

# VILLAGE OF PECATONICA, ILLINOIS

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## Application for License to Sell Alcoholic Liquor within the Corporate Limits

**Fees for new applicants:** Each application shall be accompanied by a non-refundable processing fee of \$44 **per individual** made payable to the Village of Pecatonica for the purpose of doing a background check with the Illinois State Police Bureau of Identification and you will also be required to have their fingerprints taken.

TO THE LIQUOR COMMISSIONER OF THE VILLAGE OF PECATONICA, ILLINOIS:

I hereby make application to the Village of Pecatonica, Illinois for a license to sell alcoholic liquors within the corporate boundaries of the Village of Pecatonica, Illinois under the provisions of Article Two of the Pecatonica Municipal Code.

New License

License Renewal

1. **If individual**, please answer the following:

Name of Applicant: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

2. Applicant's Driver's License Number: \_\_\_\_\_

3. Date and Place of Birth: \_\_\_\_\_

Is said person a resident of the Village of Pecatonica? Yes  No

Is said person a U.S. Citizen by birth? Yes  No

If so, state place: \_\_\_\_\_

If not a citizen by birth, is said person a citizen by naturalization? Yes  No

If so, state time and place of naturalization: \_\_\_\_\_

4. Name of Business: \_\_\_\_\_

5. Business Address: \_\_\_\_\_

6. Business Telephone: \_\_\_\_\_

7. **If Corporation**, please answer the following:

Name of Corporation: \_\_\_\_\_

Address of Corporation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Give name, address, length of residency, and phone numbers of owners of more than 5% of stock in the applicant business entity of parent corporations of the business entity (attach additional pages as necessary):

Full Name	Address (length of residency)	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For every corporate officer, director or person who owns 5% or more of the shares of the applicant business entity, list the position and percentage of ownership in the business (attach additional pages as necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide name, address, and phone number of registered agent:

\_\_\_\_\_

Name, address, and length of residency of person, who as resident manager of the corporation will conduct business to be operated under the license:

Full Name	Address	Length of Residency
_____	_____	_____

8. **If partnership**, please answer the following:

Name of partnership: \_\_\_\_\_

Address of partnership: \_\_\_\_\_

Type of partnership: \_\_\_\_\_

Name, address and phone numbers for each partner (attach additional pages as necessary):

Full Name	Address (length of residency)	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

For each partner, list principle business activity and percentage of ownership (attach additional pages as necessary):

Full Name	Principal Business Activity	Percentage of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PROPERTY

1. Does the applicant own the premises for which license is sought? Yes  No   
(If no, please provide copy of lease agreement)
2. Is the location of applicant's business for which this license is sought within 1000 feet of any church, school, or hospital? Yes  No
3. Describe parking facilities available to the business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How many and where are the entrances to the building: \_\_\_\_\_  
\_\_\_\_\_

## HISTORY

1. Have you or any officer or, in the case of a corporation, the resident manager or, in the case of a partnership, any of the partners, ever been convicted of a felony? If so, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State the date of the offense: \_\_\_\_\_

List the city, county, and state where conviction occurred and the name in which the conviction occurred under: \_\_\_\_\_

\_\_\_\_\_

2. Is any named person named in application disqualified to receive from the Village of Pecatonica, Illinois, a license by reason of any matter of thing contained in the Pecatonica Municipal Code or the Illinois Liquor Control Act? Yes  No

If yes, list the names of all such persons: \_\_\_\_\_

\_\_\_\_\_

3. Has any person named in application ever held a liquor license which has been revoked or suspended for cause while being a holder? Yes  No

If yes, list the names of all such persons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Has the corporate applicant ever held a retail liquor license which has been revoked or suspended for cause while being a holder? Yes  No

5. Has any person named in application ever been convicted of a violation of any Federal or State law covering the manufacture, possession or sale of alcoholic liquor, or has any said persons ever forfeited his bond to appear to court to answer charges for any such violation? Yes  No

If yes, list the names of all such persons: \_\_\_\_\_

\_\_\_\_\_

## LICENSE INFORMATION

1. Class of license sought: \_\_\_\_\_
  
2. If the application is for a renewal of an existing license, the applicant must state that there has been **NO** material change in the nature or scope of uses of the property since the time of last renewal: \_\_\_\_\_  
\_\_\_\_\_
  
3. Has the applicant or in the case of a partnership any partner, or of a corporation, the local manager, ever had previous license (liquor or other licenses) issued by a state, federal government or locality suspended or revoked, and the reasons?  
\_\_\_\_\_  
\_\_\_\_\_
  
4. List Dram Shop Insurance Coverage including name and address of insurance company for the license and building in which the alcoholic liquor will be sold:  
\_\_\_\_\_  
\_\_\_\_\_

# APPLICATION DOCUMENTS CHECKLIST

**Instructions:** This check list should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon approval of the Village of Pecatonica Liquor Commission, the license will be mailed to the establishment.

**PLEASE CHECK ALL APPROPRIATE BOXES COMPLETED  
OR DOCUMENTS SUBMITTED**

## I. CORPORATE APPLICANT INFORMATION

- Articles of Incorporation
- Certificate of Good Standing (if incorporated more than one year)
- Certificate of Liquor Liability Insurance
- Application or Renewal Fee
- Copy of Lease Agreement, if applicable

## II. PARTNERSHIP APPLICATION INFORMATION

- Partnership Agreement
- Certificate of Liquor Liability Insurance
- Application or Renewal Fee
- Copy of Lease Agreement, if applicable

## III. INDIVIDUAL OR SOLE PROPRIETOR INFORMATION

- Certificate of Liquor Liability Insurance
- Application or Renewal Fee
- Copy of Lease Agreement, if applicable

### Schedule of Alcoholic Liquor License Fees (for a description of liquor classes see Municipal Code Book)

Class A	\$1,750.00 (payable in two installments of \$875.00)
Class B	\$550.00
Class C	\$300.00
Class E	\$550.00
Class F	\$1,100.00 (for each 4 day event, limit 6 events)

Class G \$150.00 (for an applicant not characterized as a charitable or not-for-profit organization as defined by State Statute or the Internal Revenue Service. There shall be no fee for applicants meeting the requirements of a charitable or not-for-profit organization as defined by State Statute or the Internal Revenue Service. A Class G License shall entitle licensee to no more than 4 events of not more than 3 days in length, per event, per year.)

Game License: \$35.00 per each, to include but not limited to, pool tables, dart boards, jute boxes, electronic games, etc.

(All licenses are for one year May 1 to April 30)

State of Illinois

ss.

County of Winnebago

The corporation and its officers and directors represent that they will be fully responsible for the acts and conduct of the person named in this application in the conduct of the business under the license applied for and the corporation and said officers and directors state that they will immediately notify the Village of Pecatonica, Illinois in the event of a change of manager or agent of the corporation for the conduct of the business to be operated under the license applied for.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Name of Business or Corporation)

By: \_\_\_\_\_  
President or Owner

Attest: \_\_\_\_\_  
Secretary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
All of the Directors of the Corporation

(AFFIX CORPORATE SEAL)

Being each duly sworn upon his respective oath, states that he has read the above and foregoing application and knows the contents thereof and that the things and matters therein stated that are true and correct.

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public