

LIQUOR LICENSE APPLICATION

For questions or further information, contact:

Office of the Local Liquor Control Commissioner

Mayor, Local Liquor Control Commissioner City Clerk, Deputy Local 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

NOTE:

- 1. The licensing process takes 6 8 weeks on average.
- 2. A State of Illinois liquor license must be obtained after the City of Moline liquor license is issued. Please visit the State of Illinois Liquor Control Commission website at https://www.illinois.gov/ilcc for State licensing information and contacts.

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. Contact the City Clerk for more information. Permission for Background Check Form. Background check for any of the following persons must be completed before an application will be considered. Call Moline Police Department, 309-524-2140, for appt. Results may take up to 6 weeks. Persons who own 5% or more of Corp. or LLC Sole Proprietor Liquor Manager Individuals in a Partnership 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 Business Type – provide the applicable document copies for the business type: Sole Proprietor: assumed business name filing (for DBA), if applicable, from Rock Island County Partnership: partnership agreement; assumed business name filing (for DBA), if applicable, from **Rock Island County** IL Corporation: articles of incorporation filing with IL Secretary of State; fully executed corporate minutes or resolution listing ownership/shareholder names and percentage of ownership Foreign Corporation: articles of incorporation filing with applicable Secretary of State; documentation showing qualifications to do business in IL from the IL Secretary of State; fully executed corporate minutes or resolution listing ownership/shareholder names and percentage of ownership Limited Liability Company (LLC): articles of organization filing with IL Secretary of State; fully executed operating agreement listing member names and percentage of ownership Foreign LLC: articles of organization filing with applicable Secretary of State; documentation showing qualifications to do business in IL from the IL Secretary of State; fully executed operating agreement listing member names and percentage of ownership Copies of State Issued Photo ID with Address of 1) all Owners/Shareholders who own more than 5% of the business; and 2) the Liquor Manager Proof of the Right to Possession of Property/Premises by one of the following: ____ 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 the City of Moline 1.50% Prepared Food & Liquor Tax Form Copy of Certificate of Occupancy issued (**prior** to obtaining a liquor license) by City of Moline Building Division – dependent upon renovations/remodeling to premises; call the Building Division at 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 (for Class A and AA)



APPLICATION FOR LIQUOR LICENSE

1.	Type of Business	Exact Name to be used for Licensee (Name of sole proprietor partnership, corporation or LLC):
	☐ 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 Prop	prietor, Corporation, Partnership or LLC
5.	Primary Email of Sole Proprietor, C	
6.	Website of Sole Proprietor, Corpora	tion, Partnership or LLC
7.	Address of Premises to be Licensed	:
8.	Phone of Premises to be Licensed: (Must be <u>Land Line</u>)	
9.	Owner of Premise to be Licensed:	
10.	Address of Owner of Premise:	

