



# ***LIQUOR LICENSE APPLICATION***

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*For questions or further information, contact:*

*Office of Local Liquor Control Commissioner*

*Mayor Donald P. Welvaert, Liquor Commissioner*

*Tracy A. Koranda, Deputy Liquor Commissioner*

*619 16<sup>th</sup> Street, Moline, IL 61265*

*Ph: (309) 524-2004*

*[tkoranda@moline.il.us](mailto:tkoranda@moline.il.us)*

*This application is effective November 1, 2009*

# CITY OF MOLINE, IL-LIQUOR LICENSE APPLICATION CHECK LIST

\_\_\_\_\_ Completed Permission for Background Check Form  
(Call 309-524-2143 for appointment)

- \_\_\_\_\_ Sole Proprietors
- \_\_\_\_\_ Persons who own 5% or more of a corporation
- \_\_\_\_\_ Individuals in a Partnership
- \_\_\_\_\_ Liquor Manager

\_\_\_\_\_ Completed Application

\_\_\_\_\_ Documentation of Status of Business

- \_\_\_\_\_ Sole Proprietorship with Assumed Name Filing Documentation
- \_\_\_\_\_ Partnership Agreement
- \_\_\_\_\_ Illinois Corporation Articles of Incorporation
- \_\_\_\_\_ Foreign Corporation with Qualifications to do business in Illinois
- \_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Proof of the Right to Possession of Property/Premises

- \_\_\_\_\_ Deed
- \_\_\_\_\_ Or
- \_\_\_\_\_ Lease

\_\_\_\_\_ Statement by Owner of Premises

\_\_\_\_\_ \$2,000 Non-Refundable Fee Made Payable to "City of Moline"

\_\_\_\_\_ Certificate of Liquor Liability Insurance

\_\_\_\_\_ Statement of Receipt of Chapter 4, Alcoholic Liquors of the Moline Code of Ordinances & City of Moline 1.5% Prepared Food & Liquor Tax Form

\_\_\_\_\_ Certificate of Occupancy issued by City of Moline Code Department  
Call 309-524-2370 for arrangements

\_\_\_\_\_ Copy of Food License issued by City of Moline Health Inspection Department  
Call 309-524-2370 for arrangements

\_\_\_\_\_ Other Documentation as Needed for Individual Classifications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A State of Illinois Liquor License must be obtained ***after*** the City of Moline license is issued.

Please contact the State of Illinois Liquor Control Commission for more information

[www.state.il.us/lcc/](http://www.state.il.us/lcc/)



## APPLICATION FOR LIQUOR LICENSE

1. Status of Business and Exact Name Applying for Liquor License:

Sole Proprietor

\_\_\_\_\_

Partnership

\_\_\_\_\_

Illinois Corporation

\_\_\_\_\_

Foreign Corporation

\_\_\_\_\_

Limited Liability Company

\_\_\_\_\_

2. Name of Business (DBA)

\_\_\_\_\_

3. Address of Sole Proprietor, Corporation, Partnership or LLC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Phone Number of Sole Proprietor, Corporation, Partnership or LLC

\_\_\_\_\_

5. Email of Sole Proprietor, Corporation, Partnership or LLC

\_\_\_\_\_

6. Website of Sole Proprietor, Corporation, Partnership or LLC

\_\_\_\_\_

7. Address of Premise to be Licensed:

\_\_\_\_\_

8. Phone of Premise to be Licensed:

\_\_\_\_\_

9. Owner of Premise to be Licensed:

\_\_\_\_\_

10. Address of Owner of Premise:

\_\_\_\_\_

11. Class of license (check one)

- Class A-Restaurant (\$1200.00 Annual Fee/October 1-September 30)
  - Option I Outdoor Use (\$100.00 Annual Fee)
  - Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)
  - Option III Caterer's Retail (\$350.00 Annual Fee)
  - Option IV Restaurant Alternate-Allows minors to be dismissed at 10 p.m. Sun-Thur and 11 p.m. Fri & Sat with premises to remain open to serve alcoholic liquor (\$400.00 Annual Fee) (***Check Availability-this option is capped at 15***)

Hours of Kitchen Operation:

Monday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Tuesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Wednesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Thursday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Friday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Saturday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Sunday	Open _____ a.m./p.m.	Close _____ a.m./p.m.

