



# DeKalb County Application for Liquor License

Please print all information requested in the spaces provided for application to sell alcoholic liquor at retail outside the limits of any incorporated city, town or village in DeKalb County. The Application must include all required supporting documentation and the required license fee. Please return the **completed application to the DeKalb County Clerk's office located at 110 E. Sycamore St. – Sycamore, IL 60178. (815-895-7149)**

## SECTION 1 – BUSINESS LOCATION TO BE LICENSED

Name of Business / Applicant: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different than physical location address): \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Index #: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Type(s) of Business Operated on Premises: \_\_\_\_\_

Type(s) of Entertainment Provided on Premises: \_\_\_\_\_  
\_\_\_\_\_

Please attach a diagram showing the internal and external configuration of the premises to be licensed, including all doors, windows, entrances, exits, the fixed structural internal features of the premises, plus the interior rooms, walls, partitions, stages, performance areas and restrooms. This diagram is not required for Class G / Caterer License applications.

Does applicant own the premises to be licensed? \_\_\_Yes \_\_\_ No If no, please attach a copy of the lease for the premises.

## SECTION 2 – LICENSE CLASSIFICATION

Fee must be included with application in the form of a check or money order payable to the DeKalb County Clerk. Please indicate the License Classification by selecting one of the below options:

\_\_\_ Class A Annual Fee \$1,500.00

For the retail sale on the premises specified of all kinds of legalized alcoholic liquors for consumption on the premises as well as other retail sales of such alcoholic liquors which include sales by original package. Such retail sale and consumption shall be permitted both in the interior of a building having a valid occupancy permit as well as an adjoining contiguous exterior area, so long as the following conditions are maintained by the licensee:

1. Exterior area beer garden must be on existing premises adjoining building occupied by licensee.
2. Exterior area must be completely enclosed by a solid opaque fence.
3. The operation of any sound amplification equipment including, but not limited to loudspeaker systems, jukeboxes, amplified radio broadcasts and the like operating on the exterior of the licensed premises be limited to the time period between 12:00 noon and 10:30 p.m. local time Sunday through Thursday and between 12:00 noon and 12:00 midnight local time Friday and Saturday.

\_\_\_ Class A-1 *Annual Fee \$250.00 (in addition to fee for the Class A License)*

License may be granted as a supplemental license to allow for consumption during certain Sunday hours to a holder of a Class A License.

\_\_\_ Class B *Annual Fee \$1,500.00*

Package store license which shall allow licensee to sell and offer to sell at retail in the premises specified in such license alcoholic liquor solely in the original package not for consumption on the premises where sold. This license shall not be issued to any applicant whose principal business is the retail sale to the general public of products or services other than alcoholic liquors.

\_\_\_ Class B-1 *Annual Fee \$250.00 (in addition to fee for the Class B License)*

License may be granted as a supplemental license to allow sales during certain Sunday hours to a holder of a Class B License.

\_\_\_ Class C *Annual Fee \$1,500.00*

Package store license which shall allow licensee to sell and offer to sell at retail in the premises specified in such license alcoholic liquor solely in the original package not for consumption on the premises where sold. This license shall be issued only to an applicant whose retail alcoholic liquor sales business is an adjunct to one of the following enumerated primary businesses and whose total area of such licensed premises devoted to the retail sale of all products be a minimum of 5,000 square feet:

1. Supermarket or grocery store
2. Drugstore

\_\_\_ Class C-1 *Annual Fee \$250.00 (in addition to fee for the Class C License)*

License may be granted as a supplemental license to allow sales during certain Sunday hours to a holder of a Class C license.

