LIQUOR LICENSE APPLICATION

For questions or further information, contact:

Office of the Local Liquor Control Commissioner

Mayor, Local Liquor Control Commissioner
City Clerk, Deputy Local Liquor Control Commissioner

619 16th Street, Moline, IL 61265

Phone: 309-524-2004
cityclerk@moline.il.us

The City of Moline’s Chapter 4, “Alcoholic Liquors,” of the Moline Code of Ordinances, may be viewed on the City’s website at www.moline.il.us

NOTE:
1. The licensing process takes 6 – 8 weeks on average.
2. A State of Illinois liquor license must be obtained after the City of Moline liquor license is issued. Please visit the State of Illinois Liquor Control Commission website at https://www.illinois.gov/ilcc for State licensing information and contacts.
CITY OF MOLINE, IL - LIQUOR LICENSE APPLICATION CHECK LIST

**NOTE:** Consents by surrounding property owners may be required per Sec. 4-3202 of the Moline Code of Ordinances. This is the first step in the application process. Contact the City Clerk for more information.

<table>
<thead>
<tr>
<th></th>
<th>Permission for Background Check Form. Background check for any of the following persons must be completed before an application will be considered. Call Moline Police Department, 309-524-2140, for appt. Results may take up to 6 weeks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Sole Proprietor</td>
<td>_____ Persons who own 5% or more of Corp. or LLC</td>
</tr>
</tbody>
</table>

| _____ Completed Application |
| _____ Fee: $3,000 Non-Refundable Fee made payable to “City of Moline” |
| _____ Fee: Pro-Rated Annual Fee for Liquor License by Class and any applicable Options – to be determined upon submission of completed Application |
| _____ Documentation of Business Type – provide the applicable document copies for the business type:

- [ ] Sole Proprietor: assumed business name filing (for DBA), if applicable, from Rock Island County
- [ ] Partnership: partnership agreement; assumed business name filing (for DBA), if applicable, from Rock Island County
- [ ] IL Corporation: articles of incorporation filing with IL Secretary of State; fully executed corporate minutes or resolution listing ownership/shareholder names and percentage of ownership
- [ ] Foreign Corporation: articles of incorporation filing with applicable Secretary of State; documentation showing qualifications to do business in IL from the IL Secretary of State; fully executed corporate minutes or resolution listing ownership/shareholder names and percentage of ownership
- [ ] Limited Liability Company (LLC): articles of organization filing with IL Secretary of State; fully executed operating agreement listing member names and percentage of ownership
- [ ] Foreign LLC: articles of organization filing with applicable Secretary of State; documentation showing qualifications to do business in IL from the IL Secretary of State; fully executed operating agreement listing member names and percentage of ownership

| _____ Copies of State Issued Photo ID with Address of 1) all Owners/Shareholders who own more than 5% of the business; and 2) the Liquor Manager |
| _____ Proof of the Right to Possession of Property/Premises by one of the following: _____ Deed or _____ Lease |
| _____ Statement by Owner of Premises |
| _____ Certificate of Liquor Liability (Dram Shop) Insurance – contact your insurance agent for information or referral |
| _____ Statement of Receipt of Chapter 4, “Alcoholic Liquors,” of the Moline Code of Ordinances and the City of Moline 1.50% Prepared Food & Liquor Tax Form |
| _____ Copy of Certificate of Occupancy issued (prior to obtaining a liquor license) by City of Moline Building Division – dependent upon renovations/remodeling to premises; call the Building Division at 309-524-2370 for information |
| _____ Copy of Food License issued (prior to obtaining a liquor license) by City of Moline Health Inspection Department; call 309-524-2370 for information |
| _____ Other Documentation as Needed for Individual Classifications | _____ Copy of Food Service Sanitation Certification (for Class A and AA) |
APPLICATION FOR LIQUOR LICENSE

1. Type of Business
   □ Sole Proprietor
   □ Partnership
   □ Illinois Corporation
   □ Foreign Corporation
   □ Limited Liability Company

