

**2025-2026****PUBLIC PROPERTY CAFÉ
PERMIT APPLICATION****CLASSIFICATIONS/FEEES**

CLASS OF PERMIT	APPLICATION FEE	ANNUAL FEE
<input type="checkbox"/> Public Property Café Permit (Consumption Sales) Current holder of a Class B, B-1, BP, R, R-1, or W-1 license. Contiguous to the primary classification's Licensed Premises.	\$200	\$250

Method of Payment: Payment of fees (pay to the order of the City of Effingham) must be in the form of certified check, cashier check, bank money order, personal money order, or postal money order. No personal or business checks accepted. Payment must accompany application.

APPLICANT INFORMATION

1. Name of applicant (true legal business name – must be same as for State):

2. Trade name of business:

Address:

Email Address:

City:

State:

ZIP Code:

Business phone:

Mailing address (if different from business address):

3. Ownership of premises, name of landlord or other owner –
(If premises in contracted for deed, leased, or subject to any type of license or easement, a copy of the lease, contract for deed, license, easement, or other type of qualifying document shall be attached to the Application. If Applicant does not own the premises where the Permit is sought, he must submit the written consent of the owner of such premises.)

Date when lease terminates:

Name:

Address:

City:

State:

ZIP Code:

Owner/Landlord Phone Number:

4. Give date you began (or will begin) liquor sales at the outdoor café:

5. Days and hours during which Alcoholic Liquor is to be sold, provided that the hours of each day of said Public Property Café shall begin no earlier than 6:00 a.m. and end no later than 12:00 midnight of the same calendar date:

6. Proof of Dram Shop Insurance *Provide proof of dramshop insurance - No License or Permit shall be granted to an Applicant until such Applicant shall furnish evidence satisfactory to the Local Liquor Control Commissioner that such Applicant is covered by a policy of dramshop insurance issued by a responsible insurance company authorized and licensed to do business in the state of Illinois insuring such Applicant against liability which such Applicant may incur under the provisions of 235 ILCS 5/6-21, and specifically designating the City as an additional insured, on a primary, non-contributory basis. The evidence of the insurance policy shall indicate that the term of the insurance is of sufficient length to encompass the period of the Permit sought.*

7. Written Description and Diagram of Area of Liquor Sales *Include two (2) copies and an electronic copy (DPF) of a plat, plan, or drawing indicating, to scale, the area of the Public Property the Applicant is seeking permission to occupy and the location of furniture, equipment, and any other articles intended to occupy the Public Property.*
NOTE: All Public Property Cafés shall be located only in the exact location described in the approved application. Approved furnishings may not be modified or substituted without additional approval of the Local Liquor Control Commissioner.

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NAME OF BUSINESS (Please Print): _____
Public Property Café Permit

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8. Proof that Permittee maintains commercial general liability insurance insuring against liability for bodily injury, death or damage to personal property with combined single limits of One Million and 00/100 Dollars (\$1,000,000), and shall name the City of Effingham, Illinois, as an additional insured on a primary, non-contributory basis.

9. An executed agreement, by the Applicant that said Applicant will, in consideration of being issued a permit for the use of Public Property within the City, indemnify and hold harmless the City of Effingham, Illinois, and its officers, agents, injuries, or damages of every kind and description, on such form prepared and furnished by the City.

10. City or County liquor license number:

11. State liquor license number:

12. IL retailer occupation tax number:

13. Federal employer identification number:

14. Is food for human consumption to be sold?

☐ Yes ☐ No

15. Is the location of applicant's event for which license is sought within 100 feet (property line to property line) of any school, hospital, home for aged or indigent persons or for war veterans, their wives or children, or any military or naval station, or 100 feet (building to building) from a church?

☐ Yes ☐ No

16. Is any applicant, his or her spouse, or any member of the applicant's household a member or employee of the Police Department of the City of Effingham?

☐ Yes ☐ No

17. Is any member or employee of the Police Department of the City interested in any way, either directly or indirectly, in the permit for which is being applied, the premises, or the profits or proceeds from the sale of alcoholic liquor under the permit for which is being applied?

☐ Yes ☐ No

18. Is any law enforcing public official, mayor, member of the City Council or Commission directly or indirectly interested in the business for which permit is sought?

☐ Yes ☐ No

19. Has any manufacturer, importing distributor, or distributor directly or indirectly paid or agreed to pay for this permit, 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 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business?

☐ Yes ☐ No

20. Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent directly or indirectly engaged in the manufacture of alcoholic liquor?

☐ Yes ☐ No

21. Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent engaged directly or indirectly in the business of importing distributor, or distributor of alcoholic liquor?

☐ Yes ☐ No

22. Have you applied for other applications/licenses/permits for premises?
If yes, what is the disposition of such application?

☐ Yes ☐ No

NO SMOKING

I understand that it is the responsibility of the applicant(s) to not allow SMOKING within the area designated in the Public Property Café Permit.

**OBLIGATION TO DISPLAY CITY SIGNS
NO ALCOHOL PERMITTED BEYOND THIS POINT**

I understand that it is the responsibility of the applicant(s) to display "No Alcohol Permitted Beyond This Point" signs.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Effingham Liquor Control Commission, 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 upon this Release Authorization will be considered in determining my suitability for issuance of a liquor permit by the City of Effingham. I release the City of Effingham from any and all liability which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

(Applicant's signature at the end of this application constitutes applicant's authorization of the aforesaid.)

CONTACT PERSON INFORMATION

Print FULL name:

Address:

City:

State:

ZIP Code:

U.S. Citizen ☐ Yes ☐ No

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NAME OF BUSINESS (Please Print): _____
Public Property Café Permit

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Date of Birth:	Ownership Percentage:	Position:
Phone Number:	Email:	Social Security Number:
23. Have you ever made application for a liquor license/permit which has been denied?		<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you ever had any previous license/permit issued by Federal, State or Local authorities suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever been convicted of a felony under any Federal or State Law?		<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you ever been convicted of a gambling offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been convicted of any crime or misdemeanor opposed to decency or morality such as pandering or keeping a house of ill fame?		<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do you possess a current Federal Wagering or Gambling Device Stamp?		<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Are you or have you ever been delinquent in payment of Retailer's Occupational Tax (sales tax)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Are you or have you ever been delinquent under the Cash Beer Law?		<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are you or have you ever been delinquent under the 30-Day Credit Law?		<input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION RELEASE

I, (PRINT name of Applicant) _____, have executed and delivered the City of Effingham 2025-2026 Liquor Permit Application. I hereby acknowledge that said document and the information contained herein is subject to the Freedom of Information Act and I recognize and agree that I have no expectation of privacy regarding the information contained herein.

Applicant's Signature:	Date:
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LIQUOR CONTROL COMMISSIONER APPROVAL

<p>CITY OF EFFINGHAM</p> <p>Approved by: _____</p> <p>Mayor Michael J. Schutzbach Liquor Control Commissioner</p>	Date:
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