□ Class A-Restauran□ Option 1	•	or Use (\$40	0.00 Annuai Fee)	
□ Option 2	Addit	ional Bar Sta	ation (\$400.00 A	nnual Fee per	Bar Station)
□ Option 3			400.00 Annual I		
□ Option 4	Resta	urant Alterna	ate - Allows min	ors to be dism	nissed at 11 p.m. Daily with
			n open to serve a		
	(\$400	.00 Annual I	Fee) (<i>Check Ava</i>	ilability - this	option is capped at 15)
□ Option 5			ntil 3 a.m. (\$100		
			ty - this option is		
□ Option 6					(\$25/Event or \$100 Annual Fe
□ Option 7			Outdoor Special	Use (\$25/Eve	ent)
Hours of Kite	-				
Mond	•	_	a.m./p.m.		a.m./p.m.
Tuesd	•	-	a.m./p.m.		a.m./p.m.
	iesday	_	a.m./p.m.		a.m./p.m.
Thurs	•	-	a.m./p.m.		a.m./p.m.
Frida	•	-	a.m./p.m.		a.m./p.m.
Saturo	-		a.m./p.m.		a.m./p.m.
	av	Open	a.m./p.m.	Close	a.m./p.m.
ANSI accredited Coas required Class AA-Restaura □ Option 1	urrent I ertified I for a C ant Been Outdo	Food Protect Category I far or Wine On Oor Use (\$40	ction Manager c cility under Illin ly (\$1,400.00 An 0.00 Annual Fee	ertificate for a cois state law nnual Fee/Oct)	Certification(s) OR each applicable employee must be attached. tober 1-September 30)
A copy of a control of a contro	urrent I ertified I for a C ant Been Outdo Addit Catero Resta	Food Proted Category I far or & Wine On oor Use (\$40) ional Bar Sta er's Retail (\$ urant Alterna	ction Manager control of the control	ertificate for a nois state law nnual Fee/Oct) nnual Fee per Fee) ors to be dism	tober 1-September 30) Bar Station) nissed at 11 p.m. Daily with
A copy of a can ANSI accredited Control as required Control 1 Class AA-Restaura Coption 1 Coption 2 Coption 3	urrent I ertified I for a C ant Been Outdo Addit Catero Resta premi	Food Protect Category I far or Wine On oor Use (\$400 ional Bar Sta er's Retail (\$ urant Alterna ses to remain	tion Manager control of the control	ertificate for a cois state law nnual Fee/Oct nnual Fee per Fee) ors to be dism lcoholic liquo	tober 1-September 30) Bar Station) Salar Station Daily with or
A copy of a can ANSI accredited Construction as required Class AA-Restaura Class AA-Restaura Option 1 Option 2 Option 3 Option 4	urrent I ertified I for a C ant Been Outdo Addit Catero Resta premi (\$400	Food Protect Category I far or Wine On oor Use (\$400 ional Bar Sta er's Retail (\$ urant Alterna ses to remain 1.00 Annual I	tion Manager control of the control	ertificate for a nois state law nnual Fee/Oct nnual Fee per Fee) ors to be dism lcoholic liquo ilability - this	tober 1-September 30) Bar Station) hissed at 11 p.m. Daily with or option is capped at 15)
A copy of a can ANSI accredited Construction as required Control 1 Class AA-Restaura Option 1 Option 2 Option 3	urrent I ertified for a C ant Been Outdo Addit Catero Resta premi (\$400 Exten	Food Protect Category I far or Wine On oor Use (\$400 ional Bar Sta er's Retail (\$ urant Alterna ses to remain .00 Annual I ded Hours u	ction Manager control of the control	ertificate for a cois state law ennual Fee/Octennual Fee per Fee) ors to be dismall coholic liquolilability - this 0.00 Annual 1	each applicable employee must be attached. tober 1-September 30) Bar Station) nissed at 11 p.m. Daily with or coption is capped at 15) Fee)
A copy of a control of the ANSI accredited Control of the Ansi	urrent I ertified I for a C ant Been Outdo Addit Catero Resta premi (\$400 Exten	Food Protect Category I far or Use (\$400 ional Bar Stater's Retail (\$100 urant Alternates to remain 1.00 Annual Helded Hours und	tion Manager control of the control	ertificate for a cois state law nual Fee/Oct nual Fee per Fee) ors to be dismicoholic liquo ilability - this 0.00 Annual la capped at 15	each applicable employee must be attached. tober 1-September 30) Bar Station) hissed at 11 p.m. Daily with or coption is capped at 15) Fee)
