



700 N. DIVISION STREET  
MORRIS, ILLINOIS 60450

**CITY OF MORRIS**  
**Richard P. Kopczick**  
Mayor

(815) 942-5438  
FAX: (815) 941-5236

## APPLICATION FOR LIQUOR LICENSE

**Morris, Illinois**

**Date:** \_\_\_\_\_

To the Mayor of the City of Morris, Illinois:

The undersigned hereby make application for a City of Morris Class \_\_\_\_\_ liquor license under the Ordinances of the City of Morris, and makes the following statements of facts and representations in support of such application:

### 1. OWNERSHIP INFORMATION

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder or member owning in the aggregate an ownership interest equal to or more than 5%, and/or manager or agent conducting the business. Please indicate the total percentage of stock ownership, if any, which is held by persons who hold less than a 5% interest. All Not-For-Profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format, as this application requires.

For each person, please provide full name, home address, city, state, zip code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

NAME		DATE OF BIRTH	SEX
ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	TITLE/POSITION	% OWNED	AREA CODE/TELEPHONE NO.

B.

NAME			DATE OF BIRTH	SEX
ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	TITLE/POSITION	% OWNED	AREA CODE/TELEPHONE NO.	

C.

NAME			DATE OF BIRTH	SEX
ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	TITLE/POSITION	% OWNED	AREA CODE/TELEPHONE NO.	

D.

NAME			DATE OF BIRTH	SEX
ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO.	TITLE/POSITION	% OWNED	AREA CODE/TELEPHONE NO.	

E. Total percentage of all stock held by all persons with less than 5% interest \_\_\_\_\_%.

2. **STATUS OF BUSINESS**

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State and/or the Grundy County Clerk's Office.

Based on the line that you check, provide the date of the filing of the sole proprietorship/assumed name with the County Clerk; in the case of a partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

A.  SOLE PROPRIETORSHIP Date filed with the County Clerk: \_\_\_\_\_

B.  PARTNERSHIP Date of Formation: \_\_\_\_\_

C.  ILLINOIS CORPORATION Date of Incorporation: \_\_\_\_\_

D.  FOREIGN CORPORATION State of Incorporation: \_\_\_\_\_

Date Qualified to do business in Illinois: \_\_\_\_\_

E.  LIMITED LIABILITY COMPANY Date of Formation: \_\_\_\_\_

If "C" or "D" is checked, indicate your current Secretary of State file number here \_\_\_\_\_  
(If you do not have this number available, please contact the Secretary of State's office at 1-312-793-3380).

**3. CORPORATION / LLC INFORMATION**

A. **NOTE! This name must be consistent with the name on your Illinois Department of Revenue Sales Tax Registration Certificate!** If not Incorporated or a LLC, proceed to Section 4.

NAME AS IT IS TO APPEAR ON LICENSE (EX: CORP OR LLC NAME, D/B/A)

B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NO.#
ext.

C. ADDRESS

In the next box enter the address of the business premises.

ADDRESS

D. BUSINESS TYPE

Check the one line which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- Restaurant
- Convenience
- Supermarket
- Liquor Store
- Department Store
- Bar/Tavern
- Hotel/Motel
- Convenience & Gas
- Small Grocery
- Gas Station
- Other \_\_\_\_\_

E. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, zip code of this warehouse.

ADDRESS	CITY	STATE	ZIP CODE

F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state and zip code, along with a written copy of your Lease Agreement.

LANDLORD NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

**4. BUSINESS PREMISE INFORMATION**

A. BUSINESS NAME

Enter the name of the business which will be selling or serving alcoholic beverage at the licensed premises.

NAME AS IT IS TO APPEAR ON LICENSE

B. BUSINESS ADDRESS

ADDRESS	CITY	STATE	ZIP CODE

C. REGISTERED AGENT NAME

NAME

D. REGISTERED AGENT ADDRESS

ADDRESS	CITY	STATE	ZIP CODE

E. TELEPHONE

AREA CODE/TELEPHONE NO.#
ext.

F. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

G. ILLINOIS BUSINESS TAX NUMBER (IBT OR SALES TAX NO.)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax) Number. If you need to obtain this number, call the Illinois Department of Revenue in Chicago at 1-312-814-5232 or in Springfield at 1-217-785-3707. Or call toll-free at 1-800-732-8866.

