



THE CITY OF CALUMET CITY

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APPLICATION FOR CALUMET CITY RETAILER'S LIQUOR LICENSE

WARNING: YOU CANNOT PURCHASE OR SELL ALCOHOL WITHOUT A VALID CALUMET CITY AND STATE LIQUOR LICENSE

It shall be unlawful to sell or offer for sale at retail any alcoholic liquor without having a retail liquor dealer's license, or in violation of the terms of such license.

(Code 1980, § 3-7; Ord. of 12-3-1963, § 2). State law reference(s)—Power of city to require license, 235 ILCS 5/4-1; state licensing, 235 ILCS 5/1-1 et seq.

PERSONS INELIGIBLE FOR LIQUOR LICENSE: Calumet City Ordinance Sec. 6-87 sets forth a list of persons ineligible for Calumet City Liquor License. Please familiarize yourself with the ordinance which can be found on the Calumet City website: <https://calumetcity.org/calumet-city-department-directory-city-clerk-collector/>

LICENSE CLASSIFICATION: Calumet City Ordinance Sec. 6-82. License classifications, sets forth the license classifications in Calumet City. Please familiarize yourself with the ordinance which can be found on the Calumet City website: <https://calumetcity.org/calumet-city-department-directory-city-clerk-collector/>

You must identify what type of license classification that you want in this application.

Sec. 6-82. License classifications.

The licenses required by this chapter shall be classified as follows and shall authorize the indicated activities:

(1) *Class "B,"* which shall authorize the sale at retail of alcoholic liquor to be consumed on the specified premises, but shall not authorize the furnishing of entertainment on said premises.

- (2) *Class "C,"* which shall authorize the sale at retail of packaged alcoholic liquor on the specified premises, but shall not permit consumption thereon or adjacent thereto, and shall not authorize any entertainment on the premises.
- (3) *Class "C-B,"* which shall authorize the sale of alcoholic liquor to be consumed on the specified premises, and the sale at retail of package liquors for consumption off the premises, but shall not authorize the furnishing of entertainment on said premises.
- (4) *Class "D,"* which shall authorize the sale at retail of alcoholic liquor to be consumed within the established location of a club by the members thereof, and shall authorize entertainment on the specified premises.
- (5) *Class "E,"* which shall authorize the sale at retail of alcoholic liquor to be consumed on the specified premises, and shall authorize the furnishing of entertainment on the specified premises.
- (6) *Class "R,"* which shall authorize the sale at retail of alcoholic liquor on the specified premises only by service of said alcoholic liquor by a waiter or waitress to persons seated at a table with food only, but shall not authorize any entertainment on the specified premises.
- (7) *Class "R-E,"* which shall authorize the sale at retail of alcoholic liquor on the specified premises only by service of said alcoholic liquor by a waiter or waitress to persons seated at a table with food only, and shall authorize the furnishing of entertainment on the specified premises.
- (8) *Class "W,"* which shall authorize the sale at retail of wine on the specified premises, but shall not permit consumption thereon or adjacent thereto, and shall not authorize any entertainment on the specified premises.
- (9) *Class "W-R-E,"* which shall authorize the sale at retail of alcoholic liquor to be consumed on the specified premises, and shall authorize the furnishing of entertainment on the specified premises, but only in conjunction with a restaurant business (with the sale of food items constituting more than fifty (50) percent of the total receipts thereof). Notwithstanding any other provisions of any other applicable ordinances of the city, the Class "W-R-E" license shall not be transferred outside the property commonly known as River Oaks.
- (10) *Class "B-E,"* which shall authorize the furnishing of entertainment on the specified premises and may only be issued to a Class "B" licensee for said Class "B" licensee premises.
- (11) *Class "B-A,"* which shall authorize the sale at retail of alcoholic liquor to be consumed on the specified premises, and shall authorize the furnishing of bowling on the specified premises.
- (12) *Class "R-B-W"* which shall authorize the sale at retail of beer and wine to be consumed on the specified premises only by service by a waiter or waitress to persons seated at a table with food only, but shall not authorize the furnishing of entertainment on said premises.
- (13) *Class "B-H,"* which shall authorize the sale at retail of alcoholic liquor in a banquet hall for consumption on the premises only. Video gaming, as

**City Ordinances only permit a limited number of licenses in each classification.
See Sec. 6-83. Limitation of number of licenses.**

APPLICATION PAYMENTS

License application payments shall be made online by (credit and/or debit) here: <https://calumetcity.org/liquor-license-forms/>

The annual license fees for the indicated licenses shall be as follows:

- B \$3,000.00
- B-A \$3,900.00
- B-E, \$3,900 in addition to the B license fee (Class B-E licenses are non-transferable)
- C \$3,900.00
- C-B \$5,100.00
- D \$2,400.00
- E \$5,100.00
- R \$5,100.00
- R-E \$5,100.00
- W \$2,400.00
- W-R-E \$5,100.00
- R-B-W \$3,000.00
- B-H..... \$5,100.00 (Class B-H licenses are non-transferable)

(c) The first payment required on such a license fee shall be paid at the time the application for the license is made. When paid, the city collector shall issue the payor a receipt. In the event the license applied for is denied, said fee shall be returned to the applicant; if the license is granted, then the fee shall be deposited in the general corporate fund, or in such other fund as shall have been designated by proper action of the city council.