\_\_\_ Class D *Annual Fee \$1,000.00*

Package store license which shall allow licensee to sell and offer to sell at retail in the premises specified in such license beer and wine only solely in the original package not for consumption on the premises where sold. This license shall be issued to retail food stores, department stores and to retail food stores also selling gasoline only if the following conditions are met at all times when such license in in force:

1. Only beer and wine defined in the state liquor control act may be sold.
2. The minimum enclosed floor area open to the public for retail sales for store products shall be 2,000 square feet of which no more than ten percent may be devoted to beer and wine.
3. The minimum inventory level shall be \$35,000.00 retail value excluding beer, wine, fuel and automotive products.
4. The maximum percentage of beer and wine sales to total store sales, exclusive of gasoline sales, shall be 35 percent on a retail basis during any consecutive 12-month period.
5. **No displays of beer and wine shall be located within five feet of the store's entrance.**
6. Cold beer or wine shall only be sold from or displayed in electrical refrigeration coolers.
7. Employees engaged in the sale of beer and wine must be at least 21 years of age.
8. No video or other electronic games shall be allowed on the premises.

In addition, retail food stores selling gasoline shall meet the following conditions:

1. No temporary point of sale beer or wine advertising shall be located on gasoline islands and no lighted or unlighted permanent signage advertising beer or wine shall be located on buildings, in windows, or within five feet of any window, except that if a freestanding sign is permitted on the licensed premises pursuant to local law, no brand or price advertising using the words **"beer" or "wine" and descriptive terms relative thereto.**
2. No mechanical or repair work of any kind may be performed on automobile on licensed premises.

\_\_\_ Class D-1 *Annual fee \$250.00 (in addition to fee for the Class D License)*

License may be granted as a supplemental license to allow sales during certain Sunday hours to a holder of a Class D License.

\_\_\_Class E *Annual Fee \$100.00*

For the retail sale on the premises specified of all kinds of legalized alcoholic liquors for consumption on the premises so long as the licensee is an incorporated not-for-profit organization, as defined in 235 ILCS 5/1-3.17 or a public purpose body **duly formed pursuant to state statutes and having the power to levy taxes. The term "premises" when applied to a license granted to such an organization may include, at the licensee's request,** premises to which the following conditions and restrictions apply:

1. Use of the premises shall be limited to no more than two separate three-day periods during the annual term of the license.
2. The license, when granted, shall identify the street address of the premises and must on each separate use identify the dates of such use not less than 30 days prior to such intended use.
3. The premises may include a building having a valid occupancy permit and open structure not intended for occupancy or a field or park subject to such reasonable restrictions as are necessary to protect the public health, safety and welfare.
4. At all other times, the premises shall not be deemed to be licensed premises.
5. **In lieu of BASSET certification required under other classes, an applicant for a special event retailer's license must** submit with the application proof satisfactory to the liquor commissioner that the applicant has obtained dram shop liability insurance in the maximum limits.

\_\_\_Class F *Annual Fee \$200.00*

For the wholesale or retail sale on the premises specified of hard cider or wine produced from fruits and plants grown on the same premises where such sales take place, solely in the original package and not for consumption on the premises where sold. The days and hours during which sales of hard cider and wine may take place may be restricted by the liquor commission by conditions specific to each such license granted. Copy of Illinois Cash Farm Lease must be included with application.

\_\_\_Class F-1 *Annual Fee \$50 (in addition to the fee for a Class F License)*

May be granted as a supplemental license to allow for sales during certain Sunday hours to a holder of a Class F License.

\_\_\_Class G *Annual Fee \$250.00*

Special events caterer license for the retail sale or service of all kinds of legalized alcoholic liquors for consumption on the premises where sold or served. Such retail sale or service shall be permitted so long as the following conditions are met by the licensee:

1. The licensee shall, at the time of application, provide proof of possession of a valid Class A, B, C, or D License or a comparable liquor license issued by a unit of government located in the county and authorized to grant liquor licenses.
2. The licensee shall, at the time of application, provide a copy of a valid State of Illinois liquor license (if licensee is currently in possession of a valid Class A, B, C, or D license and is not in the process of initial application for the same).
3. The licensee shall, at the time of application, provide proof of dram shop insurance that will cover the license holder and the location which each catered event is to take place.
4. There shall be no limit to the number of special events the holder of a Class G License may cater in a calendar year, provided, however, that no single special event shall be of a duration greater than three consecutive days. The licensee shall notify the county sheriff of any event to occur on three or more consecutive days. Such notification shall be provided at least seven days before the first day of the event.

