



LIQUOR LICENSE APPLICATION

For questions or further information, contact:

Office of the Local Liquor Control Commissioner

**Mayor, Local Liquor Control Commissioner
City Clerk, Deputy Local Liquor Control Commissioner**

619 16th Street, Moline, IL 61265

Phone: 309-524-2004

cityclerk@moline.il.us

The City of Moline's Chapter 4, "Alcoholic Liquors," of the Moline Code of Ordinances, may be viewed on the City's website at www.moline.il.us

NOTE:

1. The licensing process takes 6 – 8 weeks on average.
2. A State of Illinois liquor license must be obtained after the City of Moline liquor license is issued. Please visit the State of Illinois Liquor Control Commission website at <https://www.illinois.gov/ilcc> for State licensing information and contacts.

CITY OF MOLINE, IL - LIQUOR LICENSE APPLICATION CHECK LIST

NOTE: Consents by surrounding property owners may be required per Sec. 4-3202 of the Moline Code of Ordinances. This is the first step in the application process. Contact the City Clerk for more information.

_____ Permission for Background Check Form. Background check with the Moline Police Department for any of the following persons must be completed. Results may take up to 6 weeks.

_____ Sole Proprietor _____ Persons who own 5% or more of Corp. or LLC
_____ Individuals in a Partnership _____ Liquor Manager

_____ Completed Application

_____ Fee: \$3,000 Non-Refundable Fee made payable to "City of Moline"

_____ Fee: Pro-Rated Annual Fee for Liquor License by Class and any applicable Options – to be determined upon submission of completed Application

_____ Documentation of Business Type – provide the applicable document copies for the business type:

- Sole Proprietor: assumed business name filing (for DBA), if applicable, from Rock Island County
- Partnership: partnership agreement; assumed business name filing (for DBA), if applicable, from Rock Island County
- IL Corporation: articles of incorporation filing with IL Secretary of State; fully executed corporate minutes or resolution listing ownership/shareholder names and percentage of ownership
- Foreign Corporation: articles of incorporation filing with applicable Secretary of State; documentation showing qualifications to do business in IL from the IL Secretary of State; fully executed corporate minutes or resolution listing ownership/shareholder names and percentage of ownership
- Limited Liability Company (LLC): articles of organization filing with IL Secretary of State; fully executed operating agreement listing member names and percentage of ownership
- Foreign LLC: articles of organization filing with applicable Secretary of State; documentation showing qualifications to do business in IL from the IL Secretary of State; fully executed operating agreement listing member names and percentage of ownership

_____ Copies of State Issued Photo ID with Address of 1) all Owners/Shareholders who own more than 5% of the business; and 2) the Liquor Manager (must be resident of Rock Island County)

_____ Proof of the Right to Possession of Property/Premises by one of the following:
_____ Deed or _____ Lease

_____ Statement by Owner of Premises

_____ Certificate of Liquor Liability (Dram Shop) Insurance – contact your insurance agent for information or referral

_____ Statement of Receipt of Chapter 4, "Alcoholic Liquors," of the Moline Code of Ordinances and the City of Moline 1.50% Prepared Food & Liquor Tax Form

_____ Copy of Certificate of Occupancy issued (**prior** to obtaining a liquor license) by City of Moline Building Division – dependent upon renovations/remodeling to premises; call the Building Division at 309-524-2370 for information

_____ Copy of Food License issued (**prior** to obtaining a liquor license) by City of Moline Health Inspection Department; call 309-524-2370 for information



APPLICATION FOR LIQUOR LICENSE

1. Type of Business Exact Name to be used for Licensee (Name of sole proprietor, partnership, corporation or LLC):
- Sole Proprietor _____
- Partnership _____
- Illinois Corporation _____
- Foreign Corporation _____
- Limited Liability Company _____
2. Name of Business (DBA) _____
3. Primary Address of Sole Proprietor, Corporation, Partnership or LLC
- _____
- _____
- _____
4. Primary Phone Number of Sole Proprietor, Corporation, Partnership or LLC
- _____
5. Primary Email of Sole Proprietor, Corporation, Partnership or LLC
- _____
6. Website of Sole Proprietor, Corporation, Partnership or LLC
- _____
7. Address of Premises to be Licensed:
- _____
8. Phone of Premises to be Licensed:
- _____
- (Must be Land Line)
9. Owner of Premise to be Licensed:
- _____
10. Address of Owner of Premise: _____

