

CITY OF SPRINGFIELD, ILLINOIS
CATERER RETAILER PERMIT APPLICATION
Timothy J. Davlin , Mayor and Liquor Control Commissioner

Application fee of \$50 must accompany this document's filing

WARNING: THE FILING OF THIS APPLICATION DOES NOT PERMIT THE APPLICANT TO ENGAGE IN THE SALE OF ALCOHOLIC LIQUOR. ISSUANCE OF THE REQUESTED PERMIT MUST PRECEDE OPERATION OF THE BUSINESS.

(The term applicant as used in these questions includes the current named applicant, any partner, any majority stockholder or any manager of the proposed business.)

PART I - APPLICANT'S INFORMATION

1. *The caterer permit and ownership of the business will be held by: _____
*[Complete Part II with detailed information]
2. The establishment's D/B/A: _____
3. The establishment's address: _____
4. The establishment's phone number: _____

PART II - Owner Information

A. INDIVIDUAL: _____ Name of applicant: _____
Address/CSZ: _____
Date of Birth _____ Age _____ Social Security # _____
Phone _____

B. CORPORATION: _____ Corporate Name: _____
State of Corporation: _____ If not Illinois, name and address of registered agent:
Name: _____ CSZ _____

Provide the following:

- ___ COPIES OF ARTICLES OF INCORPORATION
- ___ CURRENT CERTIFICATE OF GOOD STANDING ISSUED BY THE ILLINOIS SECRETARY OF STATE
- ___ OBJECTS FOR WHICH ORGANIZED
- ___ LIST NAME, ADDRESS & DATE OF BIRTH FOR ALL OFFICERS & TITLES, ALL DIRECTORS AND TITLES AND MAJORITY STOCKHOLDERS OWNING MORE THAN 5%, AND EACH MANAGER OR AGENT WHO WILL CONDUCT BUSINESS OR WORK IN THE PLACE OF BUSINESS. (ATTACH SEPARATE SHEET IF NECESSARY.)

NAME:	TITLE:	ADDRESS:	DOB:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. PARTNERSHIP: _____ Name: _____
Supply information concerning all partners and all persons entitled to share in the profits of partnership:

1. Name: _____ Date of Birth: _____

Address/CSZ: _____

Date of Birth _____ Age _____ Phone: _____

2. Name: _____ Date of Birth: _____

Address/CSZ: _____

Date of Birth _____ Age _____ Phone: _____

D. LMT. PARTNERSHIP: _____ Name: _____
Supply information concerning all partners and all limited partners owning more than 5% interest.

1. Name: _____ Date of Birth: _____

Address/CSZ: _____

Date of Birth _____ Age _____ Phone: _____

2. Name: _____ Date of Birth: _____

Address/CSZ: _____

Date of Birth _____ Age _____ Phone: _____

Provide the following:

- ___ COPIES OF ARTICLES OF INCORPORATION
- ___ CURRENT CERTIFICATE OF GOOD STANDING ISSUED BY THE ILLINOIS SECRETARY OF STATE
- ___ OBJECTS FOR WHICH ORGANIZED
- ___ LIST NAME, ADDRESS & DATE OF BIRTH FOR ALL OFFICERS & TITLES, ALL DIRECTORS AND TITLES AND MAJORITY STOCKHOLDERS OWNING MORE THAN 5%, AND EACH MANAGER OR AGENT WHO WILL CONDUCT BUSINESS OR WORK IN THE PLACE OF BUSINESS. (ATTACH SEPARATE SHEET IF NECESSARY.)

NAME:	TITLE:	ADDRESS:	DOB:
_____	_____	_____	_____
_____	_____	_____	_____

E. CLUB: _____ NAME: _____

Provide the following:

- ___ COPIES OF THE ORGANIZATION'S CORPORATE CHARTER.
- ___ OBJECTS FOR WHICH ORGANIZED
- ___ LIST NAME, ADDRESS & DATE OF BIRTH FOR ALL OFFICERS & TITLES, ALL DIRECTORS AND TITLES AND EACH MANAGER OR AGENT WHO WILL CONDUCT BUSINESS OR WORK IN THE PLACE OF BUSINESS. (ATTACH SEPARATE SHEET IF NECESSARY.)
- ___ ATTACH TWO COPIES OF A LIST OF THE NAMES AND ADDRESSES OF ALL CURRENT MEMBERS.

NAME:	TITLE:	ADDRESS:	DOB:
_____	_____	_____	_____
_____	_____	_____	_____

PART III - GENERAL INFORMATION

5. Citizenship:

Individual Applicant & Partnerships:

- a.) Name: _____
 ___ U.S. Citizens ___ Non-U.S. Citizens
 Naturalized/Date/Place _____
- b.) Name: _____
 ___ U.S. Citizens ___ Non-U.S. Citizens
 Naturalized/Date/Place _____

Limited Partnerships: (Information required for each general partner and any limited partner owning more than **50%** interest. Add attachment if needed.)

