



10631 Main Street, P.O. Box 283, Roscoe IL 61073
 Phone) 815-623-2829 Fax) 815-623-1360 Email) frontdesk@villageofroscoe.com
RETAIL LIQUOR DEALER'S LICENSE APPLICATION
 §114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Applicant: _____
 Business Name (d/b/a): _____
 Primary Contact Person /Agent: _____
 Mailing Address: _____
 Premise Address: _____
 Email: _____
 Business Phone: _____ Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: _____ Date of Incorporation/Formation: _____
 Is corporation in good standing with Illinois Secretary of State: Yes No
 If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: _____
 Address: _____
 Policy Number: _____ Coverage Limits: _____

Anticipated Revenue

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: _____ %
 Food Sales: _____ %
 General Merchandise (or other): _____ %
 Net Terminal Income (gaming revenue): _____ %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- Class A On & Off Premises (Full Liquor) \$4000.00** **Application Fee \$500.00**
- Class C Package Store (Full Liquor) \$3000.00** *(new licenses and license class changes only)*
- Class D Beer & Wine (On Premises) \$2500.00**
- Class F Full Liquor (On Premise Only) \$3000.00**
- Class G Package Store (Beer & Wine) \$2000.00**
- Class T Temporary (One Day) \$ 100.00**
- Class BL Boutique Gaming \$6000.00**
- Class BP Brew Pub \$2500.00**
- Class CT Caterer Retailer (Full Liquor) \$ 500.00**

Office Use Only

Date Issued: _____ Expires: _____ Fee: _____ License No: _____
 Check # _____ Cash Credit Card Receipt # _____

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General Information (applies to anyone listed in Section 2)

Owner of Premises: _____ *Attach a copy of the lease if applicable*

Date applicant began liquor sales at this premise: _____

Illinois Liquor License Number: _____

- YES NO Has applicant ever made application for a liquor license which was been denied?
 YES NO Has applicant ever had any previous liquor license suspended or revoked?
 YES NO Has applicant ever been convicted of a felony?
 YES NO Has applicant ever been convicted of a gambling offense?
 YES NO Do you possess a current federal wagering or gambling device stamp?
 YES NO Are you, or is any other person, directly or indirectly in your place of business, a public official?

* If yes to any of the above, please explain on separate sheet.

SECTION 2: Owner & Officer Information

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including, officers, directors and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All not-for-profit organizations and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

If additional space is needed, type or print information in the same format and attach the sheet to this application.

1. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
2. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
3. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
4. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
5. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
6. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____

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SECTION 3. Basset Certification

All new and renewal applications for liquor licenses must be accompanied with proof of completion of a State certified Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all owners & personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, the date the certification was issued and the expiration date. A separate Employee Registration Form is required for all employees.

<u>Employee Name</u>	<u>Certification Date</u>	<u>Expiration Date</u>
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		
7 _____		
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AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF ROSCOE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE of ROSCOE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF.

I further swear or affirm that I have read and understand the Village of Roscoe Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Roscoe, including the revenue requirements for the requested liquor license classification and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(TITLE OR POSITION)

(TITLE OR POSITION)

(DATE SIGNED)

(DATE SIGNED)

AFFIRM: _____
(SECRETARY)

(DATE SIGNED)

STATE OF _____)

COUNTY OF _____) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____

NOTARY PUBLIC