A copy of a can ANSI accredited Construction 1 Class AA-Restaura Option 1 Option 2 Option 3 Option 4	urrent I ertified I for a C ant Beer Outdo Addit Catero Restar premi (\$400 Exten (Chec Retail	Food Protect Category I far or Wine One or Use (\$400 ional Bar Stater's Retail (\$100 urant Alternates to remain 1.00 Annual It. ded Hours und ler's Off-site	tion Manager control of the control	ertificate for a nois state law nnual Fee/Oct nnual Fee per Fee) ors to be dism lcoholic liquo ilability - this 0.00 Annual l s capped at 15 ublic Property	each applicable employee must be attached. tober 1-September 30) Bar Station) hissed at 11 p.m. Daily with or coption is capped at 15) Fee) (\$25/Event or \$100 Annual Fe
A copy of a can ANSI accredited Constructed as required Construction 1 Class AA-Restaura Option 1 Option 2 Option 3 Option 4	urrent I ertified for a C ant Been Outdo Addit Catero Resta premi (\$400 Exten (Cheo Retail Retail	Food Protect Category I far or Wine One or Use (\$400 ional Bar Stater's Retail (\$ urant Alternates to remain 0.00 Annual I ded Hours und k Availabilia ler's Off-site ler's On-site	tion Manager control of the control	ertificate for a nois state law nnual Fee/Oct nnual Fee per Fee) ors to be dism lcoholic liquo ilability - this 0.00 Annual l s capped at 15 ublic Property	each applicable employee must be attached. tober 1-September 30) Bar Station) hissed at 11 p.m. Daily with or coption is capped at 15) Fee) (\$25/Event or \$100 Annual Fe
A copy of a control of a contro	arrent I ertified for a C ant Been Outdo Addit Catero Resta premi (\$400 Exten (Cheo Retail Retail	Food Protect Category I far or Wine On oor Use (\$400 ional Bar Stater's Retail (\$100 urant Alternation) with the common of the c	tion Manager collity under Illing (\$1,400.00 Anoual Feet ation (\$400.00 Anoual Inte - Allows minimopen to serve a Fee) (Check Avanutil 3 a.m. (\$100 by - this option is Special Use - Pu Outdoor Special	ertificate for a cois state law nual Fee/Oct nual Fee per Fee) ors to be dismicoholic liquo ilability - this 0.00 Annual la capped at 15 ublic Property Use (\$25/Evo	each applicable employee must be attached. tober 1-September 30) Bar Station) hissed at 11 p.m. Daily with or e option is capped at 15) Fee) (\$25/Event or \$100 Annual Feent)
A copy of a can ANSI accredited Constructed as required Constructed Construction Class AA-Restaura Option 1 Option 2 Option 3 Option 4 Option 5 Option 6 Option 7 Hours of Kitch	urrent I ertified I for a C ant Beer Outdo Addit Catero Restar premi (\$400 Exten (Cheo Retail Retail chen Op	Food Protect Category I far or Wine One or Use (\$400 ional Bar Stater's Retail (\$ urant Alternates to remain 0.00 Annual I ded Hours under Availability ler's Off-site ler's On-site peration:	tion Manager collity under Illing (\$1,400.00 Anoual Fee ation (\$400.00 A 400.00 Anoual I ate - Allows min open to serve a Fee) (Check Avantil 3 a.m. (\$100 ty - this option is Special Use - Produtdoor Special Use - Produtdoor Special Lam./p.m.	ertificate for a cois state law nual Fee/Oct nual Fee per Fee) ors to be dismilability - this 0.00 Annual 1st capped at 15 ablic Property Use (\$25/Eve Close	each applicable employee must be attached. tober 1-September 30) Bar Station) hissed at 11 p.m. Daily with or option is capped at 15) Fee) (\$25/Event or \$100 Annual Feent) a.m./p.m.
A copy of a can ANSI accredited Constructed as required as required Coption 1 Option 2 Option 3 Option 4 Option 5 Option 6 Option 7 Hours of Kitch Monday	urrent I ertified I for a C ant Been Outdo Addit Catero Resta premi (\$400 Exten (Cheo Retail Retail chen Op	Food Protect Category I far or & Wine On oor Use (\$40) ional Bar Stater's Retail (\$ urant Alternates to remain .00 Annual I ded Hours und the Availability ler's Off-site ler's On-site peration: Open	ction Manager control of the control	ertificate for a cois state law ennual Fee/Oct ennual Fee per Fee) ors to be dismilated liquidation at the competence of the coil of the c	cober 1-September 30) Bar Station) Sinissed at 11 p.m. Daily with or coption is capped at 15) Fee) (\$25/Event or \$100 Annual Feent) a.m./p.m. a.m./p.m.
