City of Danville
Liquor License Application Check List

Before turning in your application, please check to make sure you have attached/included the following information:

1) Completed Application ______

2) Certificate of Insurance for Liquor Liability ______

3) Copy of Certificate of Occupancy issued by Public Works Department (if applicable)_____

4) If Business is Incorporated be sure to include:
   a) Completed & signed Manager’s form ______
   b) Copy of Incorporation papers ______

5) If purchasing an existing business, a letter from the current license holder is required. The current license must be surrendered when the new license is issued._____

6) If renting the business premises, a copy of the Lease agreement is required._____

7) Three Character References ______

8) The fee is prorated through June; including the month application is filed. Fee paid:_____

9) Meet with Accounts Receivable regarding Liquor Taxes._____

If you have any questions, please call the City Clerk’s office at 217-431-2304 or 217-431-2867 or email to lmonson@cityofdanville.org.
INSTRUCTIONS FOR LIQUOR LICENSE APPLICATIONS

- Review Intoxicating Liquor Ordinance (Chapter 96)

- Review Liquor License Checklist and complete the Liquor License Application.

- Mail completed application, along with all supporting documents to City Clerk’s Office, 17 W. Main Street, Danville IL 61832, or submit electronically to cityclerk@cityofdanville.org with payment made by credit card. Credit card payments can be taken over the phone by calling (217) 431-2304. Please make checks payable to City of Danville.

- Completed application, attachments & payment can also be dropped off in person at the City Clerk’s office at the Robert E. Jones Municipal Building, 1st Floor, 17 W. Main St., Danville IL between the hours of 8:00 a.m. – 12:00 p.m. and 1:00 p.m. – 4:30 p.m., Monday through Friday.

- Upon receipt of payment and application, the City Clerk’s office will forward documents to the Liquor Commissioner and begin processing the Business Liquor License.

- Accounts Receivable will need to meet with you regarding Liquor Taxes. (Finance Division at the Robert E. Jones Municipal Building, 1st Floor, 17 W. Main St., Danville IL between the hours of 8:00 a.m. – 12:00 p.m. and 1:00 p.m. – 4:30 p.m., Monday through Friday.)

**If you plan to have Video Gaming Terminals and/or Amusement Devices in your facility you will need to apply for a Video Gaming Premise License and/or an Amusement Device Premise License. Please contact the City Clerk’s Office at (217) 431-2304 for more information.
Application for Liquor License (Ch. 96.01 – 96.99)
Liquor Commissioner: Mayor Rickey Williams, Jr.

(Please print legibly or type application)

The undersigned hereby makes application for the issuance of a City License for the sale of alcoholic liquor and hereby certifies to the following facts:

- Type of Business: (Check one) Corporation ☐ LLC ☐ Partnership ☐ Individual Applicant ☐

- Name of Corporation, LLC, Partnership, or Individual: ____________________________

  If Corporation, Date of Incorporation: _______________ Purpose of Incorporation: __________

  ____________________________

- Office Address of Corporation, LLC, Partnership, or Individual:
  Street: ____________________________ City: __________ State: _______ Zip: _______

  Office Phone: ______________________ Office Fax: ______________________

- Classification of License Applying for: (See Section 96.07 of the Liquor Ordinance for definition.)
  (Please check one)
  ☐ Class A ☐ Class AA ☐ Class B ☐ Class BW ☐ Class E ☐ Class F ☐ Class GC ☐ Class P
  ☐ Class PG ☐ Class Q ☐ Class R ☐ Class S ☐ Class V ☐ Class W ☐ Class Z

- Local Business Name (assumed or d/b/a name): ________________________________

- Phone Number for Local Establishment: ________________________________

- Mailing Address (if different than above):
  Street__________________________ City________________ State: _______ Zip: _______

- Contact Person (If Other Than Individual):

  Phone No: _____________________ E-mail Address: __________________________

  FEIN: __________________________ IL Business Registration #: ______________________
  (Federal Employer Identification Number)

- Mail business license renewal to: ☐ Local Business Address ☐ Corporation, LLC, Partnership Address

Renewal period for liquor licenses is May 1st through June 30th.
**Business Information:** (Please print clearly or type)

For Corporations: List each Officer/Director, For LLCs: List LLC Manager and all members of the LLC, For Partnerships: List each Partner, and For Individual: List individual applicant.

