

**INSTRUCTIONS FOR COMPLETING  
THE  
WOODFORD COUNTY LIQUOR LICENSE APPLICATION**

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**ALL APPLICANTS** must complete:

- Liquor License Application
- Request for Site Approval (Site Approval of Property Owner)
- Site Information Sheet
- Statement of Financial Disclosure
- Zoning Verification Form
- Scale Drawing

➤ **PARTNERSHIPS** must complete:

- Schedule II

# LIQUOR LICENSE APPLICATION

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CLASS: \_\_\_\_\_

1. Name under which business is to be conducted:  
\_\_\_\_\_
2. Address of the place of business for which application is made:  
\_\_\_\_\_
3. Will this business be conducted by a manager or agent? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has any manufacturer, importing distributor, or distributor directly or indirectly (a) paid or agreed to pay for this license; (b) advanced to you money or anything else of value or any credit (other than merchandising credit in the ordinary course of business or a period not to exceed 90 days); or (c) obtained any interest in the ownership, conduct, or operation of the place of business? Yes \_\_\_\_\_ No \_\_\_\_\_  
If answer is yes, give particulars: \_\_\_\_\_  
\_\_\_\_\_
5. Are you, or is any other person directly or indirectly interested in the place of business, a law enforcing public official? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe the office or position held: \_\_\_\_\_
6. Has a Federal Gaming Device Stamp or Federal Wagering Stamp been issued by the Federal Government for the current tax period on the premises for which you are making this application for a liquor license? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you have a current and valid Food & Drink License as provided by the Woodford County Health Department? Yes \_\_\_\_\_ No \_\_\_\_\_  
Give number of such license: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Telephone Number

# REQUEST FOR SITE APPROVAL

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1. Property owner's name and address: \_\_\_\_\_  
\_\_\_\_\_
2. Street address of property requested for approval: \_\_\_\_\_  
\_\_\_\_\_
3. Legal description of property: \_\_\_\_\_  
\_\_\_\_\_
4. Do you intend to lease this property to another party to be used for the sale of alcoholic liquor?  
Yes\_\_\_\_\_ No\_\_\_\_\_
5. Are there any improvements (buildings, accessories, etc.) presently on the property? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give a brief description of same. \_\_\_\_\_  
\_\_\_\_\_
6. Are you planning to build any additional improvements (buildings, accessories, etc) upon the property? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, describe such improvements \_\_\_\_\_  
\_\_\_\_\_
7. What type of sale of alcoholic beverages will be conducted on the premises? (i.e. tavern, package liquors, club, etc.) \_\_\_\_\_
8. Is the property located in a residential section? Yes\_\_\_\_\_ No\_\_\_\_\_
9. Read and sign affidavit below.  
I/We swear that I/we am/are the owner/owners of the property described in this application and that the statements contained herein are true and correct.

\_\_\_\_\_  
Signature of owner(s)

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
*this* \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

## SITE INFORMATION

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### TO BE COMPLETED BY APPLICANT

1. Do you own or lease the premises of the place of business for which you are applying?  
Own \_\_\_\_\_ Lease \_\_\_\_\_
  
2. If you lease the premises, when does the lease expire? \_\_\_\_\_  
Note: A current and valid copy of the lease must be on file with the County Clerk. If such a copy is not on file, same must accompany this application.
  
3. Do premises have two separate and private lavatories, one for men and one for women?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Are premises within 100 feet of any church, school, hospital, home for aged or indigent persons, nursing home, or home for veterans, their wives or children, or any military or naval station?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. If answer to #4 is yes, specify whether the business is \_\_\_\_\_ (select one):
  - a. a hotel offering restaurant services
  - b. a regularly organized club
  - c. a restaurant
  - d. a food shop or other place where sale of alcoholic liquor is not the principal business

Give exact date when business was established: \_\_\_\_\_

## STATEMENT OF FINANCIAL DISCLOSURE

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**Note: All information will be kept confidential.**

**ALL APPLICANTS** must answer Questions #1 and #2.

1. List below the names and addresses of all creditors who have any right to control the use or disposition of the business or any asset thereof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Please list below a description of all agreements or obligations which purport to bind any successor to you to continue to purchase, rent, or accept any goods, wares, or services from a specified supplier thereof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. If you are a corporation, attach a copy of the latest annual report required to be filed pursuant to Section 157.95 of the Business Corporation Act of Illinois.
4. The Chairman of the Liquor Committee, at his discretion, may request further information at a later date. This may include a detailed statement of assets and liabilities of the business.

