Caterer's Retail (\$350.00 Annual Fee)
(only available if premises is greater than 10,000 square feet)

Class CCC-Packaged Sales of Wine and Beer Only-Secondary (Grocery/C-Store/Drug Store)
(\$1400.00 Annual Fee/October 1-September 30)

Class D-Clubs/Fraternal Organizations (\$1400.00 Annual Fee/October 1-September 30)

Option I Outdoor Use (\$100.00 Annual Fee)

Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)

Class E-Rental Hall (\$1400.00 Annual Fee/October 1-September 30)

Option I Outdoor Use (\$100.00 Annual Fee)

Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)

Class F-Hotel/Motel (\$1400.00 Annual Fee/October 1-September 30)

Option I Outdoor Use (\$100.00 Annual Fee)

Option VI Retailer's Off-Site Special Use (\$100.00 Annual Fee per Use)

Class FF-Hotel/Motel Limited Beer & Wine Managers Reception
(\$700.00 Annual Fee/October 1-September 30)

Option I Outdoor Use (\$100.00 Annual Fee)

Option VI Retailer's Off-Site Special Use (\$100.00 Annual Fee per Use)

Class G-Bowling Center (\$1400.00 Annual Fee/October 1-September 30)

Option I Outdoor Use (\$100.00 Annual Fee)

Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)

Class Civic Center (\$6800.00 Annual Fee/October 1-September 30)

Option I Outdoor Use (\$100.00 Annual Fee)

12. Anticipated start date for liquor sales: _____

13. Hours of Business Operation:

Monday Open _____ a.m./p.m. Close _____ a.m./p.m.

Tuesday Open _____ a.m./p.m. Close _____ a.m./p.m.

Wednesday Open _____ a.m./p.m. Close _____ a.m./p.m.

Thursday Open _____ a.m./p.m. Close _____ a.m./p.m.

Friday Open _____ a.m./p.m. Close _____ a.m./p.m.

Saturday Open _____ a.m./p.m. Close _____ a.m./p.m.

Sunday Open _____ a.m./p.m. Close _____ a.m./p.m.

14. Federal Employer Identification Number: _____

15. Illinois Business Tax Number: _____

16. **Business Ownership Information:**
 Provide the owner/officer/partnership information in accordance with the business status selected under Question 1. 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%.

Please make additional copies to complete for each owner, officer, shareholder or partner
Attach a COLOR copy of a Drivers License or State Issued Identification Card

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
LENGTH OF CURRENT RESIDENCE	DRIVERS LICENSE NUMBER	STATE ISSUED	DATE OF BIRTH	
TITLE/POSITION (OWNER/OFFICER/ SHAREHOLDER/PARTNER)	SOCIAL SECURITY NUMBER	CELL PHONE	GENDER	HOURS PER WEEK
EMAIL ADDRESS		NAMES FORMERLY KNOWN AS		

17. **Eligibility Information regarding the above named:**
- Yes No Citizen of the United States? (Required for Sole Proprietor)
 - Yes No Resident of the County of Rock Island? (Required for Sole Proprietor)
 - Yes No Resident of the City of Moline? (Required for Sole Proprietor)
 - Yes No Ever been convicted of a felony under Federal Law or the laws of any State in the United States?
 - Yes No Ever been arrested for a felony, posted bail and then forfeited said bail under Federal Law or the laws of any State in the United States?
 - Yes No Ever been convicted of any crime or misdemeanor involving moral turpitude?
 - Yes No Ever had a liquor license revoked for cause under the laws of any State in the United States or any of their political subdivisions?
- Do you have a business or personal relationship with any of the following:
- Yes No Mayor of the City of Moline?
 - Yes No A City Council member of the City of Moline?
 - Yes No A City Attorney of the City of Moline?
 - Yes No A Police Officer of the City of Moline?
 - Yes No A Building Official of the City of Moline?
 - Yes No A Zoning Administrator of the City of Moline?

Contact 309-524-2140, Moline Police Department, 1640 6th Avenue, to make arrangements for fingerprints and photographs

18. Management of the Licensed Establishment – Liquor Manager
 Yes No Will any of the above named manage the business and be on the premises for a minimum of 40 (forty) hours per week?

19. Management Information

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
LENGTH OF CURRENT RESIDENCE	DRIVERS LICENSE NUMBER	STATE ISSUED	DATE OF BIRTH	
TITLE/POSITION	SOCIAL SECURITY NUMBER	CELL PHONE	GENDER	HOURS PER WEEK
EMAIL ADDRESS		NAMES FORMERLY KNOWN AS		

Attach a COLOR copy of a Drivers License or State Issued Identification Card

20. Eligibility Information regarding the above named:

- Yes No Citizen of the United States?
- Yes No Resident of the County of Rock Island?
- Yes No Ever been convicted of a felony under Federal Law or the laws of any State in the United States?
- Yes No Ever been arrested for a felony, posted bail and then forfeited said bail under Federal Law or the laws of any State in the United States?
- Yes No Ever been convicted of any crime or misdemeanor involving moral turpitude?
- Yes No Ever had a liquor license revoked for cause under the laws of any State in the United States or any of their political subdivisions?
- Do you have a business or personal relationship with any of the following:
- Yes No Mayor of the City of Moline?
- Yes No A City Council member of the City of Moline?
- Yes No A City Attorney of the City of Moline?
- Yes No A Police Officer of the City of Moline?
- Yes No A Building Official of the City of Moline?
- Yes No A Zoning Administrator of the City of Moline?