2. Name of Business (DBA)

3. Primary Address of Sole Proprietor, Corporation, Partnership or LLC

4. Primary Phone Number of Sole Proprietor, Corporation, Partnership or LLC

5. Primary Email of Sole Proprietor, Corporation, Partnership or LLC

6. Website of Sole Proprietor, Corporation, Partnership or LLC

7. Address of Premises to be Licensed:

8. Phone of Premises to be Licensed:
   (Must be Land Line)

9. Owner of Premise to be Licensed:

10. Address of Owner of Premise:
11. **Class of License:** Check one Class and any Options under that Class that apply

- **Class A-Restaurant** ($1400.00 Annual Fee/October 1-September 30)
  - Option 1 Outdoor Use ($400.00 Annual Fee)
  - Option 2 Additional Bar Station ($400.00 Annual Fee per Bar Station)
  - Option 3 Caterer’s Retail ($400.00 Annual Fee)
  - Option 4 Restaurant Alternate - Allows minors to be dismissed at 11 p.m. Daily with premises to remain open to serve alcoholic liquor ($400.00 Annual Fee) *(Check Availability - this option is capped at 15)*
  - Option 5 Extended Hours until 3 a.m. ($1000.00 Annual Fee) *(Check Availability - this option is capped at 15)*
  - Option 6 Retailer’s Off-site Special Use - Public Property ($25/Event or $100 Annual Fee)
  - Option 7 Retailer’s On-site Outdoor Special Use ($25/Event)

**Hours of Kitchen Operation:**

- Monday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Tuesday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Wednesday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Thursday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Friday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Saturday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Sunday: Open ______ a.m./p.m. Close ______ a.m./p.m.

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- **Class AA-Restaurant Beer & Wine Only** ($1,400.00 Annual Fee/October 1-September 30)
  - Option 1 Outdoor Use ($400.00 Annual Fee)
  - Option 2 Additional Bar Station ($400.00 Annual Fee per Bar Station)
  - Option 3 Caterer’s Retail ($400.00 Annual Fee)
  - Option 4 Restaurant Alternate - Allows minors to be dismissed at 11 p.m. Daily with premises to remain open to serve alcoholic liquor ($400.00 Annual Fee) *(Check Availability - this option is capped at 15)*
  - Option 5 Extended Hours until 3 a.m. ($1000.00 Annual Fee) *(Check Availability - this option is capped at 15)*
  - Option 6 Retailer’s Off-site Special Use - Public Property ($25/Event or $100 Annual Fee)
  - Option 7 Retailer’s On-site Outdoor Special Use ($25/Event)

**Hours of Kitchen Operation:**

- Monday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Tuesday: Open ______ a.m./p.m. Close ______ a.m./p.m.
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- Thursday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Friday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Saturday: Open ______ a.m./p.m. Close ______ a.m./p.m.
- Sunday: Open ______ a.m./p.m. Close ______ a.m./p.m.

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*A copy of a current Illinois Food Service Sanitation Manager Certification(s) OR ANSI accredited Certified Food Protection Manager certificate for each applicable employee as required for a Category I facility under Illinois state law must be attached.*

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Page 4 of 14
□ Class B-Tavern ($1400.00 Annual Fee/October 1-September 30)

(Check Availability - this Classification is capped at 30)

- Option 1 Outdoor Use ($400.00 Annual Fee)
- Option 2 Additional Bar Station ($400.00 Annual Fee per Bar Station)
- Option 5 Extended Hours until 3 a.m. ($1000.00 Annual Fee)

(Check Availability - this option is capped at 15)

- Option 6 Retailer’s Off-site Special Use - Public Property ($25/Event or $100 Annual Fee)
- Option 7 Retailer’s On-site Outdoor Special Use ($25/Event)

□ Class C-Packaged Sales Only-Primary Liquor Store ($1400.00 Annual Fee/October 1-September 30)

□ Class CC-Packaged Sales Only-Secondary (Grocery/C-Store/Drug Store)

($1400.00 Annual Fee/October 1-September 30)

- Option 3 Caterer’s Retail ($400.00 Annual Fee)

(only available if premises is greater than 10,000 square feet)

□ Class CCC-Packaged Sales of Wine and Beer Only-Secondary (Grocery/C-Store/Drug Store)

($1400.00 Annual Fee/October 1-September 30)

□ Class D-Clubs/Fraternal Organizations ($1400.00 Annual Fee/October 1-September 30)

