

**Village of Bismarck, Illinois, Application for
NEW LIQUOR LICENSE (Please Type or Print)**

TO: **Village of Bismarck Liquor Control Commissioner**
Village of Bismarck – Office
106 E. Holloway
Bismarck, Illinois

For Office Use Only

RE: Application for a New Liquor License Only
Calendar Year ending December 31, _____

1. Introductions:

- a) Application for a New Liquor License must be completed in full and signed by the applicant.
- b) All required attachments shall be completed in full and shall accompany the application at the time of submission.

2. Check License Classification being applied for:

Class	Classifications	Fee
____A	Hotels, Motels, Restaurants	\$1,450
____B	Tavern	\$950
____D	Package Liquor Stores	\$600
____E	Club or Fraternal Organization	\$500
____F	Beer & Wine (Only)	\$600
____G	Temporary (per Day)	\$25

Note: License Fees (amount shown above) are payable upon approval of license.

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3. Provide Information Requested: Phone Numbers: _____

Name of Applicant: _____

Name of Business: _____

Business Address: _____

City: _____, Illinois Township: _____

4. Check Appropriate Response:

_____ Individual Owner

_____ For Profit

_____ Partnership

_____ Not-for-Profit

5. Complete the following information on key people involved in the business.

a) Name: _____

Title: _____

Home Address: _____

City, State, Zip: _____

Contact Info: (Phone) _____

Birth Date: _____

Birth Place: _____

b) Name: _____

Title: _____

Home Address: _____

City, State, Zip: _____

Contact Info: (Phone) _____

Birth Date: _____

Birth Place: _____

c) Name: _____

Title: _____

Home Address: _____

City, State, Zip: _____

Contact Info: (Phone) _____

Birth Date: _____

Birth Place: _____

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- 6. Applications for a New Liquor License shall provide the following for any conviction of any felony crime for any person under (item 5) of this application.**

Name: _____

Type of Felony: _____

Date of Conviction: _____

Place: _____

Present Status: _____

- 7. Applications for a New Liquor License needs to describe the type of business being conducted. (If corporation, use object of corporation)**

- 8. Applicant for a New Liquor License shall provide the following information if applicant has requested a "liquor license" for the same property and previously has been denied, suspended or revoked.**

Place of Business: _____

Date of Denial, Suspension, or Revocation: _____

Reasons for being Denied, Suspended, or Revoked: _____

Present Status: _____

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9. **Applicant for a new license shall provide the following information if applicant has held a "license" of any type that has been denied, suspended, or revoked.**

Type of "License" Denied, Suspended, or Revoked: _____

Date Denied, Suspended, or Revoked: _____

Reasons for being Denied, Suspended, or Revoked: _____

Present Status: _____

10. **Provide the names of the public office currently held by applicant:**

Name:	Public Office where Held	Term Expires:
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. **Attachments: Applicants are required as part of this application to submit applicant items with items required below:**

Note: Applications for a license requesting for a "newly" established location may submit a letter of intent from a reputable insurance carrier indicating that the required insurance and bond will be issued to the applicant prior to the purchasing of the license. The applicant must secure and submit proof of the required insurance and bond before the license will be issued.

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12. Statement of Understanding: (Required to be signed on all applications)

I/We, the undersigned applicants, hereby acknowledge that I/we am/are not disqualified from receiving a liquor license by reason of any provisions within the laws of the State of Illinois or the United States; and,

that I/we am/are completely familiar with the terms and provisions of the Village of Bismarck, Illinois, Liquor Control Ordinances as amended as well as all applicable and referenced laws of the State of Illinois or the United States; and,

that I/we have, in good faith, submitted all required documents and have answered all questions and parts of this application, truly and accurately; and,

that I/we fully understand that any license issued hereunder may be revoked in accordance with the provisions of the Village of Bismarck, Illinois, Liquor Ordinances under the terms of which this application is made and hereby agree that any license hereunder may be so revoked.

Name of Business (Type or Print)

Name of Applicant (Type or Print)

Date Signed by Applicant

Signature of Applicant

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Description of the “Place of Business”

1. Name of Business: _____
Address / Location: _____
City _____, Illinois Zip _____

Phone Number(s) _____

2. Legal Description of property if place of business cannot be described by street address. _____

3. Information on Structure and Site (Measurements can be approximate)

(Check)

____ Brick ____ Steel or Metal Building

____ Concrete Block ____ Other (describe)

____ Frame

____ One Story ____ Other (describe)

____ Two Story

Current assessed value of the property: _____

Approximate year the building was built: _____

Year(s) of additions and/or restorations: _____

Approximate building size: _____ Sq. ft.

Restaurant seating capacity: _____ Seats.

Seating capacity of bar and lounge: _____ Seats.

Number of patron parking spaces: _____ Spaces.

Approximate distance of main building from road/street: _____ Feet.