11. **Class of License:** Check one Class and any Options under that Class that apply
Note: Special Use Permit required for any On-Site or Off-Site special event (per Sections 4-3316 and 4-3317 of the Moline Code of Ordinances)
-
- Class A Consumption on Premises Incidental Activity (\$3,000 one-time application fee; \$1,400.00 Annual Fee/Oct 1-Sep 30) ***Includes Restaurants, banquet halls, theaters, bowling alleys, and recreational facilities***
- Option 1 Outdoor Use (No Annual Fee)
 - Option 2 Extended Hours until 3 a.m. (\$1000.00 Annual Fee)
(Check Availability - this option is capped at 10)
-
- Class B Tavern (\$3,000 one-time application fee; \$1,400.00 Annual Fee/Oct 1-Sep 30)
(Check Availability - this Classification is capped at 20)
- Option 1 Outdoor Use (No Annual Fee)
 - Option 2 Extended Hours until 3 a.m. (\$1000.00 Annual Fee)
 - Option 3 Self-Pour (No Annual Fee)
-
- Class C Packaged Sales Only (\$3,000 one-time application fee; \$1,400.00 Annual Fee/Oct 1-Sep 30)
-
- Class D Not-for-Profit Organizations - Clubs/Churches (\$1,000 one-time application fee; \$700.00 Annual Fee/Oct 1-Sep 30)
- Option 1 Outdoor Use (No Annual Fee)
-
- Class E Caterer's License – In City (No application fee; \$400.00 Annual Fee/Oct 1-Sep 30)
-
- Class EE Caterer's Registration – Out-of-City (\$1,000 one-time application fee; \$700.00 Annual Fee/October 1-September 30)
-
- Class F Hotel/Motel (\$3,000 one-time application fee; \$1,400.00 Annual Fee/Oct 1-Sep 30)
- Option 1 Outdoor Use (No Annual Fee)
-
- Class G Specialty Retailer (\$3,000 one-time application fee; \$1400.00 Annual Fee/Oct 1-Sep 30)
- Option 1 Outdoor Use (No Annual Fee)
-
- Class H-Civic Center (\$3,000 one-time application fee; \$6800.00 Annual Fee/Oct 1-Sep 30)
- Option 1 Outdoor Use (No 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: _____ (9 digits XX-XXXXXXX)

15. Illinois Business Tax Number: _____ (8 digits XXXX-XXXX)

16. Business Ownership Information:

Provide the owner information in accordance with the business type selected under Question 1.

- This information must be submitted for all owners.
- The same information must be submitted for any shareholder with interest exceeding 5%.

Please make additional copies to complete for each owner, officer, shareholder or partner
Attach a copy of a Drivers License or State Issued Identification Card

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
NAMES FORMERLY KNOWN AS		EMAIL ADDRESS		

17. Eligibility Information regarding the above named:

- Yes No Citizen of the United States? (Required for Sole Proprietor)
- Yes No Resident of the County of Rock Island? (Required for Sole Proprietor; and, if Partnership, required for one member of partnership)
- Yes No Resident of the City of Moline? (Required for Sole Proprietor)
- 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?

Contact the City Clerk, 309.524.2004, for authorization before making arrangements with the Moline Police Department, 1640 6th Avenue, for a background check, including fingerprints and photograph.

18. Management of the Licensed Establishment – Liquor Manager
 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?

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
NAMES FORMERLY KNOWN AS		EMAIL ADDRESS		

Attach a copy of a Drivers License or State Issued Identification Card

20. Eligibility Information regarding the above named:
- Yes No Citizen of the United States? (Required for Sole Proprietor)
 - Yes No Resident of the County of Rock Island?
 - 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?

<p>Contact the City Clerk, 309.524.2004, for authorization before making arrangements with the Moline Police Department, 1640 6th Avenue, for a background check, including fingerprints and photograph.</p>

AFFIDAVIT OF LIQUOR MANAGER

This Affidavit must be signed before a Notary Public.

STATE OF ILLINOIS)
) SS
COUNTY OF ROCK ISLAND)

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 the aforementioned might obtain/maintain a liquor license in the City of Moline.
2. That under the State Laws of the State of Illinois, the answers to questions are material to the question of whether or not the establishment is entitled under the law to obtain a liquor license in the State of Illinois.
4. That I understand that making a false affidavit constitutes perjury where a false answer is made knowingly to a material question.
5. That I have personally prepared the answers to the above questions.
6. That I have reread them, and find them to be wholly true, and I/we wholly understand them.

Printed Name of Business (DBA)

Printed Name of Liquor Manager

Signature of Liquor Manager

Date

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

Notary Public

AFFIDAVIT OF APPLICANT

Please make additional copies to complete for each applicant owner/shareholder

This Affidavit must be signed before a Notary Public.

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.

Printed Name of Business (DBA)

Printed Name of Applicant (Individual)

Signature of Applicant (Individual)

Date

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

Notary Public



CITY OF MOLINE
BACKGROUND INVESTIGATION
RELEASE OF PERSONAL INFORMATION

I, _____, am applying for (circle one- *Liquor Body Art Massage License*) and 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 authorize to be photographed and fingerprinted by the Moline Police Department, said fingerprinting will be used in connection with obtaining my criminal history information from the Illinois Department of State Police pursuant to the Illinois Uniform Conviction Information Act (20 ILCS 2635/1 *et seq.*) and amendments thereto. The Moline Police Department will provide a copy of my criminal history results pursuant to the Illinois Uniform Conviction Information Act (20 ILCS 2635/7-A2 *et seq.*) and within 7 working days of receiving a copy, I shall have the obligation and responsibility to notify the Moline Police Department if the information is inaccurate or incomplete.