***A copy of the State of Illinois Food Service Sanitation Manager Certification for a Category I facility for each applicable employee must be attached to this application***

- 
- Class AA-Restaurant Beer & Wine Only (\$700.00 Annual Fee/October 1-September 30)
    - Option I Outdoor Use (\$100.00 Annual Fee)
    - Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)
    - Option III Caterer's Retail (\$350.00 Annual Fee)
    - Option IV Restaurant Alternate-Allows minors to be dismissed at 10 p.m. Sun-Thur and 11 p.m. Fri & Sat with premises to remain open to serve alcoholic liquor (\$400.00 Annual Fee) (***Check Availability-this option is capped at 15***)

Hours of Kitchen Operation:

Monday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Tuesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Wednesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Thursday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Friday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Saturday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Sunday	Open _____ a.m./p.m.	Close _____ a.m./p.m.

***A copy of the State of Illinois Food Service Sanitation Manager Certification for a Category I facility for each applicable employee must be attached to this application***

- 
- Class B-Tavern (\$1200.00 Annual Fee/October 1-September 30)  
***(Check Availability-this Classification is capped at 30)***
    - Option I Outdoor Use (\$100.00 Annual Fee)
    - Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)
    - Option III Caterer's Retail (\$350.00 Annual Fee)
    - Option V Extended Hours until 3 a.m. (\$1000.00 Annual Fee)  
***(Check Availability-this option is capped at 15)***

- 
- Class C-Packaged Sales Only-Primary Liquor Store (\$1200.00 Annual Fee/October 1-September 30)  
***(Check Availability-this Classification is capped at 3)***

11. Class of License Continued

- Class CC-Packaged Sales Only-Secondary Grocery/C-Store/Drug Store  
(\$1200.00 Annual Fee/October 1-September 30)

**(Check Availability-this Classification is capped at 30)**

- Option III Caterer's Retail (\$350.00 Annual Fee)  
(only available if premises is greater than 10,000 square feet)

- 
- Class D-Clubs/Fraternal Organizations (\$1200.00 Annual Fee/October 1-September 30)

- Option I Outdoor Use (\$100.00 Annual Fee)
- Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)

- 
- Class E-Rental Hall (\$1200.00 Annual Fee/October 1-September 30)

- Option I Outdoor Use (\$100.00 Annual Fee)
- Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)

- 
- Class F-Hotel/Motel (\$1600.00 Annual Fee/October 1-September 30)

- Option I Outdoor Use (\$100.00 Annual Fee)
- Option VI Retailer's Off-Site Special Use (\$100.00 Annual Fee per Use)

- 
- Class FF-Hotel/Motel Limited Beer & Wine Managers Reception  
(\$700.00 Annual Fee/October 1-September 30)

- Option I Outdoor Use (\$100.00 Annual Fee)
- Option VI Retailer's Off-Site Special Use (\$100.00 Annual Fee per Use)

- 
- Class G-Bowling Center (\$1200.00 Annual Fee/October 1-September 30)

- Option I Outdoor Use (\$100.00 Annual Fee)
- Option II Additional Bar Station (\$400.00 Annual Fee per Bar Station)

- 
- Class Civic Center (\$6800.00 Annual Fee/October 1-September 30)

- Option I Outdoor Use (\$100.00 Annual Fee)

12. Anticipated start date for liquor sales: \_\_\_\_\_

13. Hours of Business Operation:

Monday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Tuesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Wednesday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Thursday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Friday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Saturday	Open _____ a.m./p.m.	Close _____ a.m./p.m.
Sunday	Open _____ a.m./p.m.	Close _____ a.m./p.m.

