

**APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES IN  
THE CITY OF SPARTA, ILLINOIS**

This application is made pursuant to the provisions of Chapter 111 of the Code of Ordinance of the City of Sparta which regulates the sale of alcoholic liquors within the City of Sparta, as authorized by the Illinois Liquor Control Act (235 ILCS 5/1 et. seq.)

1. This application must be completed in its entirety and submitted to the City Clerk's Office at Sparta City Hall, 114 W. Jackson St., Sparta, Illinois. Attach extra sheets if necessary.

Applicant means the person or entity to which a liquor license will be issued.

An authorized representative shall mean the person signing this application on behalf of the Applicant with Applicant's authority to do so.

Name of Liquor License Applicant: (as it is to appear on the license)

Address of business for which License is applied for

Select Class of Liquor License being applied for: (Current license:

Class A (\$700)

Class D (\$600)

Class G (\$100)

Class B (\$600)

Class E (\$500)

Class H (\$250)

Class C (\$600)

Class F (\$700)

Special Event (\$100)

Date & Time of Event

---

---

- If Applicant is a sole proprietor see Section 1
- If applicant is a partnership see Section 2
- If Applicant is a corporation see Section 3



**SECTION 1. Sole Proprietorship (Individual)**

Name of sole Proprietor: \_\_\_\_\_

Business name: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Business telephone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

**SECTION 2. Partnership**

Name of Partnership: \_\_\_\_\_

Type of Partnership: \_\_\_\_\_

Date Partnership was formed: \_\_\_\_\_

Partnership's mailing address: \_\_\_\_\_

Partnership's telephone number: \_\_\_\_\_

Partnership's Federal Identification Number (FEIN): \_\_\_\_\_

Attach a list of the names of the general partners along with home address and contact telephone number for each.



**SECTION 3. Corporation**

Name of Corporation: \_\_\_\_\_

Corporation's mailing address: \_\_\_\_\_

Corporation's telephone number: \_\_\_\_\_

Corporation's business telephone number: \_\_\_\_\_

Corporation's Federal Identification Number (FEIN): \_\_\_\_\_

Attach a list of the names of the shareholders, directors and officers of the Corporation along with their home address and contact telephone number.

Yes  No Is the corporation in "Good Standing" with the State of Illinois?

Yes  No All stock holder(s) owning in the aggregate more than five percent of the stock of such corporation and all officers, managers and director thereof, are eligible to receive a license based on the requirements contained herein, with the exception of citizenship and residence in the City.

**SECTION 4.**

1.  Yes  No Is the Applicant or its authorized representative a resident of the City of Sparta (Individual or Partnership Applicants only)?

2.  Yes  No Is the Applicant or its authorized representative a US citizen or naturalized citizen? (Sole Proprietor or Partnership Applicants only) If a naturalized citizen, please provide the following:

Place of Birth: \_\_\_\_\_

Copy of Certificate of Naturalization: \_\_\_\_\_

3.  Yes  No Is the Applicant or its authorized representative of good character and reputation in the City?

4.  Yes  No Has the Applicant or authorized representative been convicted of being the keeper or is keeping a house of ill fame?



5.  Yes  No Has the Applicant or authorized representative ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality.

6.  Yes  No Has the Applicant or authorized representative ever been convicted of a violation of any Federal or State law concerning the manufacture, possession of sale of alcoholic liquor, subsequent to the passage of the Illinois Liquor Control Act of 1934.

7.  Yes  No Has the Applicant or authorized representative ever been convicted of a gambling offense as prescribed by any of subsections (a)(3) through (a) (10) of Section 5/28-a of or as proscribed by Section 5/28-1 of the "Criminal Code of 1961", as amended (720 ILCS 5/28-1 et.seq.)

8.  Yes  No Has the Applicant(s) ever had a previous license revoked by any State of Subdivision thereof, a municipality or by the Federal Government. If a revocation has occurred, please explain:

---

---

9.  Yes  No Does the Applicant agree that the premises used for the retail sale of alcoholic liquor, or for the storage of such liquor for sale, shall be kept in full compliance with the laws and ordinances regulating the condition of premises used for the storage of sale of food for human consumption?

10.  Yes  No Is the Applicant a titled owner or a beneficial owner of the property? (Attach a copy of the deed or other proof of owner ship)(If yes, skip question #12)

11.  Yes  No If the Applicant or its authorized representative answered "no to question # 10, is the Applicant leasing the premise? (Attach a signed copy of the Lease)

12.  Yes  No Will the business be conducted by a manager or agent? If yes, provide the following information for the manager or agent:

Name \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Contact Telephone Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

13.  Yes  No Is the location of the Applicant's business for which the license is sought, within one hundred feet (property line to property line) from institutions of higher learning, a school, hospital, home for the ages or indigent persons or veterans, their wives or children, or 100 feet from (building to building) from a church?



## ASSERTIONS

The Applicant(s) will familiarize themselves with all of the laws of the United States, State of Illinois, and the ordinances of the City of Sparta pertaining to the sale of alcoholic liquor and abide by them.

The Applicant(s) will not violate any of the laws of the United States, State of Illinois, or any ordinances, rules or resolutions of the City in the conduct of his, her or its place of business.

The Applicant(s) is not a law enforcing public official, including member of the Local Liquor Control Commissioner, the City Mayor, any member of the City Council or any president, chairman or member of a County Board; and no such official shall be interested directly in the manufacture, sale or distribution of alcoholic liquor, except that license may be granted to such official in relation to premises which are not located within the territory subject to the jurisdiction of that official if the issuance of such license is approved by the Local Liquor Control Commissioner.

The applicant(s) understands that any and all licenses issued pursuant to Chapter 111 of the Sparta Municipal Code of Ordinances shall be subject to any and all changes or amendments which may be hereafter made, and any and all rules adopted by the Liquor Commissioner of Liquor Commission. Any and all licenses shall be subject to any restrictions or conditions deemed desirable by the Liquor Commissioner or Liquor Commission.

**Applicant will, prior to the issuance of a liquor license, provide the City with a certificate of Liquor Liability Insurance Coverage for the premises in the maximum amount as set forth in the Liquor Control Act of 1934 (Illinois Compiled Statutes Chapter 235, Section 5/6 et. Seq.)**

(Certificates may be faxed to City Hall 618-443-4712.)



**AFFIDAVIT**

I, the undersigned applicant or authorized agent thereof, swear and affirm that the matters stated in the forgoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of inducing the City of Sparta to issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for.

The undersigned further covenants and agrees that any misrepresentations made by the applicant herein, or any violation of the terms and conditions of this application or any of the laws, statutes, ordinances, rules, regulations and covenants above described, shall be just cause for revocation of the license herein applied for by the Local Liquor Control commissioner, after a hearing on said matter.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title or position

\_\_\_\_\_  
Date signed

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

