



CITY OF DANVILLE
17 W. Main St., Danville, IL 61832
City Clerk's Office, (217) 431-2304

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.



Rickey Williams, Jr., Mayor

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.**

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) _____

Please Submit Three (3) Character References with Application – Ch. 96.04 (B)(10):

(Please print clearly or type)

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

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

3) **Name:** Last: _____ 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: _____



CITY OF DANVILLE
 17 W. Main St., Danville, IL 61832
 City Clerk's Office, (217) 431-2304
 cityclerk@cityofdanville.org

Please allow 3-5 business days for processing of Manager's Form.

**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: _____
Last First M List any aliases (including maiden name)

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
Print Name Here
 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 Public

(Notary Seal)

CITY USE ONLY: _____

Date Received: _____ By: _____

Background Check Approved: ____ Yes ____ No By: _____

Approved: _____ Date: _____
 Mayor/Liquor Commissioner