A copy of a control of the ANSI accredited Control of the Ansi	arrent I ertified for a C ant Been Outdo Addit Catero Resta premi (\$400 Exten (Chec Retail Retail chen Op lay	Food Protect Category I far The Wine One or Use (\$400 ional Bar Stater's Retail (\$100 Annual Headed Hours under Soff-site der's On-site peration: Open	ction Manager control of the control	ertificate for a cois state law nual Fee/Oct nual Fee per Fee) ors to be dismicoholic liquo ilability - this 0.00 Annual la capped at 15 ublic Property Use (\$25/Eve Close Close Close Close Close Close	each applicable employee must be attached. tober 1-September 30) Bar Station) hissed at 11 p.m. Daily with or coption is capped at 15) Fee) (\$25/Event or \$100 Annual Feent) a.m./p.m a.m./p.m a.m./p.m.
A copy of a can ANSI accredited Constructed as required as a construction of the construction	arrent I ertified I for a C ant Been Outdo Addit Catero Resta premi (\$400 Exten (Cheo Retail Retail chen Op lay	Food Protectategory I far & Wine One Or Use (\$400 ional Bar Stater's Retail (\$100 Annual Haded Hours under Availability of the Protection: OpenO	cility under Illing ly (\$1,400.00 And 0.00 Annual Feet ation (\$400.00 Annual Inte - Allows miner open to serve a Fee) (Check Avaintil 3 a.m. (\$100 ty - this option is Special Use - Produtdoor Special a.m./p.m a.m./p.m a.m./p.m a.m./p.m a.m./p.m.	ertificate for a cois state law nual Fee/Oct nual Fee per Fee) ors to be dismilicated it is capped at 15 ablic Property Use (\$25/Eve Close Cl	each applicable employee must be attached. tober 1-September 30) Bar Station) hissed at 11 p.m. Daily with or coption is capped at 15) Fee) (\$25/Event or \$100 Annual Feent) a.m./p.m a.m./p.m a.m./p.m a.m./p.m a.m./p.m.
A copy of a case ANSI accredited Constructed as required as requir	arrent I ertified for a C ant Been Outdo Addit Catero Resta premi (\$400 Exten (Cheo Retail Retail chen Op lay lay	Food Protect Category I far The Wine One or Use (\$400 ional Bar Stater's Retail (\$100 urant Alternates to remain 1.00 Annual Iteler's Off-site der's On-site peration: Open	cility under Illing ly (\$1,400.00 Ar 0.00 Annual Fee ation (\$400.00 A 400.00 Annual I ate - Allows min at open to serve a Fee) (Check Ava atil 3 a.m. (\$100 by - this option is Special Use - Pr Outdoor Special a.m./p.m a.m./p.m a.m./p.m a.m./p.m a.m./p.m a.m./p.m a.m./p.m a.m./p.m.	ertificate for a cois state law ennual Fee/Oct ennual Fee per Fee) ors to be dismilability - this end of the condition of the	each applicable employee must be attached. tober 1-September 30) Bar Station) nissed at 11 p.m. Daily with or e option is capped at 15) Fee) (\$25/Event or \$100 Annual Fee) ent) a.m./p.m. a.m./p.m. a.m./p.m. a.m./p.m. a.m./p.m. a.m./p.m.
A copy of a case ANSI accredited Constructed as required Construction 1	arrent I ertified for a C ant Been Outdo Addit Catero Resta premi (\$400 Exten (Chec Retail Retail chen Op lay lay day	Food Protect Category I far The Wine One or Use (\$400 ional Bar Stater's Retail (\$100 Annual Head Hours under Soff-site der's On-site deration: Open _	cility under Illing ly (\$1,400.00 And 0.00 Annual Feet ation (\$400.00 Annual Inte - Allows miner open to serve a Fee) (Check Avaintil 3 a.m. (\$100 ty - this option is Special Use - Produtdoor Special a.m./p.m a.m./p.m a.m./p.m a.m./p.m a.m./p.m.	ertificate for a cois state law nual Fee/Oct nual Fee per Fee) ors to be dismicoholic liquo ilability - this 0.00 Annual la capped at 15 ablic Property Use (\$25/Eve Close	each applicable employee must be attached. tober 1-September 30) Bar Station) hissed at 11 p.m. Daily with or coption is capped at 15) Fee) (\$25/Event or \$100 Annual Feent) a.m./p.m a.m./p.m a.m./p.m a.m./p.m a.m./p.m.