Information supplied by: \_\_\_\_\_  
(Please sign) (Date)

# ZONING VERIFICATION FORM

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

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### Zoning Office use Only

Special Use Required:                      Y      N

Home Occupation Required                Y      N

If Yes:

Application Status:      No Application Filed                      Application Denied

   Application Pending                      Application Approved

Discussion if necessary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Zoning Official

\_\_\_\_\_  
Date

Woodford County Zoning Office

115 N. Main St. Room 100

Eureka, Illinois 61530

Phone: (309) 467 - 3023

wczoning@woodford-county.org

## SCHEDULE II-PARTNERSHIP

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**Each member of a partnership must answer each question.**

1. Name of partnership: \_\_\_\_\_
  
2. Names of persons who have an interest in the partnership or who are entitled to share in the profits of such partnership (include maiden name or any alias):
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  
3. Addresses of above persons:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  
4. Birth dates and place of birth for above persons:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  
5. How long has each resided in Woodford County:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  
6. Are the above persons citizens of the United States? PLEASE GIVE THE SOCIAL SECURITY NUMBER OF EACH PERSON LISTED ABOVE.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  
7. Give the character of business to be conducted at the place to be licensed: \_\_\_\_\_  
\_\_\_\_\_
  
8. How long has each person been engaged in the business of this character?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  
9. Have any of the persons previously made application for a license to sell alcoholic liquor at retail (on premises other than those presently applying) to Woodford County, or any other state or political subdivision? Yes\_\_\_\_\_No\_\_\_\_\_If so, give date, location, and disposition of such application: \_\_\_\_\_  
\_\_\_\_\_

10. Has any liquor license held by the above persons ever been revoked or suspended? Yes \_\_\_ No \_\_\_  
If yes, state reasons for revocation or suspension and length of suspension: \_\_\_\_\_

\_\_\_\_\_

11. Have any of the persons above been convicted of:

- a. A felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Being a keeper of a house of ill fame? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Prostitution? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Pandering? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Gambling offense? Yes \_\_\_\_\_ No \_\_\_\_\_
- f. Other crime opposed to decency and morality? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Is any person disqualified to receive a license by reason of any matter or by any provision contained in the Liquor Control Ordinance of Woodford County? Yes \_\_\_ No \_\_\_ If so, give dates, locations, and disposition: \_\_\_\_\_

13. Has any person listed above been treated for alcoholism or any drinking problem, or has anyone been involved in any incident involving the police, including traffic, in which they were intoxicated. Yes \_\_\_ No \_\_\_ If so, give dates, locations, and disposition: \_\_\_\_\_

\_\_\_\_\_

14. Has any person listed above been involved in any battery, assault, fight or public disorder? Yes \_\_\_ No \_\_\_ If so, give dates, locations, and disposition: \_\_\_\_\_

\_\_\_\_\_

15. List all addresses at which each person has resided in the past five years in addition to that listed in Question #3.

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_
- d. \_\_\_\_\_  
\_\_\_\_\_

16. Read and sign the affidavit on the next page.



**AFFIDAVIT OF MEMBERS OF PARTNERSHIP**

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We certify that we are at least two of the persons listed in this schedule for the business described in this application, that the premises specified in this application comply in all respects with the requirements of the Illinois Liquor Control Law and the Woodford County Alcoholic Liquor Resolution, and that we are qualified to obtain a license under the Illinois Liquor Control Law and the Woodford County Liquor Control Ordinance.

We certify that we are fully informed as to the provisions of the Illinois Liquor Control Law and the Woodford County Alcoholic Liquor Resolution and that we will not violate any of the laws of the State of Illinois or the ordinances of Woodford County in the conduct of the place of business described herein. We certify that the statements contained in this application and any schedules and other attachments made a part of this application are true and correct.

\_\_\_\_\_  
Signature of Partner      Date

\_\_\_\_\_  
Signature of Partner      Date

\_\_\_\_\_  
Signature of Partner      Date

\_\_\_\_\_  
Signature of Partner      Date

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

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

## LIQUOR COMMISSION REVIEW

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On \_\_\_\_\_ the Liquor Commission of the Woodford County Board met to review and consider the application for a Liquor License as Submitted by

\_\_\_\_\_

Upon review of said application the Liquor Commission DOES/DOES NOT recommend the issuance of a Liquor License upon receipt of said fee by the Woodford County Clerk.

\_\_\_\_\_  
Liquor Commissioner

\_\_\_\_\_  
Deputy Liquor Commissioner

\_\_\_\_\_  
Deputy Liquor Commissioner