- Option 1 Outdoor Use ($400.00 Annual Fee)
- Option 2 Additional Bar Station ($400.00 Annual Fee per Bar Station)
- Option 6 Retailer’s Off-site Special Use - Public Property ($25/Event or $100 Annual Fee)
- Option 7 Retailer’s On-site Outdoor Special Use ($25/Event)

□ Class E-Rental Hall ($1400.00 Annual Fee/October 1-September 30)

- Option 1 Outdoor Use ($400.00 Annual Fee)
- Option 2 Additional Bar Station ($400.00 Annual Fee per Bar Station)
- Option 3 Caterer’s Retail ($400.00 Annual Fee)
- Option 6 Retailer’s Off-site Special Use - Public Property ($25/Event or $100 Annual Fee)
- Option 7 Retailer’s On-site Outdoor Special Use ($25/Event)

□ Class F-Hotel/Motel ($1400.00 Annual Fee/October 1-September 30)

- Option 1 Outdoor Use ($400.00 Annual Fee)
- Option 6 Retailer’s Off-site Special Use - Public Property ($25/Event or $100 Annual Fee)
- Option 7 Retailer’s On-site Outdoor Special Use ($25/Event)

□ Class FF-Hotel/Motel Limited Beer & Wine Managers Reception

($1,400.00 Annual Fee/October 1-September 30)

- Option 1 Outdoor Use ($400.00 Annual Fee)
- Option 6 Retailer’s Off-site Special Use - Public Property ($25/Event or $100 Annual Fee)
- Option 7 Retailer’s On-site Outdoor Special Use ($25/Event)

□ Class G-Bowling Center ($1400.00 Annual Fee/October 1-September 30)

- Option 1 Outdoor Use ($400.00 Annual Fee)
- Option 2 Additional Bar Station ($400.00 Annual Fee per Bar Station)

□ Class H-Civic Center ($6800.00 Annual Fee/October 1-September 30)

- Option 1 Outdoor Use ($400.00 Annual Fee)
- Option 6 Retailer’s Off-site Special Use - Public Property ($25/Event or $100 Annual Fee)
- Option 7 Retailer’s On-site Outdoor Special Use ($25/Event)
12. Anticipated start date for liquor sales: ____________________________

13. Hours of Business Operation:
   Monday Open _____ a.m./p.m. Close _____ a.m./p.m.
   Tuesday Open _____ a.m./p.m. Close _____ a.m./p.m.
   Wednesday Open _____ a.m./p.m. Close _____ a.m./p.m.
   Thursday Open _____ a.m./p.m. Close _____ a.m./p.m.
   Friday Open _____ a.m./p.m. Close _____ a.m./p.m.
   Saturday Open _____ a.m./p.m. Close _____ a.m./p.m.
   Sunday Open _____ a.m./p.m. Close _____ a.m./p.m.

14. Federal Employer Identification Number: ____________________________ (9 digits XX-XXXXXXXX)

15. Illinois Business Tax Number: ____________________________________ (8 digits XXXX-XXXX)

16. Business Ownership Information:
   Provide the owner information in accordance with the business type selected under Question 1.
   • This information must be submitted for all owners.
   • The same information must be submitted for any shareholder with interest exceeding 5%.

   Please make additional copies to complete for each owner, officer, shareholder or partner
   Attach a copy of a Drivers License or State Issued Identification Card

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>LENGTH OF CURRENT RESIDENCE</td>
<td>DRIVERS LICENSE NUMBER</td>
<td>STATE ISSUED</td>
<td>DATE OF BIRTH</td>
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<tr>
<td>TITLE/POSITION (OWNER/OFFICER/SHAREHOLDER/PARTNER)</td>
<td>SOCIAL SECURITY NUMBER</td>
<td>CELL PHONE</td>
<td>GENDER</td>
<td>HOURS PER WEEK</td>
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<tr>
<td>NAMES FORMERLY KNOWN AS</td>
<td>EMAIL ADDRESS</td>
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17. Eligibility Information regarding the above named:
   □ Yes    □ No  Citizen of the United States? (Required for Sole Proprietor)
   □ Yes    □ No  Resident of the County of Rock Island? (Required for Sole Proprietor; and, if Partnership, required for one member of partnership)
   □ Yes    □ No  Resident of the City of Moline? (Required for Sole Proprietor)
   □ Yes    □ No  Ever been convicted of a felony under Federal Law or the laws of any State in the United States?
   □ Yes    □ No  Ever been arrested for a felony, posted bail and then forfeited said bail under Federal Law or the laws of any State in the United States?
   □ Yes    □ No  Ever been convicted of any crime or misdemeanor involving moral turpitude?
□ Yes □ No  Ever had a liquor license revoked for cause under the laws of any State in the United States or any of their political subdivisions?

