



CITY OF CENTREVILLE

5800 Bond Ave
Centreville, Il 62207
618-332-1021 618-332-8822

BUSINESS LIQUOR LICENSE APPLICATION

Application Received By: _____
Date Received: _____
Council Meeting Date: _____
Approved: _____ or Denied: _____

REASON FOR SUBMITTAL:

() New business () Relocation of existing business () New business owner of existing business

BUSINESS OWNER INFORMATION:

Business Owner Name: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ D.O.B. _____
Driver's License / ID #: _____ Social Security Number _____
Email: _____

Co - Business Owner Name: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ D.O.B. _____
Driver's License / ID #: _____ Social Security Number _____
Email: _____

Property Owner: _____
Home Address: _____
State: _____ Zip: _____ Phone: _____

BUSINESS LOCATION AND INFORMATION:

Address: _____
Does your business require a state license? _____
Name of registered Agent of business _____
Address of registered agent _____
Tax Identification Number _____

USE OF PROPERTY:

Type of Business: _____
Hours of operation: _____ If seasonal, from _____ to _____
Number of employees: _____ Retail Sale of merchandise: Yes () () No
Size of building: _____ SQ Area to be used by business: _____ SQ
What type of Equipment will be stored in building: _____

What type of Equipment will be stored outside of building: _____

BUSINESS INFORMATION:

Business Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Business Fax: _____
Business Email: _____

Principle kind of business:

() Tavern () Night Club () Grocery () Restaurant () Drug Store () Package Liquor

Has anyone other than yourself agreed to pay for your license, directly or indirectly? _____

Have you ever been convicted of a crime under the criminal code of Illinois or Federal laws? _____

Have you permitted an appearance bond forfeiture? _____

Are you a resident of the City of Centreville? _____

How long have you resided in the City of Centreville? _____

Have you made application for similar license for any other premises other than those described below?

If so, state disposition of application _____

Are you a law enforcing officer? _____

Is any law enforcing officer or county official directly or indirectly interested financially in your business?

Hours of Operation: Open: _____ Closed: _____

When does your business license expire? _____

Do you agree to promptly close your doors of business as set by the City of Centreville Ordinance? _____

Do you agree not to permit any person of questionable character to frequent your place of business at any time? _____

Do you agree not to sell to minors? _____

Has any license previously issued to you by State, Federal or Local authorities been revoked? _____

State the reason for revocation?

Are you a citizen of the United States? _____ If naturalized, state where naturalized _____

Date of naturalization _____

Will anyone else conduct this business? _____

Have you owned, or operated a business before? If yes, answer the following:

Date From: _____ To: _____

Name of former business _____

Location: _____

Reason for closing: _____

Illinois Business authorization number (Sales / Use Tax number) _____ - _____

You are required to contact the IL Department of revenue to obtain your Business Authorization Number if you are going to conduct business in the state of Illinois. You must provide the city with a copy of your Business Authorization Number and it must be displayed at the location of proposed use.

Inspections: Be advised; a safety inspection will take place at the proposed location prior to any permits being granted. Please provide a contact name and phone number below.

Contact for inspection: _____ at () _____ - _____

Signature of business and Property owner must be notarized

As BUSINESS OWNER for a business occupancy permit and / or business license, I certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City codes in any way and that I must comply with all codes, ordinances and regulations of the City of Centreville, Illinois.

_____ (Print name of business) has appeared before me personally and certified that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate.

Signature of business owner: _____ Date: _____

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

Notary Public: _____ (Notary public stamp)

As PROPERTY OWNER of the property, I certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinance and regulations of the City of Centreville, Illinois.

_____ (Printed name of property owner) has appeared before me personally and certified that all of the above statements contained in any papers or plans submitted herewith are true and accurate.

Signature of property owner: _____ Date: _____

Subscribed and Sworn to before this _____ day of _____ A.D., 20 _____.

Notary Public: _____ (Notary Public Stamp)

Facilities engaging in the business of food service must comply with the requirements of the East Side Health District. Inquiries should be made by calling the Environmental Health Division at 618-271-8722.

STAFF USE ONLY

Aldermanic Board: Yae, Nae, Abstain, Present or Absent

___ Alderman Jethro ___ Alderman Rattler ___ Alderman Smoot ___ Alderman Lott

___ Alderman Wynn ___ Alderman McIntosh ___ Alderman Lovett ___ Alderman Reynolds

Code Enforcement:

(Electrical, Mechanical, Plumbing)

Approved: _____ Denied: _____

Reason:

Signature: _____

Date: _____

Police Background:

Approved: _____ Denied: _____

Reason:

Signature: _____ Date: _____

Mayor's Office:

Approved: _____ Denied: _____

Reason:

Note: All applicants must be presented at the License Committee Meeting, for business to be approved.

Approved : _____

Denied: _____

Amount of Business License: _____