14. Federal Employer Identification Number: \_\_\_\_\_

15. Illinois Business Tax Number: \_\_\_\_\_

16. Business Ownership Information:

Provide the owner/officer/partnership information in accordance with the business status selected under Question 1. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

**Please make additional copies to complete for each owner, officer, shareholder or partner**

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
LENGTH OF CURRENT RESIDENCE	DRIVERS LICENSE NUMBER	STATE ISSUED	DATE OF BIRTH	
TITLE/POSITION (OWNER/OFFICER/ SHAREHOLDER/PARTNER)	SOCIAL SECURITY NUMBER	CELL PHONE	GENDER	HOURS PER WEEK
EMAIL ADDRESS		NAMES FORMERLY KNOWN AS		

17. Eligibility Information regarding the above named:

- Yes     No    Citizen of the United States?
- Yes     No    Resident of the County of Rock Island?
- Yes     No    Resident of the City of Moline?
- Yes     No    Ever been convicted of a felony under Federal Law or the laws of any State in the United States?
- Yes     No    Ever been arrested for a felony, posted bail and then forfeited said bail under Federal Law or the laws of any State in the United States?
- Yes     No    Ever been convicted of any crime or misdemeanor involving moral turpitude?
- Yes     No    Ever had a liquor license revoked for cause under the laws of any State in the United States or any of their political subdivisions?
- Do you have a business or personal relationship with any of the following:
- Yes     No    Mayor of the City of Moline?
- Yes     No    A City Council member of the City of Moline?
- Yes     No    A City Attorney of the City of Moline?
- Yes     No    A Police Officer of the City of Moline?
- Yes     No    A Building Official of the City of Moline?
- Yes     No    A Zoning Administrator of the City of Moline?

18. Management of the Licensed Establishment

- Yes     No    Will any of the above named manage the business and be on the premises for a minimum of 40 (forty) hours per week?  
 If the answer is no, please proceed to question 19 & 20  
 If the answer is yes, please proceed to the affidavit on page 8

19. Management Information

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
LENGTH OF CURRENT RESIDENCE	DRIVERS LICENSE NUMBER	STATE ISSUED	DATE OF BIRTH	
TITLE/POSITION	SOCIAL SECURITY NUMBER	CELL PHONE	GENDER	HOURS PER WEEK
EMAIL ADDRESS		NAMES FORMERLY KNOWN AS		

20. Eligibility Information regarding the above named:

- Yes     No    Citizen of the United States?  
 Yes     No    Resident of the County of Rock Island?  
 Yes     No    Resident of the City of Moline?  
 Yes     No    Ever been convicted of a felony under Federal Law or the laws of any State in the United States?  
 Yes     No    Ever been arrested for a felony, posted bail and then forfeited said bail under Federal Law or the laws of any State in the United States?  
 Yes     No    Ever been convicted of any crime or misdemeanor involving moral turpitude?  
 Yes     No    Ever had a liquor license revoked for cause under the laws of any State in the United States or any of their political subdivisions?  
 Do you have a business or personal relationship with any of the following:  
 Yes     No    Mayor of the City of Moline?  
 Yes     No    A City Council member of the City of Moline?  
 Yes     No    A City Attorney of the City of Moline?  
 Yes     No    A Police Officer of the City of Moline?  
 Yes     No    A Building Official of the City of Moline?  
 Yes     No    A Zoning Administrator of the City of Moline?