Class of License: Check one Class and any Options under that Class that apply

11.

,	1400.00 Annual Fee/October 1-September 30)
(Check Avail	lability - this Classification is capped at 30)
□ Option 1	Outdoor Use (\$400.00 Annual Fee)
\Box Option 2	Additional Bar Station (\$400.00 Annual Fee per Bar Station)
□ Option 5	Extended Hours until 3 a.m. (\$1000.00 Annual Fee)
	(Check Availability - this option is capped at 15)
□ Option 6	Retailer's Off-site Special Use - Public Property (\$25/Event or \$100 Annual Fee)
□ Option 7	Retailer's On-site Outdoor Special Use (\$25/Event)
□ Class C-Packaged	Sales Only-Primary Liquor Store (\$1400.00 Annual Fee/October 1-September 30)
□ Class CC-Package	ed Sales Only-Secondary (Grocery/C-Store/Drug Store)
(\$1400.00 A	Innual Fee/October 1-September 30)
□ Option 3	Caterer's Retail (\$400.00 Annual Fee)
(only availab	ple if premises is greater than 10,000 square feet)
•	ged Sales of Wine and Beer Only-Secondary (Grocery/C-Store/Drug Store)
(\$1400.00 A	annual Fee/October 1-September 30)
□ Class D-Clubs/Fra	ternal Organizations (\$1400.00 Annual Fee/October 1-September 30)
□ Option 1	Outdoor Use (\$400.00 Annual Fee)
□ Option 2	Additional Bar Station (\$400.00 Annual Fee per Bar Station)
□ Option 6	Retailer's Off-site Special Use - Public Property (\$25/Event or \$100 Annual Fee)
□ Option 7	Retailer's On-site Outdoor Special Use (\$25/Event)
□ Class E-Rental Ha	ıll (\$1400.00 Annual Fee/October 1-September 30)
□ Option 1	Outdoor Use (\$400.00 Annual Fee)
□ Option 2	Additional Bar Station (\$400.00 Annual Fee per Bar Station)
□ Option 3	Caterer's Retail (\$400.00 Annual Fee)
□ Option 6	Retailer's Off-site Special Use - Public Property (\$25/Event or \$100 Annual Fee)
□ Option 7	Retailer's On-site Outdoor Special Use (\$25/Event)
☐ Class F-Hotel/Mot	tel (\$1400.00 Annual Fee/October 1-September 30)
□ Option 1	Outdoor Use (\$400.00 Annual Fee)
□ Option 6	Retailer's Off-site Special Use - Public Property (\$25/Event or \$100 Annual Fee)
□ Option 7	Retailer's On-site Outdoor Special Use (\$25/Event)
□ Class FF-Hotel/Me	otel Limited Beer & Wine Managers Reception
(\$1,400.00 A	Annual Fee/October 1-September 30)
□ Option 1	Outdoor Use (\$400.00 Annual Fee)
□ Option 6	Retailer's Off-site Special Use - Public Property (\$25/Event or \$100 Annual Fee)
□ Option 7	Retailer's On-site Outdoor Special Use (\$25/Event)
□ Class G-Bowling (Center (\$1400.00 Annual Fee/October 1-September 30)
□ Option 1	Outdoor Use (\$400.00 Annual Fee)
□ Option 2	Additional Bar Station (\$400.00 Annual Fee per Bar Station)
□ Class H-Civic Cen	nter (\$6800.00 Annual Fee/October 1-September 30)
□ Option 1	Outdoor Use (\$400.00 Annual Fee)
□ Option 6	Retailer's Off-site Special Use - Public Property (\$25/Event or \$100 Annual Fee)
□ Option 7	Retailer's On-site Outdoor Special Use (\$25/Event)