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 is 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 my license revocation if discovered subsequent to licensing.

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

Applicant Information			
Name	Click or tap here to enter text.	Date of Birth:	Click or tap here to enter text.
Address	Click or tap here to enter text.	Phone #	Click or tap here to enter text.
Signature	_____		Date Click or tap to enter a date.

APPLICANT CRIMINAL HISTORY QUESTIONS

The City of Moline may disqualify individuals during the background check investigation if: a person is not of good character and reputation in the community in which such person resides, a person is not a citizen of the United States: a person who has been convicted of a felony under any federal or state law, a person who has been convicted of any crime or misdemeanor involving moral turpitude, unless the local liquor control commissioner determines that such person has been sufficiently rehabilitated to warrant the public trust after considering matters set forth in such person's application and the commissioner's investigation, the burden of proof of sufficient rehabilitation shall be on the applicant.

The applicant must answer if they have either been charged or convicted of the following criminal offenses listed below:

Criminal Offense	YES	NO	Criminal Offense	YES	NO
First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Indecent Solicitation of a Child	<input type="checkbox"/>	<input type="checkbox"/>
Treason	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of a Child	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Battery	<input type="checkbox"/>	<input type="checkbox"/>	Soliciting for a Prostitute	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Arson or Arson	<input type="checkbox"/>	<input type="checkbox"/>	Keeping a Place of Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Burglary or Residential Burglary	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Prostitute	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Kidnapping or Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Pimping	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Assault	<input type="checkbox"/>	<input type="checkbox"/>	Aiding Escape	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Offering a Bribe	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Criminal Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	Simulating Legal Process	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	Deceptive Practices	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Battery	<input type="checkbox"/>	<input type="checkbox"/>	Theft (Misdemeanor or Felony)	<input type="checkbox"/>	<input type="checkbox"/>
Impersonation of Police Officer, Veterans or any Charitable Organizations				<input type="checkbox"/>	<input type="checkbox"/>
Resisting or Obstructing a Peace Officer or Correctional Institution Employee				<input type="checkbox"/>	<input type="checkbox"/>
Escape; Failure to Report to a Penal Institution or to Report for Periodic Imprisonment				<input type="checkbox"/>	<input type="checkbox"/>
Harassment of Representatives for the Child, Jurors, Witnesses, or Others				<input type="checkbox"/>	<input type="checkbox"/>
Delivery or Possession of any Narcotics/ Dangerous Drug				<input type="checkbox"/>	<input type="checkbox"/>
Manufacture or Delivery of Cannabis				<input type="checkbox"/>	<input type="checkbox"/>
Delivery of Cannabis on School Grounds				<input type="checkbox"/>	<input type="checkbox"/>
Any gambling offense as prescribed by 720 ILCS 5/28-1 through 720 ILCS 5/28-9				<input type="checkbox"/>	<input type="checkbox"/>
Any felony crime which involves the use or threat of physical force or violence against any individual.				<input type="checkbox"/>	<input type="checkbox"/>
A misdemeanor or licensing ordinance violation from any jurisdiction, based upon conduct related to the business for which the business license was applied.				<input type="checkbox"/>	<input type="checkbox"/>

Applicant signature: _____ **Date:** _____



STATEMENT OF OWNER OF PREMISES FORM

Parcel Number: _____

Property Owner Name: _____

Property Address: _____

Property Owner Billing Address: _____

Licensee Name: _____

Doing Business As (DBA): _____

As property owner/s of the above address, I/we do hereby certify and agree that as the owner/s of the premises described above, if the City of Moline, Illinois, issues a liquor license to the applicant named in such application for said premises and such license is thereafter revoked for cause, the City will neither be required nor requested to issue another license for the premises to any other person whatsoever for a period of one year following the 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 1.50% Prepared Food & Liquor Tax Form (see next page).

By: _____

Signature

Printed Name of Applicant (Individual)

Printed Title of Applicant (Individual)

Email Address

Date



PREPARED FOOD AND LIQUOR TAX RETURN

Municipal Code Ordinance 31-7101

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 the sale of alcoholic liquor	\$
2. Total Receipts from the sale of prepared food & non-alcoholic liquor	\$
3. Total Gross Receipts	\$
4. 1.50% Prepared Food & Liquor Tax (Line 3 x .015)	\$
5. Late Filing Penalty (Line 4 X .015) 1.50% per month	\$
6. Total Amount of Tax and Penalty Due (Add Lines 4 and 5)	\$
5. Total Amount Paid (If Different from Line 6 - Total Amount Due)	\$

INSTRUCTIONS FOR FILING:

TAX AMOUNT: The tax rate is 1.50% 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
1630 8th Avenue
Moline, IL 61265
(309) 524-2070
www.moline.il.us

Please include a copy of your State Form ST-1 & ST-2 Form.

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: _____

Email: _____