



LIQUOR LICENSE APPLICATION

Application Fee: \$500.00

For questions or further information, contact:

Office of the Mayor

City of Macomb

P.O. Box 377 Macomb, IL 61455

Phone: 309-833-2558

email: mayor@macomb.com

This is a brief summary of the steps involved in the liquor license application process. Please contact the Mayor's Office (833-2558) or the City Attorney's Office (833-4373) if you have any questions.

1. The applicant should first read the current Macomb Liquor Code to determine whether it (usually a corporation) is eligible to hold a local license and can meet all applicable qualifications. If the applicant believes it has met, or can meet, the licensing qualifications, then it must submit a fully completed and notarized application (with the requested documentation) to the Mayor (who is the local liquor commissioner), along with the non-refundable application fee, which is currently \$500.00. Please be sure that you will either own or lease the property for the duration of the license term.
2. After the Mayor receives the application and supporting documents, the Macomb Police Department performs a criminal background investigation of the applicant (including all corporate officers owning 5% or more of the stock) and its resident manager. The City's Office of Community Development staff places a sign on the applicant's property in order to notify the general public of the pendency of the application. The Liquor Commissioner sets a public hearing and sends a written notice to the property owners residing within 250' (at least) of the applicant's property about the pending license application.
3. In Macomb, the City Council decides whether to create a new liquor license, and the Mayor decides whether a newly created license should be issued. Once the necessary background investigation is completed, and the residents have been notified, the Mayor requests that the new license application be placed on the City's meeting agenda - for discussion of the application and for consideration of, and decision on, an ordinance to create a new license.

The application is then discussed at two Council meetings and at one or more committee meetings. At these meetings, the applicant may be asked to clarify the statements in its application, to discuss its business plan, and/or to provide additional personal or business information or documents. At the council meetings, an ordinance to create a new liquor license is presented for first and second readings. A public hearing is held to discuss the

propriety of creating the requested license; at this hearing, the neighboring property owners and the general public share their opinions about the propriety of creating and issuing the new license. The applicant and its proposed resident manager should attend all meetings, especially the first Council and committee meetings. They should be prepared to discuss the proposed business operation, the staffing and training of staff, their plans for crowd and litter control, their plans to obtain BASSET certification, etc.

4. If the City Council subsequently votes to not create the requested license, the applicant may appeal that decision. However, if the Council votes to create it, the Mayor will have 30 days to decide whether it is in the best interest of the community to issue it. If the newly created license is not issued within that time, it lapses.
5. Please note the following:
Class R license holders must derive at least 60% of total revenue from the sale of food and non-alcoholic drinks. Total revenue includes food sales, alcohol sales, general merchandise sales, other service sales and the licensee's share of the net terminal income from video gaming.
6. Please remember the licensing process takes approximately 60-90 days. Failure to include all required documentation will delay this process.
7. Please remember to have all signatures notarized.

CLASSES OF LIQUOR LICENSES

Please consult Chapter 4 of the Macomb Municipal Code for the most up-to-date information.

Class and Description	Annual Fee	Available Supplementary Licenses
<p>Class A - Bar/Tavern License/bowling alley</p> <ul style="list-style-type: none"> • The individual or corporation will be engaged in the retail sale of alcoholic liquor for consumption on premises. • Hours of liquor sales: Monday through Saturday: 6:00 a.m. to 12:00 a.m. 	\$1,996.50 plus \$1.00 per occupancy	EH: \$500.00 OP: \$500.00 OL: \$500.00 SS: \$500.00
<p>Class B-Boutique</p> <ul style="list-style-type: none"> • The primary business is to sell alcoholic liquor either on premises by the drink or in the original containers for off premises. Must obtain at least 60% of its gross revenue from off-premises sales. • Hours of liquor sales: Monday through Saturday: 6:00 a.m. to 10:00 p.m. 	\$1,815 plus \$1.00 per occupancy	OC: \$100.00
<p>Class C-Club</p> <ul style="list-style-type: none"> • A Club will be a not-for-profit corporation for a fraternal, civic, veteran athletic or other common objective or a for-profit country club, for which the sale of alcoholic liquor is an ancillary purpose on premises • May sell beer at retail in the original package for consumption off premises. • Hours of liquor sales: Monday through Saturday: 6:00 a.m. to 12:00 a.m. 	\$1,996.50	EH: \$500.00 SS: \$500.00
<p>Class D</p> <ul style="list-style-type: none"> • The primary business is full-service personal care services or retail sale of non-food goods and services. • May sell alcoholic liquor by the drink incidental to the primary business. • Hours of liquor sales: Monday through Thursday 11:00 a.m. to 10:30 p.m. and Friday through Saturday 11:00 a.m. to 12:00 a.m. 	\$500.00	SS: \$500.00
<p>Class E – Event License</p> <ul style="list-style-type: none"> • Authorizes the retail sale of alcohol for on-premises consumption only as part of a special event held on premises. • Permits 50 events per year; an event shall be no more than three consecutive days 	\$1,000.00	SS: \$500.00
<p>Class H-Hotel/Motel</p> <ul style="list-style-type: none"> • The primary business is offering overnight lodging. • May sell alcoholic liquor by the drink in a dining room, lounge, adjacent outdoor area, or room service. • Hours of liquor sales: Monday through Saturday: 6:00 a.m. to 12:00 a.m. 	\$1,996.50	EH: \$500.00 OL: \$500.00 CS: \$500.00
<p>Class M – Micro/Craft Brewery</p> <ul style="list-style-type: none"> • The individual or corporation will be engaged in the retail sale for consumption on the specified premises of beer, cider, spirits and wine and also authorize the sale of beer brewed or manufactured on the license premises in its original package for consumption off premises. • Hours of liquor sales: Monday through Thursday 11:00 a.m. to 11:00 p.m. and Friday through Saturday 11:00 a.m. to 12:00 a.m. 	\$1,815 plus \$1.00 per occupancy	OW: \$250.00 OL: \$500.00 SS: \$500.00