12.	Anticipated s	tart date for liqu	or sales:							
13.	Hours of Duo	siness Operation	•							
15.	Monday	Open		Close	a m /n m					
	Tuesday	Open	_	Close						
	Wednesday	Open	-	Close	-					
	Thursday	Open		Close	-					
	Friday	Open		Close						
	Saturday	Open	-	Close	_					
	Sunday	Open	-	Close	-					
14.	Federal Empl	loyer Identificat	ion Number:		(9	digits XX-XX	XXXXXX)			
15.	Illinois Busin	ness Tax Numbe	r:		(8 digits XXX	X-XXXX)			
16.	 Business Ownership Information: Provide the owner information in accordance with the business type selected under Question 1. This information must be submitted for all owners. The same information must be submitted for any shareholder with interest exceeding 5%. Please make additional copies to complete for each owner, officer, shareholder or partner Attach a copy of a Drivers License or State Issued Identification Card 									
NAMI										
(LAS	T, FIRST, MIDD	DLE INITIAL)	HOME	ADDRESS	CITY	STATE	ZIP			
	TH OF CURRE	NT								
RESI	DENCE		DRIVERS LI	ICENSE NUMBER	STATE ISSUED	DATE OF	BIRTH			
	POSITION						HOURS			
	NER/OFFICER/	ADTAIED)	000141 054		OFLI BUONE	OFNIDED	PER			
SHA	REHOLDER/PA	ARINER)	SOCIAL SEC	CURITY NUMBER	CELL PHONE	GENDER	WEEK			
NAMI	ES FORMERLY	KNOWN AS	l.		EMAI	L ADDRESS	1			
1.7	THE 19 19 11 11 11 11 11 11 11 11 11 11 11		11 .1 1	•						
17.		formation regard	-		1C C 1 D : 4	`				
				-	ed for Sole Propriet		a. d. :c			
	□ Yes □			•	d? (Required for So	ne Proprietor;	and, 11			
	- V			d for one member		.; a.t.a.m)				
	□ Yes □				uired for Sole Propi		04040 : 41-			
	□ Yes □		een convicted States?	i of a relony under	r Federal Law or the	e laws of any	state in the			
	□ Yes □			for a falony posts	d bail and then forfo	eited soid boil	under			
	□ Yes □			• •	in the United States		ulluci			
	п Vec п			ni the United States		. 10				

	Yes		No		nd a liquor license revoked for of States or any of their political s		s of any State	in the
18. M	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 6 th Avenue, to make arrangements for a background check, including fingerprints and photograph.							
10	_				ım of 40 (forty) hours per week	?		
19. M	Ianagem	ent I	ntorm	ation				
	FIRST, M	IDDL	E INIT	TAL)	HOME ADDRESS	CITY	STATE	ZIP
	·			,				
LENGTH RESIDEN		RREN	ΙΤ		DRIVERS LICENSE NUMBER	STATE ISSUED	DATE OF	BIRTH
TITLE/PC	OSITION				SOCIAL SECURITY NUMBER	CELL PHONE	GENDER	HOURS PER WEEK
NAMES I	FORMER	RLY K	(NOW	N AS		EMAIL	. ADDRESS	

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

Eli	gibility	Informat	ion regarding the above named:
	Yes	□ No	Citizen of the United States? (Required for Sole Proprietor)
	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	\square 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 ha	ve a busi	ness 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?

20.

Contact 309-524-2140, Moline Police Department, 1640 6th Avenue, to make arrangements for a background check, including fingerprints and photograph.

AFFIDAVIT OF LIQUOR MANAGER

This A	ffidavit must be signed be	fore a Notary Public.	
	E OF ILLINOIS TTY OF ROCK ISLAND)) SS)	
	I, the undersigned being f	irst duly sworn upon my oath state and depose as follows:	
1.	I understand that the fore a liquor license in the City	going information is set forth so that the aforementioned might of Moline.	btain/maintain
2.		s of the State of Illinois, the answers to questions are material to blishment is entitled under the law to obtain a liquor license is	*
4.	That I understand that knowingly to a material q	making a false affidavit constitutes perjury where a false arguestion.	swer is made
5.	That I have personally pro-	epared the answers to the above questions.	
6.	That I have reread them,	and find them to be wholly true, and I/we wholly understand then	1.
		Printed Name of Business (DBA)	
		Printed Name of Liquor Manager	
		Signature of Liquor Manager	
		Date	
Subsci	ribed and sworn to before r	ne this, 20, A.D.	

Notary Public

AFFIDAVIT OF APPLICANT

Please make additional copies to complete for each applicant owner/shareholder

This Affidavit must be signed before a Notary Public.

