



City of Tuscola

Liquor License Application

Applying Business Entity Name <i>(exactly as it appears on insurance, State liquor license)</i>	
Business Operating Address	
Phone Number	
Corporate Address <i>(If different)</i>	
Business Entity Organization	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
If incorporated, State of and Date of Incorporation	
Applicant Name	
Contact Phone	
Contact E-mail	
Description of products and/or services offered	
Individual responsible for conducting business at operating location <i>(ie manager or operator)</i>	
Number of Employees at operating location	
Are the business operating premises owned or leased by the applicant?	
If leased, describe the terms	

- Please attach a complete diagram of the operating premises including: dining, kitchen and lounge facilities; fixtures, furnishings, parking lot areas, locations where alcoholic beverages will be stored, displayed, sold or consumed.

Complete all information for each and every individual owner, partner, operator, manager, corporate officer, corporate director and shareholder of 5% or more of the corporation.

	Applicant 1	Applicant 2 (if applicable)
Full Name		
Position in the business. (<i>ie. Owner, operator, manager, partner, officer, director</i>)		
Address		
Date of Birth		
Place of Birth		
Are you a US Citizen?		
If naturalized, time & place of naturalization		
Have you ever been convicted of a felony? (<i>Charge, where and when</i>)		
Have you ever been convicted of any gambling offense? (<i>Charge, where and when</i>)		
Have you, or any premises which you own or operate, been issued a federal gaming device stamp or a federal wagering stamp for the current tax period?		
Have you, or any premises which you own or operate, had a previous liquor license, issued by any jurisdiction in the United States, been suspended or revoked?		
Do you serve on any local board or commission? (<i>Position if yes</i>)		
Are you an elected official? (<i>Position if yes</i>)		
Are you a law enforcement officer? (<i>Position if yes</i>)		

- Attach additional forms if more than 2 individuals

Select the required license class

Select	Class	Description	Annual Fee
	A-1	License permits the sales at retail of alcoholic liquor in a restaurant, both over-the-counter, so long as said liquor is to be consumed on the licensed premises, as well as in the original package, so long as the alcoholic liquor is not to be consumed on the licensed premises, where said restaurant derives more than 50% of its income from the sales of food and not alcoholic liquors (more than 50% food)	\$1,000
	A-2	License permits the sales at retail of alcoholic liquor in a restaurant or other establishment serving food, where more than 50% of the income generated therein is from the sale of alcoholic liquor both over-the-counter, so long as the alcoholic liquor is to be consumed on the licensed premises, as well as in the original package, so long as the alcoholic liquor is not to be consumed on the licensed premises (more than 50% alcoholic beverages)	\$1,000
	B	License permits the sale of alcoholic liquor in the original package and not to be consumed on the licensed premises (Package only)	\$750
	C	License permits the sale at retail of alcoholic liquor by a club, over-the-counter and to be consumed on the licensed premises. (Club license)	\$310.50
	D	License permits the sale at retail of beer and wine only in a restaurant, over-the-counter and to be consumed on the licensed premises	\$625
	E	License permits the sale at retail of beer and wine only in the original package and not to be consumed on the licensed premises.	\$625
	DE	License permits the sale at retail of beer and wine only by a restaurant, over-the-counter and to be consumed on the licensed premises and in the original package and not to be consumed on the licensed premises.	\$650

I hereby declare, under penalty of perjury, that the information provided above is complete, accurate, and truthful to the best of my knowledge and belief; that I am duly authorized to execute this application on behalf of the applying entity; and that I, and the applying entity will not violate any of the laws of the State of Illinois, or of the United States, in the conduct of this business.

Applicant Signature: _____

Date: _____

Title: _____

For Office Use Only:

License Denied License approved License #: _____

Fingerprints obtained Fee Paid

Liquor Liability Insurance Certificate obtained Insurance Expiration Date: _____