(d) In addition to all other fees, initial applicants shall submit payment in the amount of one hundred twenty dollars (\$120.00) payable to the City of Calumet City for the processing of the liquor applicant fingerprint cards by the Illinois and Federal Bureaus of Identification. Said fee shall be submitted at the time of the filing of the application.

The following documents and information are required prior to receiving approval and issuance of your Calumet City Liquor License.

- 1) True and Accurate copy of applicant’s Certificate of Insurance (not Policy Declaration) if alcohol will be consumed on the premises;
- 2) Proof of Purchase: (e.g., bill of sale, settlement or closing statement, lease, recorded deed). You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietor) has the right to possession of the

property. If there is an existing state liquor license on the premises, you will need to provide a copy of the bill of sale for the business and any inventory (Brand Name, Bottle size and Quantity) purchased.

3) A background check for a liquor license is required. A form is attached to this application.

4) Off-premise liquor licensees must provide a copy of a current, effective certification from a certified training program for all employees who sell or distribute alcoholic liquor.

5) On-premise liquor licensees must provide a copy of a current, effective BASSETT certified training program certificate of completion for all employees who serve, sell or distribute alcoholic liquor.

Note: The closing on the purchase of the business must occur prior to applying for your Calumet City Liquor license.

	Staff use only
Application No.:	
Date Issued:	
Expiration Date:	

1. **APPLICANT – CORPORATE INFORMATION**

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

FEIN#: _____

B. ILLINOIS SALES TAX ACCOUNT ID: Enter the eight-digit Illinois Department of Revenue Sales Tax Account ID. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit tax.illinois.gov, click on “Businesses” and then “How do I Register” under the Business Registration section. If you have any questions, call 217 785-3707.

ILLINOIS SALES TAX ACCOUNT ID: _____

C. NAME: Enter the name of the sole proprietorship, partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. Note: This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME: _____

D. MAILING ADDRESS/PHONE (If different than physical location address/phone)

STREET ADDRESS: _____

AREA CODE/TELEPHONE NUMBER: _____

CITY: _____

STATE: _____

ZIP CODE: _____

E. CURRENT LIQUOR LICENSES IN OTHER LOCATIONS

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

Use additional sheets of paper if more than one business and attach to this application.

2. STATUS OF BUSINESS

Check the applicable box (sole proprietorship, partnership, Illinois corporation, foreign corporation, or limited liability company) which corresponds to your business' official papers filed with the Office of the Illinois Secretary of State. Based on the box that you check, provide: the date of the filing of the sole proprietorship 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; 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. Drivers License copy required.

- A. ___ Sole Proprietorship
- B. ___ Partnership
- C. ___ Illinois Corporation
- D. ___ Foreign Corporation
- E. ___ Limited Liability Company
- F. ___ Not-For-Profit
- G. ___ Government
- H. ___ Receivership
- I. ___ Trust/Estate

Date filed with County Clerk:

Date of Formation:

Date of Incorporation:

State of Incorporation:

Illinois Secretary of State File #:

Date Qualified to do Business in IL:

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding five percent. 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 owning in the aggregate stock equal to or more than five percent (including officers, directors and shareholders with stock equal to or more than five

percent for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent 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.

BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 7 - ELIGIBILITY.

For each owner/officer/partner/five percent shareholder, provide full name, home address, city, state, ZIP Code, Social Security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Total percentage ownership should equal 100 percent. If there are a number of shareholders owning less than five percent, indicate the aggregate total of ownership under Line E.

Name (Last, First, Middle Initial): _____

Home Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

Title/Position: _____

Area Code/Home Telephone Number: _____

% Owned: _____

Name (Last, First, Middle Initial): _____

Home Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

Title/Position: _____

Area Code/Home Telephone Number: _____

% Owned: _____

Name (Last, First, Middle Initial): _____

Home Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

Title/Position: _____

Area Code/Home Telephone Number: _____

% Owned: _____

Name (Last, First, Middle Initial): _____

Home Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

Title/Position: _____

Area Code/Home Telephone Number: _____

% Owned: _____

Name (Last, First, Middle Initial): _____

Home Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

Title/Position: _____

Area Code/Home Telephone Number: _____

% Owned: _____

Use additional sheets of paper if more than one business and attach to this application.

3. BUSINESS LOCATION INFORMATION

A. NAME/DOING BUSINESS AS (DBA)

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. Note: This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME/DOING BUSINESS AS (DBA): _____

B. AREA CODE/TELEPHONE: _____

C. ADDRESS

Enter the address, city, state, ZIP Code and county of the business location. This address must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate. Proof of business purchase is required (e.g., bill of sale, closing statement). **IMPORTANT:** You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (e.g., deed or lease).

