



# COUNTY OF CHAMPAIGN STATE OF ILLINOIS

## APPLICATION FOR LIQUOR LICENSE CLASS E

### FOR COUNTY CLERK'S OFFICE USE ONLY

Business Name: \_\_\_\_\_  
 License Class: \_\_\_\_\_  
 License Fee Paid: \$ \_\_\_\_\_  
 All Relevant Sections Completed:     yes     no  
 Application Signed:                     yes     no  
 All Documentation Attached:         yes     no  
 Checked by: \_\_\_\_\_

**PLEASE PRINT OR TYPE ALL THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION MUST INCLUDE ALL REQUIRED SUPPORTING DOCUMENTATION AND THE REQUIRED LICENSE FEE. ONLY CASH, OR CERTIFIED CHECK OR MONEY ORDER PAYABLE TO THE "COUNTY OF CHAMPAIGN", IS ACCEPTED.**

### SECTION 1

All applicants must complete this Section.

**Class E (\$75 fee + \$25 per day for each consecutive day covered by the license after the first three days):**

Class E license entitles the licensee to sell alcoholic liquor for consumption only on a specified location that conforms to the definition of a licensed premises as set forth in Section 3 of the Champaign County Liquor Ordinance. The duration of the Class E license shall be for three (3) consecutive or non-consecutive days within a seven (7) day period. Complete applications for a Class E license must be submitted no less than thirty (30) days prior to the date for which the license is requested.

The sale of alcoholic liquor may begin no earlier than 6:00 a.m. on the days alcoholic liquor is served and end no later than 1:00 a.m. on the calendar date following each of those days. The consumption of alcoholic liquor, provision of entertainment, or any other activities related to an event licensed under this Section must cease before 2:00 a.m. on the calendar date following each day alcohol is served.

The duration of the Class E license shall be for:

- (a) three (3) consecutive or non-consecutive days within a seven (7) day period; or
- (b) a period of consecutive days stated in this application, not to exceed nine (9) days.

No alcoholic liquor may be sold or served in bottles or glass containers at a licensed event. Any garbage or debris resulting from the event licensed under this Section must be removed from the event location within twenty-four (24) hours of the expiration of the license.

Provide Location where liquor will be served:

\_\_\_\_\_

Please provide date(s) for which license is requested:

\_\_\_\_\_

**SECTION 2A**  
**INFORMATION REQUIRED FOR APPLICATIONS BY INDIVIDUALS**

Only individual applicants must complete this Section.

Full Legal Name: \_\_\_\_\_

Any and All Aliases: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is applicant a resident of Champaign County, Illinois?  yes  no      Is applicant a U.S. citizen?  yes  no

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

**SECTION 2B**  
**INFORMATION REQUIRED FOR APPLICATIONS BY CORPORATIONS**

Only corporate applicants must complete this Section.

Corporation's Complete Name: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Place of Incorporation: \_\_\_\_\_

Is corporation in good standing and authorized to conduct business in Illinois?  yes  no      If yes, **please attach written proof** (e.g., Articles of Incorporation, annual report, certificate from Secretary of State).

Name of Registered Agent for Service of Process: \_\_\_\_\_

Address of Registered Office for Service of Process: \_\_\_\_\_

**For all officers, managers, members, and directors of corporation, and all persons owning or controlling at least 5% of the stock of the corporation, please provide the following information.** If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

**SECTION 2C**  
**INFORMATION REQUIRED FOR APPLICATIONS BY PARTNERSHIPS (GENERAL OR LIMITED),**  
**JOINT VENTURES, OR ANY OTHER TYPE OF ORGANIZATION**  
**WHERE TWO OR MORE PERSONS SHARE IN THE PROFITS AND LIABILITIES OF ORGANIZATION**  
Only applicants, who are neither an individual nor a corporation, must complete this Section.

Organization's Complete Name: \_\_\_\_\_

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

Mailing Address (if different from business address): \_\_\_\_\_

Business Phone #: \_\_\_\_\_

**For each partner or any other person entitled to share in the profits of the organization, whether or not any such person is also obligated to share in the liabilities of the organization, please provide the following information. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.**

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is interest holder a resident of Champaign County, Illinois?  yes  no Is interest holder a U.S. citizen?  yes  no

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is interest holder a resident of Champaign County, Illinois?  yes  no Is interest holder a U.S. citizen?  yes  no

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is interest holder a resident of Champaign County, Illinois?  yes  no Is interest holder a U.S. citizen?  yes  no

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

**SECTION 3**  
**INFORMATION REGARDING INDIVIDUAL(S)**  
**(OTHER THAN THE PERSONS LISTED UNDER SECTIONS 2A, 2B, AND 2C)**  
**WHO WILL BE THE DAY-TO-DAY ONSITE MANAGERS OF THE BUSINESS TO BE LICENSED**  
 All applicants must complete this Section.  
 If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

Full Legal Name: \_\_\_\_\_

Any and All Aliases: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is manager a resident of Champaign County, Illinois?  yes  no Is manager a U.S. citizen?  yes  no

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

Full Legal Name: \_\_\_\_\_

Any and All Aliases: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is manager a resident of Champaign County, Illinois?  yes  no Is manager a U.S. citizen?  yes  no

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

Full Legal Name: \_\_\_\_\_

Any and All Aliases: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is manager a resident of Champaign County, Illinois?  yes  no Is manager a U.S. citizen?  yes  no

**Please attach written proof of age** (e.g., copy of driver's license, state identification card, birth certificate, passport).

