



2023-2024

# LIQUOR DELIVERY PERMIT APPLICATION

## CLASSIFICATIONS/FEEES

*Please check current liquor license classification (select one)*

Class of License	Initial Application Permit Fee	Annual Application Permit Fee
<input type="checkbox"/> Class B-1 (Bar/Tavern License - Consumption Sales and Package Sales)	\$200	\$400
<input type="checkbox"/> Class B/E (Bar/Tavern/Extended Premises License – Consumption Sales and Package Sales)	\$200	\$400
<input type="checkbox"/> Class BP (Brew Pub License - Consumption Sales and Package Sales)	\$200	\$400
<input type="checkbox"/> Class BP/E (Brew Pub/Extended Premises License - Consumption Sales and Package Sales)	\$200	\$400
<input type="checkbox"/> Class M (Retail Merchandise and Grocery Store License - Package Sales Only)	\$200	\$400
<input type="checkbox"/> Class P (Package Store License - Package Sales Only)	\$200	\$400
<input type="checkbox"/> Class P-1 (Package Store/Wine Tasting License - Package Sales and Limited Consumption Sales)	\$200	\$400
<input type="checkbox"/> Class R-1 (Restaurant License - Consumption Sales and Package Sales)	\$200	\$400
<input type="checkbox"/> Class R/E (Restaurant/Extended Premises License - Consumption Sales and Package Sales)	\$200	\$400
<input type="checkbox"/> Class W-1 (Winery/Wine Shop License - Consumption Sales and Package Sales)	\$200	\$400
<input type="checkbox"/> Class W/E (Winery/Wine Shop/Extended Premises License - Consumption Sales and Package Sales)	\$200	\$400

**Method of Payment:** Payment of fees 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.** Please pay to the order of City of Effingham.

## APPLICANT INFORMATION

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

2. Trade name of business:

3. Mailing address:

Email address:

Address:

City:

State:

ZIP Code:

Business phone:

4. Business address (if different from item #3):

Address:

City:

State:

ZIP Code:

**1**

**NAME OF BUSINESS (Please Print)** \_\_\_\_\_  
**Liquor Delivery Permit Application**



# LIQUOR DELIVERY PERMIT APPLICATION

5. If premises are leased, give name and address of landlord and date when lease terminates. **Include with this application copy of lease or contract for deed.**

Name of Landlord:		Date when lease terminates:
Address:		
City:	State:	ZIP Code:
Business phone:		

6. Give the days and hours during which Alcoholic Liquor will be delivered, provided that the hours of each day of any such delivery shall begin no earlier than 6:00 a.m. and end no later than 12:00 midnight of the same calendar date.

Delivery Days (please circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Delivery Hours:

7. Third-Party Delivery Service: Permittee must enter into a written agreement with third-party delivery service to act as agent for the Permittee for purpose of delivering Alcoholic Liquor in original package form. Each Permittee shall submit a list of names and addresses of all third parties it has authorized to act as its agent for the purpose of delivering Alcoholic Liquor in original package form to the Local Liquor Control Commissioner. (If additional space is needed, please attach additional sheet(s) to this application.)

Name of Third-Party Delivery Service:		
Address:		
City:	State:	ZIP Code:
Phone:	Driver's License Number:	

**CONTINUING OBLIGATION OF LICENSEE TO SUPPLY INFORMATION (If any supplied information or statements become invalid, it is the duty of the Licensee to provide updated information to the Local Liquor Control Commissioner.)**

8. Last year's City liquor license number:	9. State liquor license number:	10. IL retailer occupation tax number:
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11. Federal Employer Identification Number:	12. Is food for human consumption to be sold?
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13. Is the location of applicant's business 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is any member or employee of the Police Department of the City interested in any way, either directly or indirectly, in the license for which is being applied, the premises, or the profits or proceeds from the sale of alcoholic liquor under the license for which is being applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is any law enforcing public official, mayor, member of the City Council or Commission directly or indirectly interested in the business for which license is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. 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 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent directly or indirectly engaged in the manufacture of alcoholic liquor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you applied for other applications/licenses for premises? If yes, what is the disposition of such application?	<input type="checkbox"/> Yes <input type="checkbox"/> No



# LIQUOR DELIVERY PERMIT APPLICATION

**21. BUSINESS OWNERSHIP:** (Please check which one applies, answer any questions, and **include required attachments.**)