<p>Class MB – Micro/Craft Brewery Food Service License:</p> <ul style="list-style-type: none"> • The individual or corporation will be engaged in the retail sale for consumption on the specified premises of beer, cider, spirits and wine and also authorize the sale of beer brewed or manufactured on the license premises in its original package for consumption off premises. • The individual may also offer food service when properly licensed. • Hours of liquor sales: Monday through Thursday 11:00 a.m. to 11:00 p.m. and Friday through Saturday 11:00 a.m. to 12:00 a.m. 	<p>\$1,815 plus \$1.00 per occupancy</p>	<p>OW: \$250.00 OL: \$500.00 SS: \$500.00 OC:\$100.00</p>
<p>Class P- Package Store/Convenience Store:</p> <ul style="list-style-type: none"> • The individual or corporation will be engaged in the retail sale of alcoholic liquor for off premises consumption. • A convenience store operator may not sell beer in kegs and may not sell beer/wine in individual containers less than 16 fluid ounces in size. • Hours of liquor sales: Monday through Saturday: 6:00 a.m. to 12:00 a.m. 	<p>\$1,815.00</p>	<p>EH: \$500.00 SS: \$500.00 PS: \$125.00-500.00 OPC: \$7.500.00</p>
<p>Class R-Restaurant</p> <ul style="list-style-type: none"> • The primary business is to sell meals and must obtain at least 60% of its gross revenue from sale of non-alcoholic goods and services. Monthly reporting of alcoholic sales and non-alcoholic sales is required. • Hours of liquor sales: Monday through Saturday: 6:00 a.m. to 12:00 a.m. 	<p>\$1,815.00 plus \$1.00 per occupancy</p>	<p>EH: \$500.00 OL: \$500.00 SS: \$500.00 CS: \$500.00 OC: \$500.00</p>
<p>Class V – Video Gaming Parlor</p> <ul style="list-style-type: none"> • The primary business and source of revenue is from video gaming. • Authorizes the retail sale of alcohol for on-premises consumption only 	<p>\$10,000.00</p>	<p>SS: \$500.00</p>
<p>Class Y – Patron Supplied</p> <ul style="list-style-type: none"> • Authorizes the consumption on the specified premises of beer, wine, and cider only. No sale of any alcoholic beverages is permitted, by licensee or any other person. • The premises must be an art studio. 	<p>\$100.00 plus \$1.00 per occupancy</p>	<p>None</p>

More specific information on each license classification and supplement can be found in Chapter 4 of the Macomb Municipal Code. You may obtain a copy of Chapter 4 at the Mayor’s Office, the City Clerk’s office or online at www.cityofmacomb.com.

LIQUOR APPLICATION CHECK LIST

Please provide the following documents.