Do you have a business or personal relationship with any of the following:
□ Yes □ No  Mayor of the City of Moline?
□ Yes □ No  A City Council member of the City of Moline?
□ Yes □ No  A City Attorney of the City of Moline?
□ Yes □ No  A Police Officer of the City of Moline?
□ Yes □ No  A Building Official of the City of Moline?
□ Yes □ No  A Zoning Administrator of the City of Moline?

Contact 309-524-2140, Moline Police Department, 1640 6th Avenue, to make arrangements for a background check, including fingerprints and photograph.

18. Management of the Licensed Establishment – Liquor Manager
□ Yes □ No  Will any of the above named manage the business and be on the premises for a minimum of 40 (forty) hours per week?

19. Management Information

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
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<tr>
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<td>SOCIAL SECURITY NUMBER</td>
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<td>EMAIL ADDRESS</td>
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</tbody>
</table>

*Attach a copy of a Drivers License or State Issued Identification Card*
20. Eligibility Information regarding the above named:
   □ Yes □ No  Citizen of the United States? (Required for Sole Proprietor)
   □ Yes □ No  Resident of the County of Rock Island?
   □ Yes □ No  Ever been convicted of a felony under Federal Law or the laws of any State in the United States?
   □ Yes □ No  Ever been arrested for a felony, posted bail and then forfeited said bail under Federal Law or the laws of any State in the United States?
   □ Yes □ No  Ever been convicted of any crime or misdemeanor involving moral turpitude?
   □ Yes □ No  Ever had a liquor license revoked for cause under the laws of any State in the United States or any of their political subdivisions?

Do you have a business or personal relationship with any of the following:
   □ Yes □ No  Mayor of the City of Moline?
   □ Yes □ No  A City Council member of the City of Moline?
   □ Yes □ No  A City Attorney of the City of Moline?
   □ Yes □ No  A Police Officer of the City of Moline?
   □ Yes □ No  A Building Official of the City of Moline?
   □ Yes □ No  A Zoning Administrator of the City of Moline?

Contact 309-524-2140, Moline Police Department, 1640 6th Avenue, to make arrangements for a background check, including fingerprints and photograph.
AFFIDAVIT OF LIQUOR MANAGER

This Affidavit must be signed before a Notary Public.

STATE OF ILLINOIS )
COUNTY OF ROCK ISLAND )

I, the undersigned being first duly sworn upon my oath state and depose as follows:

1. I understand that the foregoing information is set forth so that the aforementioned might obtain/maintain a liquor license in the City of Moline.

2. That under the State Laws of the State of Illinois, the answers to questions are material to the question of whether or not the establishment is entitled under the law to obtain a liquor license in the State of Illinois.

4. That I understand that making a false affidavit constitutes perjury where a false answer is made knowingly to a material question.

5. That I have personally prepared the answers to the above questions.

6. That I have reread them, and find them to be wholly true, and I/we wholly understand them.

________________________________________
Printed Name of Business (DBA)

________________________________________
Printed Name of Liquor Manager

________________________________________
Signature of Liquor Manager

________________________________________
Date

Subscribed and sworn to before me this ______ day of ____________________, 20____ A.D.

________________________________________
Notary Public
AFFIDAVIT OF APPLICANT

Please make additional copies to complete for each applicant owner/shareholder

This Affidavit must be signed before a Notary Public.

STATE OF ILLINOIS )
COUNTY OF ROCK ISLAND ) SS

I/We, the undersigned being first duly sworn upon our oath(s) state and depose as follows:

1. I/We understand that the foregoing information is set forth so that we might obtain a liquor license.

2. That under the State Laws of the State of Illinois, the answers to questions in number 17 (seventeen) are material to the question of whether or not I/we are entitled under the law to obtain a liquor license in the State of Illinois.