**SECTION 4**  
**LOCATION OF EVENT**  
All applicants must complete this Section.

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

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

Permanent Index #: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please attach a diagram showing the internal and external configuration of the premises to be licensed, including all doors, windows, entrances, exits, the fixed structural internal features of the premises, plus the interior rooms, walls, partitions, stages, performance areas, and restrooms.**

- Applicant adopts the diagram that was previously submitted for the license sought to be renewed and certifies that the premises has not been altered since the issuance of last license and the diagram previously submitted continues to accurately depict the exterior and interior layouts of the premises.

Does applicant own the premises?  yes  no **If no, please attach a copy of the lease for the premises.**

**SECTION 5**  
**LIQUOR LICENSE HISTORY**  
All applicants must complete this Section.

List names and locations of all other establishments for which any person listed under Sections 2A, 2B, 2C, and 3 has received liquor licenses:

Name of Establishment: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_

**Has any person listed under Sections 2A, 2B, 2C, and 3 ever had any liquor license denied, revoked, or suspended?**    yes    no   If yes, please list the dates and grounds for each such denial, revocation, or suspension, and the name and location of the business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6**  
**ELIGIBILITY QUESTIONS**

All applicants must complete this Section. These questions apply to all persons listed under Sections 2A, 2B, 2C, and 3.  
**If any question is checked "yes", a detailed explanation is required and must be attached to this application.**

- Is any person listed under Sections 2A, 2B, 2C and 3 a public official or law enforcement official in Champaign County, Illinois?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of a felony under any federal or state law?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of being the keeper or is keeping a house of ill fame?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or has forfeited his bond to appear in court to answer charges for any such violation?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of violating any County ordinance?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been convicted of a gambling offense as proscribed by any of subsections (a)(3) through (a)(11) of Section 28-1 of or as proscribed by Section 28-1.1 or 28-3 of the Criminal Code of 1961 (720 ILCS 5/28-1, 5/28-1.1, or 5/28-3), or as proscribed by a statute replaced by any of the aforesaid statutory provisions?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever been issued a federal wagering stamp by the federal government?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever failed to make a tax return in violation of any tax act administered by the Department of Revenue?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever filed a fraudulent return in violation of any tax act administered by the Department of Revenue?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever failed to pay all or part of any tax or penalty finally determined to be due in violation of any tax act administered by the Department of Revenue?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever failed to keep books and records in violation of any tax act administered by the Department of Revenue?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever failed to secure and display a certificate or sub-certificates of registration, if required, in violation of any tax act administered by the Department of Revenue?  yes  no
- Has any person listed under Sections 2A, 2B, 2C and 3 ever willfully violated any rule or regulation of the Department of Revenue relating to the administration and enforcement of tax liability?  yes  no

**SECTION 7**  
**DRAM SHOP LIABILITY INSURANCE**

All applicants must complete this Section.

Does applicant have dram shop liability insurance?  yes  no **If yes, please attach written proof of dram shop liability insurance in the form of a certificate of insurance issued by an insurance company licensed to do business in the State of Illinois.**

**SECTION 8**  
**SIGNATURE, TITLE, AND DATE**

All applicants must complete this Section. Please sign and date this application form.  
An owner, officer, a partner or an officially authorized agent of the business, must sign this application.  
The signature must be an original. Rubber stamps are not accepted.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and accurate to the best of my knowledge; I have read the Champaign County Liquor Ordinance and am familiar with its terms and conditions; and the business for which I seek a license and its proposed operation are and shall be in compliance with the Champaign County Liquor Ordinance.

I further agree to promptly notify, in writing, the Champaign County Liquor Commissioner during the pendency of this application, or during the term of any license issued pursuant to this application, of any change in any of the information provided in this application or the occurrence of any event that is a basis for suspension or revocation of said license or fine under the Champaign County Liquor Ordinance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date

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

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



**FOR COUNTY CLERK'S OFFICE USE ONLY**

**Within 5 working days of receiving an incomplete application, please contact applicant and if necessary, return incomplete application to applicant along with written explanation of reason why application is incomplete.**

Applicant \_\_\_\_\_

Date application was received: \_\_\_\_\_

Date complete application received: \_\_\_\_\_

Planning and Zoning                      Application Emailed    Yes    No    Date \_\_\_\_\_

Response                      No Response                      No Issues                      Problems (see attached)

Sheriff                                      Application Emailed    Yes    No    Date \_\_\_\_\_

Response                      No Response                      No Issues                      Problems (see attached)

**FOR CHAMPAIGN COUNTY LIQUOR COMMISSIONER USE ONLY**

**Within 30 days of receiving this application, please review and conduct any necessary investigations to determine if a Class E license should be granted. If an application is denied, please send applicant written notification and explanation of such denial.**

Original Application Transmitted to Liquor Commissioner                      Date \_\_\_\_\_

Liquor Commissioner Response

   Approval                      Denial (Response Attached)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Liquor Commissioner  
Champaign County, Illinois

**FOR COUNTY CLERK'S OFFICE USE ONLY**

License Sent \_\_\_\_\_