Contact 309-524-2140, Moline Police Department, 1640 6th Avenue, to make arrangements for fingerprints and photographs

AFFIDAVIT OF LIQUOR MANAGER

This Affidavit must be signed before a Notary Public.

STATE OF ILLINOIS)
) SS
COUNTY OF ROCK ISLAND)

I, the undersigned being first duly sworn upon my oath state and depose as follows:

1. I understand that the foregoing information is set forth so that the aforementioned might obtain/maintain a liquor license in the City of Moline.
2. That under the State Laws of the State of Illinois, the answers to questions are material to the question of whether or not the establishment is entitled under the law to obtain a liquor license in the State of Illinois.
4. That I understand that making a false affidavit constitutes perjury where a false answer is made knowingly to a material question.
5. That I have personally prepared the answers to the above questions.
6. That I have reread them, and find them to be wholly true, and I/we wholly understand them.

Printed Name of Applicant

Signature of Applicant

Date

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

Notary Public

AFFIDAVIT OF APPLICANT

This Affidavit must be signed before a Notary Public.

STATE OF ILLINOIS)
) SS
COUNTY OF ROCK ISLAND)

I/We, the undersigned being first duly sworn upon our oath(s) state and depose as follows:

1. I/We understand that the foregoing information is set forth so that we might obtain a liquor license.
2. That under the State Laws of the State of Illinois, the answers to questions in number 17 (seventeen) are material to the question of whether or not I/we are entitled under the law to obtain a liquor license in the State of Illinois.
3. I/We acknowledge ownership and assume financial responsibility for all City of Moline fees, taxes or other monies owing.
4. That I/we understand that making a false affidavit constitutes perjury where a false answer is made knowingly to a material question.
5. That I/we have personally prepared the answers to the above questions.
6. That I/we have reread them, and find them to be wholly true, and I/we wholly understand them.

Applicant

Applicant

Applicant

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

Notary Public



CITY OF MOLINE
PERMISSION FOR BACKGROUND CHECK -
AUTHORIZATION FOR RELEASE
OF PERSONAL INFORMATION

Please make additional copies to complete for each owner, officer, shareholder, partner or liquor manager

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Moline Police Department, whether the said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Moline from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear/affirm that all information in or supplementing this application are complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for revocation if discovered subsequent to licensing.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Signature of Applicant

Date

STATEMENT OF OWNER OF PREMISES FORM



Parcel Number: _____

Property Owner Name: _____

Property Address: _____

Billing Address: _____

Licensee Name: _____

Doing Business As: _____

As property owner/s of the above address, I/we do hereby certify that as the owner/owners of the premises described above, agree that if the city of Moline, Illinois, issues a license to the applicant named in such application for said premises and such license is thereafter revoked for cause, the said City will neither be required nor requested to issues another license for said premises to any other person whatsoever for a period of one year after such revocation.

By: _____
Signature

Printed Name

Printed Title

Phone Number

Email Address

Date

By: _____
Signature

Printed Name

Printed Title

Phone Number

Email Address

Date

STATEMENT OF RECEIPT OF LIQUOR ORDINANCE & PREPARED FOOD & LIQUOR TAX FORM



Licensee Name: _____

Doing Business As: _____

Licensee Address: _____

Licensee Phone: _____

I, _____, liquor license applicant for the above named establishment, hereby acknowledge receipt of Chapter 4, Alcoholic Liquor, of the Moline Code of Ordinances, as well as the 1.5% Prepared Food & Liquor Tax Form.

By: _____
Signature

Printed Name

Printed Title

Email Address

Date

CITY OF MOLINE

Effective 2010

PREPARED FOOD AND LIQUOR TAX RETURN
Pursuant to City of Moline Ordinance 31-7100

www.moline.il.us

Business Name: _____

Business Address: _____

Mailing Address: _____

___ Check here if above information is updated/changed

Federal I.D. Number: _____

Return Filed for Month/Year: _____

1. Total Receipts from sale of prepared food and liquor	\$
2. 1.5% Prepared Food & Liquor Tax (Line 1 x .015)	\$
3. Late Filing Penalty (Line 2 X .015) 1.5% per month	\$
4. Total Amount of Tax and Penalty Due (Add Lines 2 and 3)	\$
5. Total Amount Paid (If Different from Line 4 - Total Amount Due)	\$

INSTRUCTIONS FOR FILING:

TAX AMOUNT: Effective January 1, 2010, the tax rate is 1.5% on the sales of prepared food and liquor.

DUE DATE: Monthly return is due no later than the last day of each calendar month, for tax owing for the previous month.

PENALTY: Late charges are calculated at the rate of one and one-half percent (1.5%) per thirty (30) day period, or portion thereof, from the date of delinquency.

REMITTANCE: Make checks payable and remit to: City of Moline
Attn: PF-LT
1630 8th Avenue
Moline, IL 61265
(309) 524-2070

Please include a copy of your State Form ST-1.

I certify under penalty as prescribed by law that I have examined this return and, to the best of my knowledge, it is true and accurate.

Signature of Preparer: _____

Printed Name: _____

Title: _____

Date: _____

Telephone Number: _____