# AFFIDAVIT OF APPLICANT

STATE OF ILLINOIS            )  
  ) SS  
COUNTY OF ROCK ISLAND    )

I/We, the undersigned being first duly sworn upon our oath(s) state and depose as follows:

1. I/We understand that the foregoing information is set forth so that we might obtain a liquor license.
2. That under the State Laws of the State of Illinois, the answers to questions in number 17 (seventeen) are material to the question of whether or not I/we are entitled under the law to obtain a liquor license in the State of Illinois.
3. I/We acknowledge ownership and assume financial responsibility for all City of Moline fees, taxes or other monies owing.
4. That I/we understand that making a false affidavit constitutes perjury where a false answer is made knowingly to a material question.
5. That I/we have personally prepared the answers to the above questions.
6. That I/we have reread them, and find them to be wholly true, and I/we wholly understand them.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

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

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



CITY OF MOLINE  
AUTHORIZATION FOR RELEASE  
OF PERSONAL INFORMATION

Please make additional copies to complete for each owner, officer, shareholder, partner or liquor manager

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Moline Police Department, whether the said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Moline from any and all liability, which may be incurred as a result of collecting such information.

**I hereby swear/affirm that all information in or supplementing this application are complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for revocation if discovered subsequent to licensing.**

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Personal Information".

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

\_\_\_\_\_  
Date

# STATEMENT OF OWNER OF PREMISES FORM



Parcel Number: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

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

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

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

Doing Business As: \_\_\_\_\_

As property owner/s of the above address, I/we do hereby certify that as the owner/owners of the premises described above, agree that if the city of Moline, Illinois, issues a license to the applicant named in such application for said premises and such license is thereafter revoked for cause, the said City will neither be required nor requested to issues another license for said premises to any other person whatsoever for a period of one year after such revocation.

By: \_\_\_\_\_

Signature

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

\_\_\_\_\_  
Printed Title

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

By: \_\_\_\_\_

Signature

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

\_\_\_\_\_  
Printed Title

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

# STATEMENT OF RECEIPT OF LIQUOR ORDINANCE & PREPARED FOOD & LIQUOR TAX FORM



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

Doing Business As: \_\_\_\_\_

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

Licensee Phone: \_\_\_\_\_

I, \_\_\_\_\_, liquor license applicant for the above named establishment hereby acknowledge receipt of Chapter 4, Alcoholic Liquor, of the Moline Code of Ordinances as well as the 1.5% Prepared Food & Liquor Tax Form.

By: \_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

PROPERTY OWNERS CONSENT FORM  
LIQUOR LICENSE  
City of Moline



As a nearby property owner, I/we DO NOT object to a liquor license being issued for the property located at:

\_\_\_\_\_

Moline, IL 61265

Parcel Number: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

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

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

By: \_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Title

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Title

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

CITY OF MOLINE  
2010

PREPARED FOOD AND LIQUOR TAX RETURN  
Pursuant to City of Moline Ordinance 31-7100

www.moline.il.us

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

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

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

\_\_\_ Check here if above information is updated/changed

Federal I.D. Number: \_\_\_\_\_

Return Filed for Month/Year: \_\_\_\_\_

1. Total Receipts from sale of prepared food and liquor	\$
2. 1.5% Prepared Food & Liquor Tax (Line 1 x .015)	\$
3. Late Filing Penalty (Line 2 X .015) 1.5% per month	\$
4. Total Amount of Tax and Penalty Due (Add Lines 2 and 3)	\$
5. Total Amount Paid (If Different from Line 4 - Total Amount Due)	\$

INSTRUCTIONS FOR FILING:

**TAX AMOUNT:** Effective January 1, 2010, the tax rate is 1.5% on the sales of prepared food and liquor.

**DUE DATE:** Monthly return is due no later than the last day of each calendar month, for tax owing for the previous month.

**PENALTY:** Late charges are calculated at the rate of one and one-half percent (1.5%) per thirty (30) day period, or portion thereof, from the date of delinquency.

**REMITTANCE:** Make checks payable and remit to: City of Moline  
Attn: PF-LT  
1616 6<sup>th</sup> Avenue  
Moline, IL 61265  
(309) 524-2072

Please include a copy of your State Form ST-1.

\_\_\_\_\_  
I certify under penalty as prescribed by law that I have examined this return and, to the best of my knowledge, it is true and accurate.

Signature of Preparer: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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