\_\_\_Class H *\$100.00 per day, per event*

Special event license that shall permit the licensee to sell, at retail, alcoholic liquor for a twenty-four (24) hour period for each Class H License, for consumption only on the premises where sold and not for resale in any form, to be issued for temporary stands, booths or counters as used at picnics/celebrations, excluding the serving of alcoholic liquor under the control of persons or entities who operate a state-licensed restaurant/tavern or catering business. No more than five (5) licenses will be issued annually (within a calendar year) per single applicant or group. The following conditions/restrictions apply to the premises to be licensed under this classification:

1. The applicant must provide, at time of application, a copy of the lease or permit for the premises.
2. The license, when granted, shall identify the street address of the premises and must, on each separate use, identify the dates of such use not less than ten (10) days prior to such intended use.
3. The premises may include a building having a valid occupancy permit and open structures not intended for occupancy or a field or park subject to such reasonable restrictions as are necessary to protect the public health, safety and welfare.
4. **In lieu of BASSET certification required under other classes, an applicant for a special event retailer's license must** submit with the application proof satisfactory to the liquor commissioner that the applicant has obtained dram shop liability insurance in the maximum limits.

Please complete for Class G and Class H License:

Date(s) of Event 1: \_\_\_\_\_

Location of Event 1: \_\_\_\_\_

Type of Event 1: \_\_\_\_\_

Hours of Alcohol Service: \_\_\_\_\_

**Date of Notice to Sheriff's Office:** \_\_\_\_\_ (for Class G events of 3 consecutive days or more)

Date(s) of Class G Event 2: \_\_\_\_\_

Location of Class G Event 2: \_\_\_\_\_

Type of Class G Event 2: \_\_\_\_\_

Hours of Alcohol Service: \_\_\_\_\_

**Date of Notice to Sheriff's Office:** \_\_\_\_\_ (for Class G events of 3 consecutive days or more)

If additional space is needed, please provide information on a separate sheet(s) and check here: \_\_\_\_\_

### SECTION 3 – INDIVIDUAL APPLICANTS / SOLE PROPRIETOR

*Only individual / sole proprietor applicants must complete this section.*

Full Legal Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Driver's License or State ID#:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is applicant a resident of DeKalb County, IL? \_\_\_Yes \_\_\_No

Is applicant a U.S. citizen? \_\_\_Yes \_\_\_No \*Please attach copy of **Driver's License or State ID Card**

### SECTION 4 – CORPORATE APPLICANTS

*Only corporate applicants must complete this section.*

**Corporation's Complete Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Is corporation in good standing and authorized to conduct business in Illinois? \_\_\_Yes \_\_\_No  
If yes, please attach written proof (e.g. Articles of Incorporation, annual report, certificate from Secretary of State)

Date of Incorporation:\_\_\_\_\_ Place of Incorporation:\_\_\_\_\_

Name and Title of Registered Agent:\_\_\_\_\_

Address of Registered Agent:\_\_\_\_\_

For all persons owning or controlling at least 20 percent of the stock of the corporation and at least one Chief Executive Officer, President or Chairman of the Board, please provide the following information:

Full Legal Name:\_\_\_\_\_

Title/Position:\_\_\_\_\_ Percentage Interest:\_\_\_\_\_

Home Address:\_\_\_\_\_

Mailing Address (if different):\_\_\_\_\_

Home Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_

**Driver's License or State ID#:**\_\_\_\_\_ **State of Issuance:**\_\_\_\_\_

Date of Birth:\_\_\_\_\_ U.S. citizen? \_\_\_Yes \_\_\_No **\*Please attach copy of Driver's License or State ID Card**