<input type="checkbox"/> Sole Owner/General Partnership - Must be a resident of City of Effingham  <i>Include with this application proof of ownership in the form of a copy of deed, tax bill, or other qualifying documents.</i>	<input type="checkbox"/> Limited Partnership (Illinois) - Date of formation: _____  <i>Include with this application copy of filed certificate of limited partnership &amp; certificate of good standing from the IL Secy of State.</i>	<input type="checkbox"/> Limited Partnership (foreign) - Date & state of formation: _____  <i>Include with this application copy of filed certificate of limited partnership from IL Secy of State for admission to transact business as a foreign limited partnership in Illinois.</i>
<input type="checkbox"/> Limited Liability Company (Illinois) - Date of formation: _____  <i>Include with this application copy of the articles of organization and a certificate of good standing from the IL Secy of State.</i>	<input type="checkbox"/> Limited Liability Company (foreign) - Date & state of incorporation: _____  <i>Include with this application certificate from the IL Secy of State to conduct business in Illinois as a foreign limited liability company.</i>	<input type="checkbox"/> Corporation (Illinois) - Date of incorporation: _____  <i>Include with this application copy of articles of incorporation &amp; a certificate of good standing from the IL Secy of State.</i>
<input type="checkbox"/> Corporation (foreign) - Date & state of incorporation: _____  <i>Include with this application certificate from the IL Secy of State to conduct business in Illinois as a foreign corporation.</i>	<input type="checkbox"/> Club - <b>Must provide 2 copies of a list of names and residences of club members. Must file within 10 days of the election of any additional members his/her name and address.</b>	

22. Certificate of dram shop Insurance: **Include with this application proof that Permittee maintains commercial general liability for bodily injury, death, or damage to personal property with combined single limits of One Million and 00/100 Dollars (\$1,000,000) covering the Premises to be utilized with the Delivery Permit for the period of the Delivery Permit and shall name the City of Effingham, Illinois, as an additional insured on a primary, non-contributory basis.**

## 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 license 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.)

**IF SOLE OWNER, PLEASE PROVIDE INFORMATION BELOW  
(SOLE OWNER MUST LIVE IN CITY OF EFFINGHAM)**

Print FULL name:

Address:

City:

State:

ZIP Code:

U.S. Citizen  Yes

Written Signature of Applicant:

Date of Birth:

Position:

Phone Number:

Social Security Number:



# LIQUOR DELIVERY PERMIT APPLICATION

**IF PARTNERSHIP, CORPORATION OR CLUB, PLEASE PROVIDE INFORMATION BELOW. (EVERY APPLICANT, PARTNER, OFFICER, DIRECTOR, MEMBER OR STOCKHOLDER OWNING OVER 5% OR MORE OF THE BUSINESS STOCK MUST SUPPLY THE FOLLOWING INFORMATION.) IF BUSINESS IS INCORPORATED OR BUSINESS IS NOT MANAGED BY LICENSEE, THE RESIDENT MANAGER MUST LIST THE FOLLOWING. (If additional space is needed, please attach sheet to application.)**

Print FULL name:

Address:

City: State: ZIP Code: U.S. Citizen  Yes

*Written* Signature of applicant: Date of Birth: Ownership Percentage: Position:

Phone Number: Social Security Number:

Print FULL name:

Address:

City: State: ZIP Code: U.S. Citizen  Yes

*Written* Signature of applicant: Date of Birth: Ownership Percentage: Position:

Phone Number: Social Security Number:

Print FULL name:

Address:

City: State: ZIP Code: U.S. Citizen  Yes

*Written* Signature of applicant: Date of Birth: Ownership Percentage: Position:

Phone Number: Social Security Number:

## MANAGER OR RESIDENT MANAGER INFORMATION (MUST LIVE WITHIN EFFINGHAM COUNTY)

**CONTINUING OBLIGATION OF LICENSEE TO SUPPLY INFORMATION (If manager or resident manager information changes, it is the duty of the Licensee to provide updated information to the Local Liquor Control Commissioner within seven (7) business days after any such manager begins working.)**

Print FULL name:

Address:

City: State: ZIP Code: U.S. Citizen  Yes

*Written* Signature of applicant: Date of Birth: Ownership Percentage: Position:

Phone Number: Social Security Number:



# LIQUOR DELIVERY PERMIT APPLICATION

**IF ANY QUESTIONS ARE ANSWERED "YES" IN ITEM #23 THROUGH Item #31, PLEASE ATTACH SHEET GIVING FULL PARTICULARS.**

- 23. Have you ever made application for a liquor license which has been denied? Yes  No
- 24. Have you ever had any previous license issued by Federal, State or Local authorities suspended or revoked? Yes  No
- 25. Have you ever been convicted of a felony under any Federal or State Law? Yes  No
- 26. Have you ever been convicted of a gambling offense? Yes  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? Yes  No
- 28. Do you possess a current Federal Wagering or Gambling Device Stamp? Yes  No
- 29. Are you or have you ever been delinquent in payment of Retailer's Occupational Tax (sales tax)? Yes  No
- 30. Are you or have you ever been delinquent under the Cash Beer Law? Yes  No
- 31. Are you or have you ever been delinquent under the 30-Day Credit Law? Yes  No

## INFORMATION RELEASE

I, (PRINT name of applicant) \_\_\_\_\_, have executed and delivered the City of Effingham 2023-2024 Liquor Delivery 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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## RECEIPT OF LIQUOR CODE ORDINANCE AND AGREEMENT TO NOT VIOLATE ORDINANCES, ETC.

## LIQUOR CONTROL COMMISSIONER APPROVAL

CITY OF EFFINGHAM Approved by:  <div style="text-align: center; border-top: 1px solid black; width: 80%; margin: 0 auto;">             Michael J. Schutzbach, Mayor              Liquor Control Commissioner           </div>	Date:
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