Name: Last: ____________________________ First: ____________________________ MI: 

Home Address: Street: 
City: ____________________________ State: ____________ Zip: 

Contact Numbers: Main: ____________________________ Cell: ____________________________ 

E-mail Address: ____________________________ (optional) 

SSN: ____________ / ____________ / ____________ Date of Birth: ____________ / ____________ / ____________ 

Position/Title: 

Citizen of the United States: ☐ Yes ☐ No 
If a naturalized citizen, list the time and place of naturalization:

Name: Last: ____________________________ First: ____________________________ MI: 

Home Address: Street: 
City: ____________________________ State: ____________ Zip: 

Contact Numbers: Main: ____________________________ Cell: ____________________________ 

E-mail Address: ____________________________ (optional) 

SSN: ____________ / ____________ / ____________ Date of Birth: ____________ / ____________ / ____________ 

Position/Title: 

Citizen of the United States: ☐ Yes ☐ No 
If a naturalized citizen, list the time and place of naturalization:

Name: Last: ____________________________ First: ____________________________ MI: 

Home Address: Street: 
City: ____________________________ State: ____________ Zip: 

Contact Numbers: Main: ____________________________ Cell: ____________________________ 

E-mail Address: ____________________________ (optional) 

SSN: ____________ / ____________ / ____________ Date of Birth: ____________ / ____________ / ____________ 

Position/Title: 

Citizen of the United States: ☐ Yes ☐ No 
If a naturalized citizen, list the time and place of naturalization:

* Please copy this page (if needed) to list all required persons

**Please inform the City Clerk’s Office when/if there is a change in Officers.**
• Have you (or anyone listed above) made a similar application for a similar license on premises other than described in this application?  □ Yes  □ No
  What was the disposition of that application?  ____________________________________________________________

• Have you (or anyone listed above) ever been convicted of a felony?  □ Yes  □ No
  Can you (or anyone listed above) be disqualified to receive a license by reason of any matter contained in the ordinance, laws of the State of Illinois or other ordinance of the City?  □ Yes  □ No
  If yes, list the reason(s):  ____________________________________________________________

• Have you (or anyone listed above) ever had a previous license revoked either by the City, State or Federal government?  □ Yes  □ No
  If yes, list the reason(s):  ____________________________________________________________

• Have you (or anyone listed above) ever been convicted of a violation of any Federal or State law concerning the manufacture, possession, or sale of alcoholic liquor, or forfeited your liquor bond to appear in court to answer charges for any violation?  □ Yes  □ No
  If yes, explain:  ____________________________________________________________

• Do you own the premises?  □ Yes  □ No
  If no, Owner’s name:  ____________________________________________________________
  Owner’s address:  ____________________________________________________________
  Term of Lease:  ____________________________________________________________
  *Terms of lease must be submitted with this application 96.04 (B)(12), please attach copy.

• Are the premises already operating under a liquor license?  □ Yes  □ No
  If No, will the premises be ready to open upon issuance of a liquor license?
  □ Yes, state anticipated date of opening:  ____________________________________________________________
  □ No, state reason and anticipated date of opening:  ____________________________________________________________

  *A liquor license will not be issued until a Certificate of Occupancy has been issued by the City of Danville.