ILLINOIS BUSINESS TAX #

5. **LIQUOR LICENSE HISTORY**

A. FIRST LICENSE APPLICATION – LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc's, first application for a liquor license at any premises. If you check "NO", indicate the date and location of your first liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

Is this your first license application?     YES     NO

If no, provide date first applied: \_\_\_\_\_

Disposition:     GRANTED     DENIED     WITHDRAWN

Address of prior application(s): \_\_\_\_\_  
\_\_\_\_\_

B. FEDERAL REGISTRATION AND RETURN

To sell alcoholic beverages, you are required to register with the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB).

Have you filed a TTB Form 5630.5 "Annual Special Tax Registration and Return"?  
 YES     NO

If no is checked, TTB Form 5630.5 may be obtained from the National Revenue Center at 1-800- 937-8864 or downloaded at [www.ttb.gov](http://www.ttb.gov).

C. TYPE OF LIQUOR LICENSE

- On premises consumption (patrons consume alcoholic beverages on premise only)
- Off premise consumption (carry-out purchases only)
- On/off premise consumption combination (both on premise consumption and carry-outs)

## 6. CERTIFICATE OF INSURANCE

You MUST provide a copy of your Certificate of Insurance. The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) The applicant named as the insured (e.g. if the applicant is a corporation, then the corporation's name must be listed.) 2) The address of the location where the liquor is being consumed; and 3) The dates of coverage and the coverage limits.

## 7. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 1. These questions MUST be answered. IF THE QUESTIONS ARE NOT CHECKED, THE APPLICATION WILL BE REJECTED AS INCOMPLETE. If any question is checked "YES" other than the first 2 questions, a written detailed explanation is required and must be attached to this application.

\_\_\_\_ YES    \_\_\_\_ NO    Are you a resident of the City of Morris, if not, please identify the manager of the business that does reside in the City of Morris?

\_\_\_\_ YES    \_\_\_\_ NO    Are you a citizen of the United States?

\_\_\_\_ YES    \_\_\_\_ NO    If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or resident aliens with legal status?

\_\_\_\_ YES    \_\_\_\_ NO    Have you ever applied for and been denied a liquor license?

\_\_\_\_ YES    \_\_\_\_ NO    Have you had any previous liquor licenses revoked?

\_\_\_\_ YES    \_\_\_\_ NO    Have you ever been convicted as a keeper of a house ill fame?

\_\_\_\_ YES    \_\_\_\_ NO    Have you ever been convicted of a felony?

\_\_\_\_ YES    \_\_\_\_ NO    Have you ever been convicted of a gambling offense as defined under Section 5/6-2 of the Riverboat Gambling Act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, "gambling," 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling," and 720 ILCS 5/28-3, "keeping a gambling place"?

\_\_\_\_ YES    \_\_\_\_ NO    Have you ever been convicted of pandering or a misdemeanor opposed to decency or morality?

\_\_\_\_ YES    \_\_\_\_ NO    Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?

\_\_\_\_ YES    \_\_\_\_ NO    Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?

\_\_\_\_ YES    \_\_\_\_ NO    Are you or any other person having a direct interest in your place of business more than thirty (30) days delinquent complying with a child support payment order?

\_\_\_\_ YES    \_\_\_\_ NO    If you are the representative of a corporation, has any person or entity owning 5% or more of the stock in the corporation been convicted of any of the crimes listed above or failed to meet any of the qualifications listed above?

**8. HOURS OF OPERATION**

List the daily hours open for business.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**9. SIGNATURE/TITLE/DATE**

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. **The signature must be an original, rubber stamps are not accepted.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF MORRIS TO ISSUE A LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE ORDINANCES OF THE CITY OF MORRIS, THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

**FURTHER, I AGREE TO NOTIFY THE CITY OF MORRIS WITHIN FOURTEEN (14) WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 1, THEY MUST PROVIDE THE CITY WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 1, EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)**

\_\_\_\_\_  
Signature of Applicant/Authorized Agent

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date

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**FOR CITY OF MORRIS USE ONLY**

Fee tendered herewith: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Granted \_\_\_\_\_

Denied \_\_\_\_\_

By: \_\_\_\_\_