CITY of

LIQUOR LICENSE APPLICATION

For questions or further information, contact:

Office of Local Liquor Control Commissioner

Mayor Robert Cervantes
Liquor Commissioner
121 – 11th Street
Silvis IL 61282

Phone (309) 792-9181

bcervantes@silvisil.org

OFFICE USE ONLY: DATE RECEIVED: _____ Received by: _____CLASS OF LIQ LIC: _____ LIC #: _____

☐ Criminal Background Check ☐ Certificate of Liquor Liability Insurance

LIQUOR COMMISSIONER APPROVAL: _____ DATE: _____

Liquor Commissioner's Signature

CITY OF SILVIS, IL

LIQUOR LICENSE APPLICATION CHECK LIST

☐ Completed City of Silvis IL Liquor License Application

☐ Complete Fingerprint Application and contact Accurate Biometrics (773) 685-5699 to set-up an appointment for fingerprinting:

- Sole Proprietors
- Persons who own 5% or more of a corporation
- Individuals in a Partnership

☐ Documentation of Status of Business

- Sole Proprietorship with Assumed Name Filing Documentation
- Partnership Agreement
- Illinois Corporation Articles of Incorporation
- Foreign Corporation with Qualifications to do business in Illinois
- Limited Liability Company

☐ Proof of the Right to Possession of Property/Premises

- Deed OR
- Lease

☐ Statement by Owner of Premises

☐ Statement of Receipt of Liquor Ordinance

☐ Certificate of Liquor Liability Insurance (**once license has been approved**)

☐ Certificate of Occupancy issued by the City of Silvis Code Department

- Call (309) 792-4808 for arrangements

☐ Copy of Rock Island County Health Inspection Department Food License

- Call (309) 558-2841 for arrangements

Remit the above documentation to:

Mail: City of Silvis
Office of Liquor Commissioner
121 – 11th Street
Silvis IL 61282

Fax: (309) 792-9726

Email: bcervantes@silvisil.org

A State of Illinois Liquor License must be obtained AFTER the City of Silvis Liquor License is issued. Please contact the State of Illinois Liquor Control Commission for more information*
www.illinois.gov/ilcc

Phone: 866-361-9944
Fax: 773-205-4020
Email: info@accuratebiometrics.com
www.accuratebiometrics.com

City of Silvis – Liquor License

Fingerprint Applicant Form

Please provide the following information (please print clearly).

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____ / ____ / _____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security #: ____ - _____ - _____

Place of Birth (State or Country if outside USA): _____

ORI – IL081090L

For Accurate Biometrics locations & hours, go to:
accuratebiometrics.com/results-by-zip

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN#: _____ Date Printed: _____

City of Silvis
LIQUOR LICENSE APPLICATION

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

   _____

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

   _____

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

   _____

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

   _____

7. Address of Premises to be licensed

   _____

8. Phone Number of Premises to be licensed

   _____

9. Owner of Premises to be licensed

   _____

10. Address of Owner of Premises

    _____

Class of License Applying For:
(as found in Silvis Code of Ordinances Sec. 10-158)

11. Check which Class of License applying for:

☐ **CLASS A** – RESERVED / NOT AVAILABLE

☐ **CLASS B** – $ 600.00 Annual Fee

Issued only to a club, and shall entitle the licensee to make only consumption sales of alcoholic liquor on the premises permanently occupied by such club, such sales to be made only to members of such club in good standing and bona fide and invited guests of such members when accompanied by their host.

☐ **CLASS C** – $ 35.00 per day

Entitle the licensee to make only consumption sales of alcoholic liquor at any banquet, picnic, bazaar, fair or similar public or private assembly where food or drink is sold, served, or dispensed.

☐ **CLASS D** – $ 400.00 Annual Fee

Entitle the licensee to sell at retail beer and wine for consumption off the premises where sold.

☐ **CLASS E** – $ 1,000.00 Annual Fee

Entitle the licensee to make package sales at retail of alcoholic liquor but none for consumption on the premises where sold.

☐ **CLASS F** – $ 1,000.00 Annual Fee

Authorize the retail sale on the premises specified of alcoholic liquor consumption on the premises as well as other retail sales of such liquor and to have live entertainment on the premises.