Full Legal Name:\_\_\_\_\_

Title/Position:\_\_\_\_\_ Percentage Interest:\_\_\_\_\_

Home Address:\_\_\_\_\_

Mailing Address (if different):\_\_\_\_\_

Home Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_

**Driver's License or State ID#:**\_\_\_\_\_ **State of Issuance:**\_\_\_\_\_

Date of Birth:\_\_\_\_\_ U.S. citizen? \_\_\_Yes \_\_\_No **\*Please attach copy of Driver's License or State ID Card**

Full Legal Name:\_\_\_\_\_

Title/Position:\_\_\_\_\_ Percentage Interest:\_\_\_\_\_

Home Address:\_\_\_\_\_

Mailing Address (if different):\_\_\_\_\_

Home Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_

**Driver's License or State ID#:**\_\_\_\_\_ **State of Issuance:**\_\_\_\_\_

Date of Birth:\_\_\_\_\_ U.S. citizen? \_\_\_Yes \_\_\_No **\*Please attach copy of Driver's License or State ID Card**

If additional space is needed, please provide information on a separate sheet(s) and check here:\_\_\_\_\_

SECTION 5 – APPLICANTS THAT ARE PARTNERSHIPS, JOINT VENTURES, OR ANY OTHER TYPE OF ORGANIZATION IN WHICH 2 OR MORE PERSONS SHARE IN THE PROFITS AND LIABILITIES OF THE ORGANIZATION

Organization's Complete Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Attach copy of the partnership agreement and check here: \_\_\_\_\_

*For each partner or any other person entitled to share in the profits of the organization, whether or not any such person is also obligated to share in the liabilities of the organization, please provide the following information:*

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License or State ID#: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is applicant a U.S. citizen? \_\_\_ Yes \_\_\_ No      **\*Please attach copy of Driver's License or State ID Card**

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License or State ID#: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is applicant a U.S. citizen? \_\_\_ Yes \_\_\_ No      **\*Please attach copy of Driver's License or State ID Card**

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Driver's License or State ID#:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is applicant a U.S. citizen? \_\_\_Yes \_\_\_No **\*Please attach copy of Driver's License or State ID Card**

If additional space is needed, please provide information on a separate sheet(s) and check here: \_\_\_\_\_

**SECTION 6 – INFORMATION REGARDING INDIVIDUAL(S) (OTHER THAN THE PERSONS LISTED UNDER SECTIONS 3, 4 AND 5 WHO WILL BE THE DAY-TO-DAY ONSITE MANAGERS OF THE BUSINESS TO BE LICENSED**

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Driver's License or State ID#:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is applicant a resident of DeKalb County, IL? \_\_\_Yes \_\_\_No

Is applicant a U.S. citizen? \_\_\_Yes \_\_\_No **\*Please attach copy of Driver's License or State ID Card**

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Driver's License or State ID#:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is applicant a resident of DeKalb County, IL? \_\_\_Yes \_\_\_No

Is applicant a U.S. citizen? \_\_\_Yes \_\_\_No **\*Please attach copy of Driver's License or State ID Card**

Full Legal Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License or State ID#: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is applicant a resident of DeKalb County, IL?  Yes  No

Is applicant a U.S. citizen?  Yes  No **\*Please attach copy of Driver's License or State ID Card**

If additional space is needed, please provide information on a separate sheet(s) and check here: \_\_\_\_\_

**SECTION 7 – LIQUOR LICENSE HISTORY**

List names and locations of all other establishments in Illinois for which any person listed under Sections 3, 4, 5 and 6 has received liquor licenses:

Name of Establishment: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_

Has any person listed under Sections 3, 4, 5 or 6 ever had ANY liquor license denied, revoked or suspended?  Yes  No

If yes, please list the dates and grounds for each such denial, revocation or suspension and the name and location of the business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SECTION 8 – ELIGIBILITY