- Application Fee \$500.00 (Non-refundable)
- Completed Application for Liquor License (Pages 6-8)
- Verified Statement of Applicant (Pg. 9)
- Applicant's Authorization for Criminal Background & Credit History (Pg. 10)
- Resident Manager Application (if applicable) (Pg. 11)
- Affidavit of Resident Manager (if applicable) (Pg. 12)
- Resident Manager Authorization for Criminal Background & Credit History (Pg. 13)
- Copy of Applicant Driver's License, or state-issued identification
- Copy of Resident Manager Driver's License, or state-issued identification (if applicable)
- Copy of Lease for Premises location, if applicable
- Documentation of Business Formation
 - Certificate of Good Standing from State of Incorporation
 - Articles of Incorporation
 - Partnership Agreement
- Scaled drawing of premises
- DRAM Shop Insurance. Issued policy will be required to receive license.
- Illinois Department of Revenue Certificate of Registration
- Assumed Name Certificate, if applicable
- Proposed Business Plan

You will also be required to obtain a State Liquor license. CONTACT THE OFFICES BELOW FOR FURTHER INFORMATION AND NECESSARY REQUIREMENTS

Chicago Address

100 W. Randolph, Ste. 5-300
Chicago, IL 60601
Phone: 312-814-2206

Springfield Address

101 West Jefferson
Springfield, IL 62706
Phone: 217-782-2136

or visit <http://www.state.il.us/lcc>



Each individual applicant must fill out an application. For example, each member of a partnership must fill out an application.

APPLICANT INFORMATION

- 1. Full legal name(s) (including alias, maiden name, nickname, etc.) of applicant(s) and date and place of birth: Name: _____ Date of Birth: _____ Place of Birth: _____
2. Resident of Macomb, Illinois: [] Yes [] No How long: _____
3. Address of applicant(s): _____
4. Phone Number with area code: _____ Email address of applicant: _____ Premises Phone Number: _____
5. U.S. Citizen: [] Yes [] No If no, date and place of naturalization: Date: _____ Place: _____
6. Have you ever been arrested, charged, received supervision for, conditional discharge, probation or have been convicted of a felony under the laws of the State of Illinois or any of the United States or under Federal Law? (Excluding minor traffic convictions) [] Yes [] No If yes, where and when: _____ If yes, charge:/crime: _____
7. Have you ever been convicted of any crime or misdemeanor involving moral turpitude (fraud)? [] Yes [] No If yes, where and when: _____ If yes, charge/crime: _____
8. Have you ever had a liquor license issued to you under the laws of the State of Illinois or any of its political subdivision? [] Yes [] No Where and when? _____

9. Have you ever been denied a liquor license? Yes No

Where, when and why?

10. Have you ever had a liquor license issued to you under the laws of any other state or any of its political subdivision fined, suspended, or revoked? Yes No

If yes, why?

BUSINESS INFORMATION

1. Name of business under which premises will be operated:

2. Address of premises to be used by applicant(s):

3. Owner/Landlord of Premises:

Name

Address

Phone Number

Consent of Landlord Yes No
(to operate business on premises)

4. Business Information:

Type of Business

Business Format

Sole Proprietor Corporation LLC/LLP/LLLP
 Partnership Other:

Length of time in business

Types of Entertainment

Intend to Seek Video Gaming Yes No

Food to be sold/provided Yes No

5. Full names and date of birth for all partners, co-owners, shareholders or other members who own 5% of more of the business.

Name: _____ Date of Birth: _____

6. Class of License Applied for: Class A Class B Class C Class D
 Class E Class H Class M Class MB
 Class P Class R Class SE Class V
 Class Y

7. Supplementary License Applied for: Class OL Class OC Class SS Class EH
 Class CS Class OW Class OPC Class OP
 Class PS

8. Date Business is to Commence: _____

9. Name of Manager _____

Qualifications of Manager _____

VERIFIED STATEMENT OF APPLICANT(S)

STATE OF ILLINOIS)
)SS.
COUNTY OF McDONOUGH)

I/We, the Undersigned, being first duly sworn on oath, depose and state as follows:

- 1. I/We am/are the applicant(s) in the foregoing City of Macomb Liquor License Application;
- 2. I/We do hereby certify that the information provided by me/us in and with such application is true, correct and complete;
- 3. I/We do hereby certify that I/We am/are the owner(s) in fee simple of the premises sought to be licensed under the foregoing application, or that I/We have a lease for such premises for a term at least equal to the period of the liquor license applied for in said application;
- 4. I/We agree to testify under oath and to answer all competent, relevant and material questions asked of me/us by the Local Liquor Control Commissioner, or his designated representative, at any hearing conducted by such Commissioner concerning the issuance or renewal of a liquor license or concerning any violation of any statute or ordinance. **I/We understand and agree that my/our failure or refusal to answer any such question shall be sufficient reason to refuse to issue or renew a liquor license, or to suspend or revoke any such license;**
- 5. I/We acknowledge that I/We have reviewed Chapter 4 of the Macomb Municipal Code and am/are familiar with its provisions and requirements;
- 6. I/We agree to provide any additional information or documents requested by the Local Liquor Control Commissioner so that he can act upon my/our application;
- 7. I/We agree that I/We will abide by all laws of the State of Illinois or the United States, or any ordinances of the City of Macomb, in the conduct and operation of my/our business holding a liquor license.