Is establishment located at least (minimum) 200 ft from nearest:

____ School ____ Hospital ____ Church

____ Home of Veterans

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4. Fire and Safety Inspection:

Date of Last Inspection: _____

List items cited by the inspector that are now in compliance:

List Items currently not in compliance:

Agency that conducted the inspection: _____

Name and Address of inspector: _____

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DESCRIPTION OF CORPORATION _____ **Applicable** _____ **Not Applicable**

This part of the application is not required for individual or partnership applications.

1. Name of Corporation: _____

2. Legal Address: _____

3. Phone Number(s): _____

4. _____ Profit Corporation _____ Non-Profit Corporation

5. Date of Incorporation: _____

6. State or County Incorporation: _____

7. If Foreign Corporation: _____

Name of Registered Agent: _____

Address of Agent: _____

8. List of Officers of Corporation:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Shareholders of Corporation:

Name	Address
_____	_____
_____	_____
_____	_____

9. If Not-For-Profit Corporation, attach list of Members

10. Attach Articles of Incorporation to this sheet.

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CERTIFICATE OF TAXES PAID

1. Name of Applicant: _____

2. Name of Business: _____

3. Address of Place of Business: _____

City _____, Illinois ZIP _____

4. Provide legal description as shown on tax bill: Parcel No: _____

Legal Description: _____

5. Certification of Taxes Paid:

I, _____, County Treasurer of Vermilion County, Illinois, certify that subject applicant has paid current real estate taxes due and does not owe any special assessment taxes or other taxes due to the Vermilion County, Illinois.

Dated this _____ day of _____, 20_____

Signature, County Treasurer's Office

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CERTIFICATE OF DRAM SHOP INSURANCE

_____ Attached a certification from insurance carrier indicating applicant currently holds the required amount (\$20,000) of Dram Shop insurance coverage for the business listed above.

CERTIFICATION OF LIABILITY INSURANCE

_____ Attached is a certificate from insurance carrier indicating applicant currently holds the required amount of Insurance coverage for the business listed above. Insurance must be for the term of the license being applied for.

POOF OF OWNERSHIP

_____ Attached is proof of Ownership

BOND AS REQUIRED BY ORDINACE

_____ Attached properly executed bond in the amount required by the Village of Bismarck, Illinois, Liquor Control Ordinance. Bond must be for the same term of the license being applied for.

ILLINOIS LIMITED LIBILITY CORPORATION

If you are an Illinois Limited Liability Corporation, please attach your filing forms as submitted to the Illinois Secretary of State.

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Request for Records Check:

The applicant understands that the Village of Bismarck, or any officer or employee of the Village of Bismarck, Illinois, shall not be responsible for the results of the any "Records Check" conducted as a result of the request, nor shall the Village of Bismarck be responsible for any criminal or other illegal activities of the applicant which do not appear or that are not a part of the records availability to the certifying company performing the background check.

As an applicant for a Village of Bismarck Liquor License, I request that the Village of Bismarck carry out a complete record check via an online service from the State of Illinois records. The Village of Bismarck, Illinois, Liquor Control Commissioner will report the result to the Board of Trustees.

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INDIVIDUAL and PARTNERSHIP

STATE OF ILLINOIS)
) SS
VILLAGE OF BISMARCK)

I, _____, being duly shown, depose and say I am the within named applicant: that I signed the forgoing Liquor License Application and have submitted the required attachments and every question therein is answered in full and is true and correct in every report.

I, _____, a Notary Public in and for said Village of Bismarck, Illinois, located in Vermilion County, DO HEREBY CERTIFY THAT _____, personally known to me to be the same person, _____, whose name is subscribed, to be the forgoing instrument appeared before me this day in person and acknowledged that _____ he/she signed, sealed, and delivered the said instrument as a free and voluntary act for the uses and purposes therein set forth.

Given under my hand and notarial seal the _____
day of _____, 20____, A.D.

Notary Public

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CORPORATE

IN WITNESS WHEREOF, the undersigned corporation has created this Liquor License Application and required attachments to be executed in its name by its President, _____, assisted by its Secretary, this day of _____, 20____.

Place Corporate _____

(Exact Corporate Title)

Seal Here

By:

President or Vice President

ATTEST:

(Secretary) or (Assistant Secretary)

STATE OF ILLINOIS)
) SS
VILLAGE OF BISMARCK)

I, _____, a Notary Public in and for said Village of Bismarck, Illinois, located in Vermilion County, DO HEREBY CERTIFY THAT _____, personally known to me to be the same person, _____, whose name is subscribed, to be the forgoing instrument appeared before me this day in person and acknowledged that _____ he/she signed, sealed, and delivered the said instrument as a free and voluntary act for the uses and purposes therein set forth.

Given under my hand and notarial seal the _____
day of _____, 20____, A.D.

Notary Public

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Complete!!