☐ **CLASS F** – $ 1,000.00 Annual Fee

Authorize the retail sale on the premises specified of alcoholic liquor consumption on the premises as well as other retail sales of such liquor and to have live entertainment on the premises.

☐ **CLASS G** – $ 300.00 Annual Fee

Authorize the retail sale on the premises specified of beer and wine for consumption on the premises.

☐ **CLASS H** – $ 1,00.00 Annual Fee

Authorize retail sale and consumption of alcoholic beverages on the premises of a golf clubhouse and on the golf course grounds, including from beverage carts. The sale of alcoholic beverages shall include the provision of alcoholic beverages for consumption on premises to members and non-clubhouse members in a restaurant, at private parties, reception, or other clubhouse activities under the operational control of the golf clubhouse.

☐ **CLASS I** – $ 100.00 per day

Authorize the retail sale and consumption of alcoholic beverages on the premises of a golf course customarily operated by a golf clubhouse, but limited to special golf events not under the operational control of the golf clubhouse, but limited to special gold events not under the operational control of the golf clubhouse. The license shall authorize the retail sale and consumption of alcoholic beverages on the premises of the golf course, including from beverage carts, tents, and concession stands.

12. Anticipated start date for liquor sales _____

13. Hours of Business Operation

Monday	Open	_____	am/pm	Close	_____	am/pm
Tuesday	Open	_____	am/pm	Close	_____	am/pm
Wednesday	Open	_____	am/pm	Close	_____	am/pm
Thursday	Open	_____	am/pm	Close	_____	am/pm
Friday	Open	_____	am/pm	Close	_____	am/pm
Saturday	Open	_____	am/pm	Close	_____	am/pm
Sunday	Open	_____	am/pm	Close	_____	am/pm

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

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		**NAME(S) FORMERLY KNOWN AS**		

17. Eligibility information regarding the above named:

(Please answer YES or NO for each question)

Yes No Citizen of the United States?

Yes No Resident of the County of Rock Island?

Yes No Resident of the City of Silvis?

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 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 Silvis?

Yes No A City Council member of the City of Silvis?

Yes No A City Attorney of the City of Silvis?

Yes No A Police Officer of the City of Silvis?

Yes No A Building Official of the City of Silvis?

Yes No A Zoning Officer of the City of Silvis?

18. Management of the Licensed Establishment

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?

If the answer is no, please proceed to questions 19 & 20

If the answer is yes, proceed to the affidavit page

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 (OWNER/OFFICER/ SHAREHOLDER/PARTNER)	**SOCIAL SECURITY NUMBER**	**CELL PHONE**	**GENDER**	**HOURS PER WEEK**
EMAIL ADDRESS		**NAME(S) FORMERLY KNOWN AS**		

20. Eligibility information regarding the above named:

(Please answer YES or NO for each question)

Yes No Citizen of the United States?

Yes No Resident of the County of Rock Island?

Yes No Resident of the City of Silvis?

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 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?

21. Do you have a business or personal relationship with any of the following:

Yes No Mayor of the City of Silvis?

Yes No A City Council member of the City of Silvis?

Yes No A City Attorney of the City of Silvis?

Yes No A Police Officer of the City of Silvis?

Yes No A Building Official of the City of Silvis?

Yes No A Zoning Officer of the City of Silvis?

AFFIDAVIT OF APPLICANT

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 Silvis 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_____ AD.

_____
Notary Public

(seal)

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 Silvis 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 Silvis 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 is 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(s) of the premises described above, agreee that if the City of Silvis, Illinois issues a license to the applicant names in such application for said premises and such license is thereafter revoked for cause, the said City will neither be required nor requested to issue another license for said premises toany other person whatsoever for a period of one year after such revocation.

By: _____
Signature

_____
Printed Name

_____
Printed Title

_____
Phone Number

_____
Email Address

_____
Date

STATEMENT OF RECEIPT OF LIQUOR ORDINANCE

Licensee Name: _____

Doing Business As: _____

Licensee Address: _____

Licensee Phone: _____

I, _____, liquor license applicant for the above names establishment, hereby acknowledges receipt of Chapter 10, Alcoholic Beverages, of the Silvis Code of Ordinances.

_____
Signature of Applicant

_____
Date