

**CITY OF SPRINGFIELD, ILLINOIS**  
**SUBCLASS 4 LIQUOR LICENSE APPLICATION**  
*NON-REFUNDABLE APPLICATION FEE \$50.00*

**J. Michael Houston Mayor and Liquor Control Commissioner**

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**WARNING: THE FILING OF THIS APPLICATION DOES NOT PERMIT THE APPLICANT TO ENGAGE IN THE SALE OF ALCOHOLIC LIQUOR UNDER THE PROVISIONS OF THE Subclass 4 LICENSE. SALES OF ALCOHOL UNDER A Subclass 4 LICENSE MAY COMMENCE ONLY AFTER THE Subclass 4 LICENSE HAS BEEN ISSUED.**

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This application is for a **Subclass 4 LICENSE. ONLY THE HOLDER OF A CLASS "AA" or "A" LICENSE MAY APPLY.** The applicant further states and declares that the information tendered on the original application with respect to ownership, managers, etc., has remained unchanged. Be aware that the Code states the following: **"No licensee may apply for a Subclass 4 license until the licensee has operated the business under the primary license classification for at least six months."**

Name of Corp/Partnership/Owner: \_\_\_\_\_

D/B/A \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Classification \_\_\_\_\_

Current Manager on File & Date Employed: \_\_\_\_\_

Lease Expires: \_\_\_\_\_

List your Hours of Operation: Sun M T W TH F Sat \_\_\_\_\_

**EXPLAIN WHY YOU DESIRE TO OBTAIN, and WHY YOU SHOULD RECEIVE A Subclass 4 LICENSE:**

**ATTACHMENTS REQUIRED**

Photocopy of your Food Service Establishment Operator's License for the premises or a Food Service Establishment Operator's License for a separate area within the premises. (Be aware that this Food License must be in the same name as the Liquor License holder)

**AFFIDAVIT**

I/we are aware of the following: If granted, this Subclass 4 license in no way shall be interpreted as exempting the licensee from compliance with all sections of the Code. A Subclass 4 license shall be suspended or revoked, respectively, by order of the Commissioner, upon the suspension (including ordered temporary closure) or revocation of the licensee's Food License, when the Commissioner is notified of such suspension or revocation, in writing, by the Manager of the Springfield Department of Public Health. The length of the suspension of the Subclass 4 license, due to the suspension of the Food License, shall be for the same duration as the Food License suspension, but shall not be for a length of time greater time than otherwise allowed by Chapter 90 of the Code.

**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.

**AFFIDAVIT**

The undersigned, being duly sworn, on oath, certifies that all information supplied in this application is true and correct as to myself/ourselves, and 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.

*(Signature required: Individual applicant or all partners, or signature of officer of corporation authorized to bind the corporation according to its Articles of Incorporation.)*

NAME: \_\_\_\_\_  
Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

TITLE: \_\_\_\_\_

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

Notary Public

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**BELOW IS FOR LIQUOR COMMISSION USE ONLY**

Application completed and all attachments have been received.  
Food License confirmed as being in full force and compliance.  
Premises ready for inspection.

I, \_\_\_\_\_, hereby certify that I have verified the information contained in this application and have personally inspected the proposed location on \_\_\_\_\_, 19\_\_\_\_\_, at \_\_\_\_\_ am/pm. License Inspectors Recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

(Initials) (Initials)

If disapproved, the following deficiencies appear at the new location: \_\_\_\_\_

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**SPACE BELOW IS FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Forwarded to Legal on: \_\_\_\_\_