STATE	E OF ILLINOIS)) SS	
COUN	TY OF ROCK ISLAND)	
	I/We, the undersigned bei	ng first duly sworn upon our oath(s) state and depose as follows:	
1.	I/We understand that the f	Foregoing information is set forth so that we might obtain a liquor lic	ense.
2.		s of the State of Illinois, the answers to questions in number 17 (sev f whether or not I/we are entitled under the law to obtain a liquor lic	
3.	I/We acknowledge owner other monies owing.	rship and assume financial responsibility for all City of Moline fee	es, taxes or
4.	That I/we understand that knowingly to a material q	at making a false affidavit constitutes perjury where a false answ uestion.	er is made
5.	That I/we have personally	prepared the answers to the above questions.	
6.	That I/we have reread the	m, and find them to be wholly true, and I/we wholly understand them	1.
		Printed Name of Business (DBA)	
		Printed Name of Applicant (Individual)	
		Signature of Applicant (Individual)	
		Date	
Subsci	ribed and sworn to before n	ne this, 20, 20A.D.	
		Notary Public	



CITY OF MOLINE LIQUOR LICENSE APPLICATION

PERMISSION FOR BACKGROUND CHECK -AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Please make additional copies to complete for each applicant owner/shareholder and liquor manager

I,, disclosure of all records concerning myself to any Department, whether the said records are of public, p	•
I understand that any information obtained by a which is developed directly or indirectly, in whole of the considered in determining my suitability for appliance furnish such information concerning me shall information; and I do herby release said person(s) incurred as a result of furnishing such information. I and all liability, which may be incurred as a result of	r in part, upon this release authorization will cation. I also certify that any person(s) who ll not be held accountable for giving this from any and all liability, which may be further release the City of Moline from any
I hereby swear/affirm that all information in complete, true and accurate to the best of my false, misleading or incomplete information on the discovered subsequent to licensing.	knowledge. I understand that providing
A photocopy of this release form will be valid photocopy does not contain an original writing understand the contents of this "Authorization for Re	of my signature. I have read and fully
Printed Name of Applicant (Individual)	Signature of Applicant (Individual)
Date	



STATEMENT OF OWNER OF PREMISES FORM

Parce	el Number:			
Prope	erty Owner Name:			
Prope	erty Address:			
Prope	erty Owner Billing Addre	ess:		
Licer	nsee Name:			
Doin	g Business As (DBA):			
of th appl caus	ne premises described icant named in such a e, the City will neither	d above, if the City of application for said premer be required nor request ver for a period of one y	do hereby certify and agree that a Moline, Illinois, issues a liquor nises and such license is thereafted to issue another license for the ear following the revocation.	license to the er revoked for
	Signature		Signature	
	Printed Name		Printed Name	_
	Printed Title		Printed Title	_
	Phone Number		Phone Number	-
	Email Address		Email Address	_
	Date		Date	_



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

Name:
siness As:
Address:
Phone:
, liquor license applicant for the above named ment, hereby acknowledge receipt of Chapter 4, Alcoholic Liquor, of the Moline Code ances, as well as the 1.50% Prepared Food & Liquor Tax Form (see next page).
gnature
inted Name of Applicant (Individual)
inted Title of Applicant (Individual)
nail Address
nte
Bu ee I ish din Pr



PREPARED FOOD AND LIQUOR TAX RETURN Municipal Code Ordinance 31-7101

Business Name:			
Business Address:			
Mailing Address:			
	Check here if above info	ormation is updated/changed	
Federal I.D. Number: _			
Return Filed for Month/	Year:		
Total Receipts from	the sale of alcoholic liquor	\$	
	the sale of prepared food & non-alcoholic		
Total Gross Receipt		\$	
4. 1.50% Prepared Fo	ood & Liquor Tax (Line 3 x .015)	\$	
5. Late Filing Penalty	(Line 4 X .015) 1.50% per month	\$	
6. Total Amount of Ta	ax and Penalty Due (Add Lines 4 and 5)	\$	
5. Total Amount Paid	d (If Different from Line 6 - Total Amount Dເ	le) \$	
TAX AMOUNT: DUE DATE: PENALTY:	•	st day of each calendar month, for tax owing for the previou of one and one-half percent (1.5%) per thirty (30) day p	
REMITTANCE: Make checks payable and remit to:		City of Moline Attn: PF-LT 1630 8 th Avenue Moline, IL 61265 (309) 524-2070 www.moline.il.us	
Please include a copy o	f your State Form ST-1 & ST-2 Form.		
I certify under penalty a accurate.	as prescribed by law that I have examin	ed this return and, to the best of my knowledge, it is t	rue and
Signature of Preparer:		Printed Name:	
		Date:	
		Email:	