*A criminal background check is required of each partner in a business partnership, each owner of an individually owned business, each manager associated with the liquor establishment (as outlined in Section 6), each person owning or controlling at least 20 percent of the stock of a corporate applicant for a license, and at least one Chief Executive Officer, President or Chairman of the Board, as indicated on the application. Once a completed application has been received and all necessary background check requests have been submitted, the liquor commissioner may approve the application and the license may be issued, contingent on the results of the background check(s).*

*Application for all liquor license classes (except for Class E and Class H) must include copy of BASSET certification.*

*All applicants must complete this section. These questions apply to all persons listed under Sections 3, 4, 5 and 6. If **any question is checked “yes”, a detailed explanation is required and must be attached to this application.** The applicant is not obligated to disclose sealed or expunged records of a conviction or arrest.*

Is any person listed under Sections 3, 4, 5 or 6 a public official or law enforcement official in DeKalb County, IL?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever been convicted of a felony under any federal or state law?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever been convicted of being the keeper or is keeping a house of ill fame?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or has forfeited his/her bond to appear in court to answer charges for any such violation?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever been convicted of violating any County ordinance?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever been convicted of a gambling offense as proscribed by any subsections (a)(3) through (a) (11) of Section 28-1 of or as proscribed by Section 28-1.1 or 28-3 of the Criminal Code of 1961 (720 ILCS 5/28-1, 5/28-1.1, or 5/28-3), or as proscribed by a statute replaced by any of the aforesaid statutory provisions?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever been issued a federal wagering stamp by the federal government?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever failed to make a tax return in violation of any tax act administered by the Department of Revenue?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever filed a fraudulent return in violation of any tax act administered by the Department of Revenue?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever failed to pay all or part of any tax or penalty finally determined to be due in violation of any tax act administered by the Department of Revenue?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever failed to keep books and records in violation of any tax act administered by the Department of Revenue?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever failed to secure and display a certificate or sub-certificates of registration, if required, in violation of any tax act administered by the Department of Revenue?  Yes  No

Has any person listed under Sections 3, 4, 5 or 6 ever willfully violated any rule or regulation of the Department of Revenue relating to the administration and enforcement of tax liability?  Yes  No

SECTION 9 – DRAM SHOP LIABILITY INSURANCE

Does applicant have dram shop liability insurance? \_\_\_Yes \_\_\_No

Please attach written proof of dram shop liability insurance in the form of a certificate of insurance issued by an insurance company licensed to do business in the State of Illinois.

SECTION 10 – ATTESTATION

An owner, an officer, a partner or an officially authorized agent of the business listed in Sections 3, 4, 5 or 6 must sign this application.

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and accurate to the best of my knowledge, and that I have read the DeKalb County Liquor Ordinance and that I am familiar with its terms and conditions, and that the business for which I seek a license and its proposed operation are and shall be in compliance with the DeKalb County Liquor Ordinance.

I further agree to promptly notify, in writing, the DeKalb County Liquor Commissioner during the pendency of this application, or during the term of any license issued pursuant to this application, of any change in any of the information provided in this application or the occurrence of any event that is a basis for suspension or revocation of said license or fine under the DeKalb County Liquor Ordinance.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title / Position**

\_\_\_\_\_  
**Date**

<p>State of Illinois County of DeKalb</p> <p>I, _____, a Notary Public in and for the State of Illinois, County of DeKalb, do hereby certify that the person whose name is subscribed to the foregoing instrument, appeared before me this the _____ day of _____, in the year of _____, and that said person acknowledged that they have read and signed said instrument, and that each of the statements contained herein are true.</p> <p style="text-align: right;">_____ Notary Public Signature</p> <p>(Notary Seal)</p>
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Revised 5/2019



FOR OFFICE USE ONLY

\_\_\_ **APPROVED** License #: \_\_\_\_\_ Class: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Deputy Initials: \_\_\_\_\_

\_\_\_ **DENIED** Reason for denial: \_\_\_\_\_