- a.) Name: _____
 ___ U.S. Citizens ___ Non-U.S. Citizens
 Naturalized/Date/Place _____
- b.) Name: _____
 ___ U.S. Citizens ___ Non-U.S. Citizens
 Naturalized/Date/Place _____

Corporations: (Information required for each officer and stockholder owning more than **50%** of corporate stock. Add attachment if needed.)

- a.) Name: _____
 ___ U.S. Citizens ___ Non-U.S. Citizens
 Naturalized/Date/Place _____
- b.) Name: _____
 ___ U.S. Citizens ___ Non-U.S. Citizens
 Naturalized/Date/Place _____

6. This applicant (has ___ has not ___) made previous applications (not including this application) to the city, county, or state for a liquor license or caterer permit. If "has" complete the following:

Total number applied for in the last FIVE years	Total number <i>disapproved</i> in the past FIVE years	Total number of licenses suspended or revoked

7. *For LIMITED PARTNERSHIPS and CORPORATIONS ONLY; MANAGER*:*

Will one or more managers be employed in the operation of the business?:

___ NO ___ YES

If YES, complete items below:

Corporations or limited partnerships, **must employ and have a background investigation done on a manager who is a resident of the City of Springfield*
**Each person listed here as a manager, must complete a background questionnaire and submit to a background investigation.*

Manager Name: _____ Age: ___ (must be at least 21)
 Address/City/State/Zip: _____ Citizen of the U.S.?: ___yes___no

PART IV - ATTACHMENT REQUIRED

Proof of Dram Shop Insurance with hours covering hours of sales.

PART V- Applicant(s) Stipulations and Agreement

SIGNATURES REQUIRED: Individual applicant; all partners of a partnership; if a limited partnership any general partners and any limited partners owning more than a 5% interest in a limited partnership; all corporate officers, directors, any stockholder owning more than 5% of the corporation stock and they must indicate their official position.

THE APPLICANT(S) HEREBY AGREE AND STIPULATE AS FOLLOWS:

1. To be questioned or to testify under oath to all relevant and material matters at the request of the Commissioner, either before or after the issuance of the license.
2. To provide upon receipt of a lawfully authorized subpoena issued by the Commissioner, any books or records of the licensed business.
3. That the applicant, any partner, stockholder, manager or employee, when requested by the Commissioner, will permit a record of his or her fingerprints to be made for the purpose of further investigation of this application.
4. That the applicant has not accepted, received or borrowed money, or anything else of value, or accepted or received credit (other than merchandise credit, for a period no to exceed 30 days) from a manufacturer, distributor or wholesaler of alcoholic liquor.
5. That the applicant, i.e. individual, partners, corporate officers, or corporate stockholders, are not sworn officers or employees of the Police Department of the City of Springfield, nor do any individuals, partners, corporate officers or corporate stockholders possess police power within the State of Illinois.
6. That the applicant shall not allow the licensed premises to become or constitute a nuisance to the neighborhood of its location, and I realize that should it, any license issued me now or in the future may be suspended or revoked, so as to abate the nuisance.
7. That the applicant hereby consents to a complete background investigation of himself, partners, majority stockholders, as appropriate, and managers or other controlling employees of the applicant. It is agreed that all forms necessary to effect this purpose will be completed by persons in interest and that cooperation in such investigation be a prerequisite to the approval of the license applied for. It is understood that only information necessary and relevant to the protection of the public interest will be sought.

The applicant is aware that should this application be granted, the business location may not be transferred for at least (90) days following commencement of operation at the current location.

The undersigned applicants hereby agree and stipulate to the above provision

PART VI - AFFIDAVIT

The undersigned, being duly sworn, on oath, certifies that all information supplied in this application is true and correct as to myself/ourselves, in any partners or corporation and its stockholders, as well as managers listed and that I/we will advise the Liquor Commissioner, in writing, if any information supplied becomes invalid or additional information is required by the Springfield Liquor Code now or as hereafter amended.

AFFIDAVIT

The undersigned, being duly sworn, hereby attest, under penalty of perjury that I/we have paid all taxes or other debts owed to the City of Springfield. I/we understand that the commissioner shall refuse to issue this license until such time as all taxes and outstanding debts are paid.

SIGNATURES REQUIRED: Individual applicant; all partners of a partnership if a limited partnership; any general partners and any limited partners owning more than a 5% interest in a limited partnership; all corporate officers, directors, any stockholder owning more than 5% of the corporation stock and they must indicate their official position.

NAME: _____ TITLE: _____
Signature _____
Print Name _____

Signature _____
Print Name _____

Signature _____
Print Name _____

Signature _____
Print Name _____

Subscribed and sworn to before me this _____ day of _____, 2002.

(SEAL)

Notary Public

SPACE BELOW FOR OFFICE USE ONLY

Application RECEIVED on:

BY: _____

Application approved / denied Date _____ By _____