3. I/We acknowledge ownership and assume financial responsibility for all City of Moline fees, taxes or other monies owing.

4. That I/we understand that making a false affidavit constitutes perjury where a false answer is made knowingly to a material question.

5. That I/we have personally prepared the answers to the above questions.

6. That I/we have reread them, and find them to be wholly true, and I/we wholly understand them.

______________________________
Printed Name of Business (DBA)

______________________________
Printed Name of Applicant (Individual)

______________________________
Signature of Applicant (Individual)

______________________________
Date

Subscribed and sworn to before me this ______ day of ____________________, 20___ A.D.

______________________________
Notary Public
I, _________________________________, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Moline Police Department, whether the said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Moline from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear/affirm that all information in or supplementing this application is complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for revocation if discovered subsequent to licensing.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this “Authorization for Release of Personal Information.”

Printed Name of Applicant (Individual)  Signature of Applicant (Individual)

Date
STATEMENT OF OWNER OF PREMISES FORM

Parcel Number: ____________________________________________

Property Owner Name: _______________________________________

Property Address: ___________________________________________

Property Owner Billing Address: ________________________________

Licensee Name: _____________________________________________

Doing Business As (DBA): ____________________________________

As property owner/s of the above address, I/we do hereby certify and agree that as the owner/s of the premises described above, if the City of Moline, Illinois, issues a liquor license to the applicant named in such application for said premises and such license is thereafter revoked for cause, the City will neither be required nor requested to issue another license for the premises to any other person whatsoever for a period of one year following the revocation.

By: ____________________________________________  By: ____________________________________________
Signature

Printed Name

Printed Title

Phone Number

Email Address

Date

Signature

Printed Name

Printed Title

Phone Number

Email Address

Date
STATEMENT OF RECEIPT OF LIQUOR ORDINANCE & PREPARED FOOD & LIQUOR TAX FORM

Licensee Name: ________________________________________________

Doing Business As: ______________________________________________

Licensee Address: ______________________________________________

Licensee Phone: ________________________________________________

I, ___________________________________, liquor license applicant for the above named establishment, hereby acknowledge receipt of Chapter 4, Alcoholic Liquor, of the Moline Code of Ordinances, as well as the 1.50% Prepared Food & Liquor Tax Form (see next page).

By: ____________________________________________________________

Signature

______________________________________________________________

Printed Name of Applicant (Individual)

______________________________________________________________

Printed Title of Applicant (Individual)

______________________________________________________________

Email Address

______________________________________________________________

Date
PREPARED FOOD AND LIQUOR TAX RETURN  
Municipal Code Ordinance 31-7101

Business Name: ____________________________________________________________

Business Address: __________________________________________________________

Mailing Address: ____________________________________________________________

___  Check here if above information is updated/changed

Federal I.D. Number: ________________________________________________________

Return Filed for Month/Year: ________________________________________________

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<tbody>
<tr>
<td>1. Total Receipts from the sale of alcoholic liquor</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2. Total Receipts from the sale of prepared food &amp; non-alcoholic liquor</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3. Total Gross Receipts</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4. 1.50% Prepared Food &amp; Liquor Tax (Line 3 x .015)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5. Late Filing Penalty (Line 4 X .015) 1.50% per month</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6. Total Amount of Tax and Penalty Due (Add Lines 4 and 5)</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

INSTRUCTIONS FOR FILING:

TAX AMOUNT: The tax rate is 1.50% on the sales of prepared food and liquor.

DUE DATE: Monthly return is due no later than the last day of each calendar month, for tax owing for the previous month.

PENALTY: Late charges are calculated at the rate of one and one-half percent (1.5%) per thirty (30) day period, or portion thereof, from the date of delinquency.

REMITTANCE: Make checks payable and remit to: City of Moline
Attn: PF-LT
1630 8th Avenue
Moline, IL 61265
(309) 524-2070
www.moline.il.us

Please include a copy of your State Form ST-1 & ST-2 Form.

I certify under penalty as prescribed by law that I have examined this return and, to the best of my knowledge, it is true and accurate.

Signature of Preparer: ____________________________________________ Printed Name: ________________________________
Title: ________________________________ Date: ________________________________
Telephone Number: ________________________________ Email: ________________________________