ADDRESS: _____

D. BUSINESS TYPE

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

- A. Drug Store/Pharmacy
- B. Restaurant
- C. Convenience Store
- D. Supermarket
- E. Liquor Store
- F. Department Store
- G. Bar/Tavern
- H. Hotel/Motel
- I. Convenience & Gas
- J. Small Grocery

K. ___ Gas Station

L. ___ Other: _____

E. WAREHOUSING

If any of your inventory is warehoused, provide the street address, city, state, ZIP code and county of the warehouse.

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

F. RIGHTS TO PROPERTY (check all that apply)

A. ___ I hereby certify that the property is owned by the applicant.

B. ___ I hereby certify that the property is leased by the applicant from a landlord.

C. ___ I hereby certify that the property is managed via an opening or management agreement.

Landlord Name: _____

Area Code/Phone #: _____

Email Address: _____

Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

5. CALUMET CITY LICENSE INFORMATION

A. FIRST LICENSE APPLICATION – LICENSE HISTORY

Indicate by checking the correct box whether or not this is the applicant’s first application for a Calumet City liquor license at any location. If you check “no”, indicate the date of your first Calumet City liquor license application; whether the license was granted, denied or withdrawn; and the address of your first Calumet City 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 Calumet City Liquor License Application?
(Circle the Correct Answer)

YES NO

If no, provide date first applied: _____

Disposition?
(Circle the Correct Answer)

GRANTED DENIED WITHDRAWN

Address for First Calumet City Application: _____

B. TYPE OF LIQUOR LICENSE

Check the selection that describes the manner in which you sell alcoholic beverages to consumers.

___ ON-PREMISES CONSUMPTION (patrons consume alcoholic beverages on the premises only)

___ OFF-PREMISES CONSUMPTION (carry-out purchases only)

___ ON/OFF-PREMISES CONSUMPTION COMBINATION (both on the premises consumption and carry-outs)

IDENTIFY THE CALUMET CITY ORDINANCE LICENSE CLASSIFICATION REQUESTED (Sec. 6-82. License classifications)

Answer: _____

Categories

- (1) *Class "B,"* which shall authorize the sale at retail of alcoholic liquor to be consumed on the specified premises, but shall not authorize the furnishing of entertainment on said premises.
- (2) *Class "C,"* which shall authorize the sale at retail of packaged alcoholic liquor on the specified premises, but shall not permit consumption thereon or adjacent thereto, and shall not authorize any entertainment on the premises.
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- (13) *Class "B-H,"* which shall authorize the sale at retail of alcoholic liquor in a banquet hall for consumption on the premises only. Video gaming, as

C. AUTHORIZED HOURS

Please see Sec. 6-121 Closing Hours, to determine the times that you may sell and distribute alcoholic liquor in accordance with your requested liquor license classification.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

D. AVAILABLE HOURS

These hours indicate when a representative is available for an inspection of the premises. If you are open, you are subject to inspection.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

E. EXPECTED OPENING DATE

What is the first day you expect to be open and selling alcohol: _____

6. CERTIFICATE OF INSURANCE

ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF INSURANCE (Not the Policy Declaration)

You MUST provide a copy of your Certificate of Insurance if alcohol is consumed on the premises (this certificate is not required for carry-out only establishments). 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; if the applicant is a sole proprietor, then the sole proprietor'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

- A. YES NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)? [235 ILCS 5/6-3]
- B. YES NO Are you delinquent under the cash beer law?
- C. YES NO If a retailer, are you delinquent under the 30-day credit law?
- D. YES NO Have you ever submitted an application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]
- E. YES NO Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
- F. YES NO Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]
- G. YES NO Have you ever been convicted of a gambling offense as defined under Section 6-2 of the Illinois Liquor Control Act which, includes offenses enumerated in 720 ILCS 5/28-1(a)11, gambling; 720 ILCS 5/28-1.1(a)-(d) syndicated gambling; and 720 ILCS 5/28-3 keeping a gambling place?
- H. YES NO Do you possess a current Federal Wagering Stamp?
- I. YES NO Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]
- J. 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?

- K. YES NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]
- L. YES NO Are you in violation of the required liquor liability insurance coverage stated in Section 6-21(a) of the Illinois Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?
- M. YES NO If a corporate licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-2(a)(10a)]

7. APPLICANT CONTACT INFORMATION

Name: _____

Business Phone #: _____

Cell Phone #: _____

Email Address: _____

Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

7. 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, or partner. The signature must be original. Rubber stamps, photocopies, or faxed copies 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 CALUMET CITY TO ISSUE THE 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 LAWS OF THE UNITED STATES OF AMERICA, THE CITY OF CALUMET CITY, 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 THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN FIVE PERCENT OR MORE OF THE BUSINESS).

Dated: _____

Signature of Applicant

Printed Name & Title: _____
