

City of Marseilles  
209 Lincoln Street  
Marseilles, IL. 61341  
(815) 795-2133

**CITY OF MARSEILLES  
APPLICATION FOR CITY LIQUOR RETAILER'S LICENSE**

The undersigned hereby makes application for a **retail liquor license(s)** as indicated hereafter (check appropriate class/classes);

Class "A"	Tavern	\$800.00_____
Class "B"	Club	\$200.00 _____
Class "C"	Package Liquor	\$600.00_____
Class "D"	Restaurant	\$500.00_____
Class "E"	Beer Garden/Sidewalk Cafe	\$200.00_____
Class "F"	Outdoor Seasonal Event Retail	\$300.00_____

1. BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

2. APPLICANT: (Complete Section A,B or C)

**A. Individual Applicant**

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

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

Citizen of United States? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place and Date of Naturalization: \_\_\_\_\_

Length of time as resident of Marseilles: \_\_\_\_\_

City of Marseilles  
209 Lincoln Street  
Marseilles, IL. 61341  
(815) 795-2133

Character of business: \_\_\_\_\_

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**B. Partnership Applicant**

Name of Partnership: \_\_\_\_\_

Character of Business: \_\_\_\_\_

Are all members of the partnership qualified to obtain a license as individual applicants? Yes \_\_\_\_\_ No \_\_\_\_\_

Any and all persons entitled to share in the profits thereof (add additional pages if necessary):

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

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

Citizen of United States? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place and Date of Naturalization: \_\_\_\_\_

Length of time a resident of Marseilles: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

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

Citizen of United States? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place and Date of Naturalization: \_\_\_\_\_

Length of time a resident of Marseilles: \_\_\_\_\_

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**C. Corporate or Club Applicant (a Certificate of good standing issued by the Secretary of State must be submitted with this application);**

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

State of Incorporation: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

If not an Illinois corporation, are you licensed to do business by the State of Illinois:

Yes \_\_\_\_\_ No \_\_\_\_\_

Objects for which it was organized: \_\_\_\_\_

List the Name, Address, Phone Number, Social Security Number, Birth Date and Drivers License Number of all Officers and Directors:

**OFFICERS:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S.#</u>	<u>Birth Date</u>	<u>Driver Lic #</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**DIRECTORS:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S.#</u>	<u>Birth Date</u>	<u>Driver Lic #</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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If the majority of stock of a corporation is owned by one person or his nominee, the name, address, phone number, social security number, birth date and drivers license number of the person and the person acting as his nominee:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S.#</u>	<u>Birth Date</u>	<u>Driver Lic #</u>
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List all officers, managers, directors, or any stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation and indicate their relationship:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>S.S.#</u>	<u>Birth Date</u>	<u>Driver Lic #</u>	<u>Relationship</u>
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Is any officer, manager or director thereof, or any stockholders owning in the aggregate more than five percent (5%) (either individually or by nominee) of the stock of such corporation eligible to receive a license as an individual pursuant to the laws of the State of Illinois and the City of Marseilles?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant's international, national, state or local constitution, bylaws, articles or other official documents deny to any person the full and equal enjoyment of the organization and/or the proposed licensed facilities and/or services because of race, color, religion, sex, sexual orientation, or national origin?

Yes \_\_\_\_\_ No \_\_\_\_\_

List the Corporation's Registered Agent:

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

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

S.S. # \_\_\_\_\_

Drivers License # : \_\_\_\_\_

Birth Date: \_\_\_\_\_

City of Marseilles  
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3. Length of time that applicant has been in the type of business being applied for, years and months: \_\_\_\_\_

4. Value of goods, wares or merchandise on hand: \$\_\_\_\_\_

5. Can applicant provide a Surety Bond? Yes\_\_\_\_\_ No\_\_\_\_\_

6. Description of the premises or place of business which is to be operated under such license. List square footage of the premises to be licensed.

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

7. Has applicant made applications for similar licenses at other locations?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, at what location? \_\_\_\_\_

8. Has any previous license by any State or subdivision thereof or by the Federal

Government been revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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

9. Has applicant or any person entitled to receive profits, ever been convicted of a felony, gambling offense, being the keeper of a house of ill fame, pandering, or other crimes or misdemeanors opposed to decency or morality?

Yes\_\_\_\_\_No \_\_\_\_\_

10. Has applicant ever been convicted of a violation of any Federal, State or local law concerning the manufacture, possession or sale of alcohol? Yes\_\_\_\_\_No \_\_\_\_\_

11. Has applicant ever forfeited bond to appear in court to answer charges for any such violation? Yes\_\_\_\_\_ No \_\_\_\_\_

12. Does applicant own the premises for which a license is sought?

Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, evidence of ownership must be submitted with this application.

If no, does the applicant have a lease thereon for the full period for which the

City of Marseilles  
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license is to be issued?    Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, a copy of the lease must be submitted with this application.**



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13. If other than applicant, list name and address of the owner of the premises.

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14. Is the applicant a law enforcing public official, mayor, alderman, trustee, commissioner, president or member of a County Board? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Does any such official mentioned in No, 14 have any interest in any way, either directly or indirectly, in the sale or distribution of alcoholic liquor for which this license is sought? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Does the applicant have a Federal gaming device stamp or a Federal wagering stamp issued by the Federal Government for the current taxperiod? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Does the premises to be licensed have a Federal gaming device stamp or a Federal wagering stamp issued by the Federal Government for the current tax period? Yes \_\_\_\_\_ No \_\_\_\_\_

18. If a manager or agent is to conduct the business under this application, would said manager or agent be qualified to receive a license as an individual applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Name of manager or agent: \_\_\_\_\_

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

Phone: \_\_\_\_\_ S.S. # \_\_\_\_\_

Drivers License # \_\_\_\_\_ Birth Date \_\_\_\_\_

20. Does the applicant directly or indirectly publish, circulate or display any written communication, the intent and effect of which is to deny any person the full and equal enjoyment of the proposed licensed facilities and/or services because of race, color, religion, sex or national origin, ancestry, age, marital status, handicap, military status, or sexual orientation? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Does the applicant have liquor liability (dram shop) insurance for the full period for which the license is to be issued? Yes \_\_\_\_\_ No \_\_\_\_\_  
A certificate of insurance must be submitted with this application.

22. STATEMENT:

The undersigned, being duly sworn, hereby states that the information contained

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in this application is true of my own knowledge and that the statements set forth  
are of my own free will.

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209 Lincoln Street  
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I solemnly swear that I will not violate any of the laws of the United States, the State of Illinois or the Ordinances of the City of Marseilles.

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_

STATE OF ILLINOIS     )  
  ) SS  
COUNTY OF LASALLE    )

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

(seal)

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

**Return application with check to the City Clerk at 209 Lincoln Street  
Marseilles, Il 61341**