• *If applying for a Class S or Class W license, please list three (3) types of liquor you plan to sell:  (Ch.96.07(A)(12)and(15)

  1)  ____________________________________________________________
  2)  ____________________________________________________________
  3)  ____________________________________________________________

06/2015, amend 05/2019  LIQUOR LICENSE APPLICATION FORM  Page 3 of 5
Please Submit Three (3) Character References with Application – Ch. 96.04 (B)(10):
(Please print clearly or type)

1) Name: ___________________________ First: ___________________________
   Address: Street: ___________________________
   City: ___________________________ State: ___________ Zip: ___________
   Phone: Home: (_____ ) ___________________________ Mobile: (_____ ) ___________________________
   E-mail Address (optional): ___________________________

2) Name: ___________________________ First: ___________________________
   Address: Street: ___________________________
   City: ___________________________ State: ___________ Zip: ___________
   Phone: Home: (_____ ) ___________________________ Mobile: (_____ ) ___________________________
   E-mail Address (optional): ___________________________

3) Name: ___________________________ First: ___________________________
   Address: Street: ___________________________
   City: ___________________________ State: ___________ Zip: ___________
   Phone: Home: (_____ ) ___________________________ Mobile: (_____ ) ___________________________
   E-mail Address (optional): ___________________________
Affidavit for a Liquor License

State of Illinois  )
County of Vermilion )

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the City of Danville or the laws of the United States of America, and shall comply with Chapter 96 of the City of Danville, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

Signed this ______ day of ____________________, 20____ by (Individual, all partners if a Partnership, or duly authorized agent if a Club, Unincorporated Association, Limited Partnership, or Corporation.)

Signature of Applicant or Authorized Agent  Printed Name & Title of Applicant  Date

Signature of Applicant or Authorized Agent  Printed Name & Title of Applicant  Date

Signature of Applicant or Authorized Agent  Printed Name & Title of Applicant  Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS ______ DAY OF ____________________, 20____.

__________________________
NOTARY PUBLIC

(NOTARY SEAL)

*Please return completed application to the City Clerk’s Office, 17 W. Main St., Danville, IL 61832. Questions can be directed to the City Clerk’s Office at (217) 431-2304.

OFFICE USE ONLY

Date Received: ____________________  By: __________  Paid: $_________  Date Paid: __________

Executive Assistant to Mayor: __________  Date: __________  Accounts Receivable: __________  Date: __________

Liquor Commissioner: ____________________  Approved: _____  Denied: ____  Date: __________

Liquor License: Mailed______  Picked Up______  Date: ____________________  By: __________

Liquor License Number: __________  Effective date of Liquor License: __________

06/2015, amend 05/2019  LIQUOR LICENSE APPLICATION FORM  Page 5 of 5
MANAGER’S CONSENT FORM FOR LIQUOR LICENSES
LIQUOR LICENSE APPLICATIONS/RENEWALS

*PLEASE PRINT AS MANY COPIES AS NEEDED FOR EACH BAR/LIQUOR MANAGER

Name of Business/Establishment:__________________________________________________________

Name: ____________________________________________________________ M List any aliases (including maiden name)
Last First

Home Address: ______________________________________________________________________

Phone: ___________________________ Date of Birth: _____ / _____ / ______ Social Security No: XXX-XX-____

Are you a Citizen of the United States? □ Yes □ No Place of Birth:____________________________________________
If you are a naturalized citizen, please give date and place of naturalization.
____________________________________________________________________________________

Have you ever been convicted of a felony? □ Yes □ No If yes, give particulars, including date and offense:
____________________________________________________________________________________

Have you ever been convicted of a violation of a Federal or State liquor law? □ Yes □ No
If yes, give particulars, including date and offense: __________________________________________

Consent Signature Authorization

I, ________________________________, do hereby consent to allow the Danville Police Department to conduct a background
investigation and further authorize the release of criminal history records, which may be relevant to my being considered for a liquor
manager.

_________________________________________ _________________________________
Date Signature

SUBSCRIBED AND SWORN TO before me this ___ day of ____________________________, 20___.

_____________________________ (Notary Seal)
Notary Public

CITY USE ONLY:

Date Received: _____________________ By: ___________________

Background Check Approved: _____ Yes _____ No By: ___________________

Approved: ___________________________ Date: ___________________

Mayor/Liquor Commissioner