

**Village of Riverton, IL**  
Liquor Control Commission



**Village President**  
Robert "Bob" Todd

Riverton Municipal Center  
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**APPLICATION FOR VILLAGE OF RIVERTON  
RETAILER'S LIQUOR LICENSE**

**DEFINITION:** "Retailer" means a person who sells or offers for sale alcoholic liquor for use or consumption and not for resale in any form.

All applicants for licensing as a liquor "retailer" must complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a Village of Riverton Retailer's Liquor License.

CLASS A LICENSE DAILY FEE: \$10	CLASS E LICENSE ANNUAL FEE: \$250
CLASS B LICENSE SEMI-ANNUAL FEE: \$50	CLASS EE LICENSE ANNUAL FEE: \$200
CLASS C LICENSE ANNUAL FEE: \$500	CLASS F LICENSE ANNUAL FEE: \$500
CLASS D LICENSE ANNUAL FEE: \$400	BEER GARDEN PERMIT ANNUAL FEE: \$100

**NOTE!** The date of expiration of your initial local license will be on April 30. In some cases, the term of your first year's local liquor license may be less than a full year in duration.

**MAKE CHECK OR MONEY ORDER PAYABLE TO THE VILLAGE OF RIVERTON.**

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION FORM **MUST** BEAR AN ORIGINAL SIGNATURE.

IMPORTANT NOTICE: THE RIVERTON LIQUOR COMMISSIONER IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.) AND RIVERTON CODE OF ORDINANCES (CHAPTER 110). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE.

**FOR OFFICE USE ONLY**



## 2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a copartnership, 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; in the case of a limited partnership, the date of formation of such partnership; 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.**

- A.  SOLE PROPRIETORSHIP      DATE FILED WITH COUNTY CLERK: \_\_\_\_\_
- B.  PARTNERSHIP      DATE OF FORMATION: \_\_\_\_\_
- C.  ILLINOIS CORPORATION      DATE OF INCORPORATION: \_\_\_\_\_
- D.  FOREIGN CORPORATION      STATE OF INCORPORATION: \_\_\_\_\_      DATE QUALIFIED TO DO BUSINESS IN ILLINOIS: \_\_\_\_\_
- E.  LIMITED LIABILITY COMPANY      DATE FORMED: \_\_\_\_\_

If "C" or "D" is checked, indicate your current Secretary of State file number here \_\_\_\_\_

## 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 5%. 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 5% , (including officers, directors and shareholders with stock equal to or more than 5% 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 5% 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 requires.

**Before completing this section, check Question No. 6 - Eligibility.**

For each owner/officer/partner/5% 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. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

**A**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	
				(   )			

**B**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	
				(   )			

**C**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	
				(   )			

**D**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	
				(   )			

**E** TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST \_\_\_\_\_%



**5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY**

**A. FIRST LICENSE APPLICATION - LICENSE HISTORY**

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc's first application for a local liquor license at any premises. If you check "no", indicate the date of your first local liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first local 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 LOCAL LICENSE APPLICATION?  YES  NO

IF NO, PROVIDE DATE FIRST APPLIED: \_\_\_\_\_

ADDRESS OF FIRST LOCAL APPLICATION: \_\_\_\_\_

**B. FEDERAL TAX STAMP DOCUMENT CONTROL NUMBER**

Provide the Federal Tax Stamp Document Control Number. This number indicates that your business has been approved to sell alcoholic beverages by the Federal Bureau of Alcohol, Tobacco and Firearms. BATF charges an annual fee for this tax stamp. You may obtain this tax number by calling the BATF Tax Processing Center at (800) 937-8864 or (513) 684-2979.

Written inquiries may be sent to: ATF Tax Processing Center (Ti)  
P.O. Box 145433 Cincinnati, Ohio 45203

FEDERAL TAX STAMP DOC. CONTROL #

**D. TYPE OF LIQUOR LICENSE**

Check the box which describes the manner in which you plan to sell alcoholic beverages to consumers. This information must be consistent with your approval granted by the local liquor licensing authority.

- Class A:** License shall authorize the sale at retail, on the premises specified and during the time specified therein (an "event"), of beer only by an exempt, charitable, not-for-profit club or association.
- Class B:** License shall authorize the sale at retail, on the premises specified and during the time specified therein, of beer only to members only of a private club or fraternal association.
- Class C:** License shall authorize the sale on the premises specified of alcoholic liquor.
- Class D:** License shall authorize the sale on the premises specified of alcoholic liquor in the original package only for consumption off the premises.
- Class E:** License shall authorize the licensee, which must be a club, to sell at retail, alcoholic liquor only for consumption on the premises where sold.
- Class EE:** License shall authorize the licensee, which must be a club, to sell at retail, beer only for consumption on the premises where sold.
- Class F:** License shall authorize the sale for consumption on the premises specified of alcoholic liquor at restaurants.
- Beer Garden:** Additional beer garden permit – Applicant must apply for a Class B, Class C, Class E, Class EE, or Class F License for the Beer garden permit to be issued.

## 6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions must be answered. If the questions are not checked, the application will be rejected. If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- 6-18  YES  NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- 6-19  YES  NO Are you delinquent under the "cash beer" law?
- 6-20  YES  NO Are you delinquent under the "30-day credit" law?
- 6-22  YES  NO Have you ever applied for and been denied a liquor license?
- 6-23  YES  NO Have you had any previous liquor license revoked?
- 6-24  YES  NO Have you ever been convicted of a felony?
- 6-25  YES  NO Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, "gambling;" 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling;" and 720 ILCS 5/28-3 "keeping a gambling place"?
- 6-26  YES  NO Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)
- 6-27  YES  NO Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- 6-28  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?
- 6-30  YES  NO If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the united states or resident aliens with legal status?
- 6-31  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))

## 7. HOURS OF OPERATION

List the daily hours open for business. This information will assist the Liquor Commissioner or authorized agents in choosing an inspection time which causes the least disruption to the business.

MON	TUES	WED	THURS	FRI	SAT	SUN

## 8. 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, a partner or an officially authorized agent of the business. The signature must be an original, rubber stamps 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 THE VILLAGE OF RIVERTON 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 OR 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 THE COMMISSIONER, IN WRITING, WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION

SIGNATURE OF APPLICANT / AUTHORIZED AGENT

TITLE / POSITION

DATE