Applicant Signature

Printed Name & Title

Applicant Signature

Printed Name & Title

Applicant Signature

Printed Name & Title

Subscribed and sworn to before me this day of _____, 20____

Notary Public



**APPLICANT'S AUTHORIZATION FOR CRIMINAL
BACKGROUND & CREDIT HISTORY**

I/We the Undersigned, do hereby authorize the Mayor of the City of Macomb, as Local Liquor Control Commissioner, and the Mayor's authorized agents, including the Macomb Police Department, to conduct a full and complete criminal background investigation on me/us. I/We agree to provide my/our fingerprints to aid in such criminal background investigation upon request. In addition, I/We will answer any questions or provide any information required by the Mayor, or their authorized agents, to complete such criminal background investigation.

I/We do further authorize the Mayor, or their authorized agents, to investigate my/our credit history. I/We agree to answer any questions, provide any information or execute any documents necessary for the Mayor, or their authorized agents, to perform such investigation of my/our credit history.

This form is intended to be an authorization by me/us to any person to release any information requested by the Mayor, or their authorized agents, concerning my criminal background or credit history.

Dated: _____, 20__.

Applicant Signature

Printed Name & Title

Applicant Signature

Printed Name & Title

Applicant Signature

Printed Name & Title

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__.

Notary Public

RESIDENT MANAGER
APPLICATION

*****LIQUOR MANAGER MUST RESIDE IN CITY OF MACOMB, ILLINOIS*****

1. Full Legal Name (including alias, maiden & nickname) _____
2. Address: _____

3. Social Security Number: _____ Date of Birth _____
Driver's License Number: _____ State Issued: _____
4. Are you a citizen of the United States? Yes No
5. Have you ever been convicted of a felony under the laws of the State of Illinois? Yes No
If yes, when and where? _____
If yes, what crime? _____
6. Have you ever been convicted of a felony under the laws of any of the United States, or under federal law? Yes No
If yes, when and where? _____
If yes, what crime? _____
7. Have you ever been convicted of any crime or misdemeanor involving moral turpitude? Yes No
If yes, when, where and what crime? _____
8. Have you ever had a license issued to you under the laws of the State of Illinois or any of its political subdivisions revoked for cause? Yes No
9. Length of residency in Macomb _____

AFFIDAVIT OF RESIDENT MANAGER

STATE OF ILLINOIS)
)SS
COUNTY OF McDONOUGH)

I, the undersigned being first duly sworn upon my oath state and depose as follows:

1. I understand that the foregoing information is set forth so that Applicant might obtain a liquor license.
2. That under the State Laws of the State of Illinois, the answers to the questions on the Resident Manager application are material to the question of whether or not I am entitled to be a Resident Manager under the law.
3. That I understand that making a false affidavit constitutes perjury where a false answer is made knowingly to a material question.
4. That I have personally prepared the answers to the above questions.
5. That I have reread them, and find them to be wholly true, and I wholly understand them.

Resident Manager Signature

Printed Name & Title

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

**RESIDENT MANAGER AUTHORIZATION FOR CRIMINAL
BACKGROUND & CREDIT HISTORY**

I, the Undersigned, do hereby authorize the Mayor of the City of Macomb, as Local Liquor Control Commissioner, and the Mayor's authorized agents, including the Macomb Police Department, to conduct a full and complete criminal background investigation on me. I agree to provide my fingerprints to aid in such criminal background investigation. In addition, I will answer any questions or provide any information required by the Mayor, or their authorized agents, to complete such criminal background investigation.

I do further authorize the Mayor, or their authorized agents, to investigate my credit history. I agree to answer any questions, provide any information or execute any documents necessary for the Mayor, or their authorized agents, to perform such investigation of my credit history.

This form is intended to be an authorization by me to any person to release any information requested by the Mayor, or their authorized agents, concerning my criminal background or credit history.

Dated: _____, 20__.

Resident Manager Signature

Printed Name & Title

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20__.

Notary Public