

**INSTRUCTIONS FOR A CORPORATE STRUCTURE CHANGE
BUT THE CORPORATION NAME REMAINS THE SAME**

NOTE: USE WHEN OFFICERS IN THE CORPORATION TRANSFER OR SELL THE ENTIRE STOCK TO ANOTHER INDIVIDUAL OR GROUP.

The following documents should be filed with the office of the City Clerk, Room 401, City Hall Building.

(PLEASE PRINT OR TYPE INFORMATION ON FORMS, USING BLACK INK. Please answer all questions on the forms, or write N/A. Thank you for your cooperation.)

- _____ 1. File a Schedule III (Corporation) showing the new officer(s) in duplicate.
- _____ 2. File Individual data form for each new officer.
- _____ 3. Please provide a copy of your Driver's License.
- _____ 4. If someone other than the officers will manage the daily operations, please file a Schedule I (Manager) Form and Individual Data Form.
- _____ 5. Statement of Financial Disclosure showing the assets being acquired and the liabilities of the business. The liabilities include the financial arrangements made by the new officers to purchase the Corporation.
- _____ 6. Amended Articles of Incorporation noting the officer changes, if applicable.
- _____ 7. If Registered Agent is changing, file a Registered Agent name change on Articles of Incorporation.
- _____ 8. A signed and notarized Affidavit showing the transfer of stock or a signed certificate of stock transfer.
- _____ 9. Corporate minutes showing the action and vote taken to sell the stock.
- _____ 10. A lease may have to be assigned to the new stockholders, depending on the wording of the lease on file in the City Clerk's office.
- _____ 11. \$100.00 Filing Fee.
- _____ 12. A Food & Drink License obtained (or applied for) from the Peoria County/ Health Department, 2116 N. Sheridan Road, 685-6181. (You will need a Zoning Verification Form from the Zoning Department to give to the Health Department when you apply for your Food and Drink License. The Health Department also requires any applicant applying for a food/drink license to attend a 3-hour pre-operational class. Class "C" establishments dispensing food will be required to obtain a Food and Drink License.

FOR TRADE NAME CHANGES: Please submit a letter advising our office of the change. If a trade name changes, sometimes a bond rider will have to be filed depending on the way the previous bond has been placed in my office.

CITY OF PEORIA
LIQUOR LICENSE APPLICATION

TO THE MAYOR OF THE CITY OF PEORIA, ILLINOIS, for a license to sell at retail, alcoholic liquor, pursuant to an Ordinance to regulate the sale of alcoholic liquor, adopted by the City Council of said City on January 2, 1974, and any subsequent amendments thereto.

PART I.
Have you verified with the Legal Department that the location you are applying for has a valid Site Approval? YES ___ NO ___

PART II.
Please check below the appropriate class license for which you are making application - See Section 3-52 of the Alcoholic Beverage Ordinance:

CLASS "A" ___ CLASS "B" ___ CLASS "B-1" ___ CLASS "C" ___ CLASS "C-1" ___
CLASS "C-G" ___ CLASS "D" ___ CLASS "E-1" (Over 200) ___ CLASS "E" (Under 200) ___ CLASS "G" ___
CLASS "G-A" ___ CLASS "G-B" ___ CLASS "G-C" ___ CLASS I ___ CLASS "J" ___
CLASS "K" ___ CLASS "L" ___ CLASS "M" ___ CLASS "N" ___

PART III.
If you are applying for a Supplemental License, please check below the appropriate Sub-Class. See Section 3-53 of the Alcoholic Beverage Ordinance.

Subclass 1 (4:00 A.M.) ___ Subclass 1A (2:00 A.M.) ___ Subclass 2 (Live Entertainment) ___ Subclass 2A (Karaoke) ___
Subclass 3 (beer garden) ___ Subclass 3A (Sidewalk Cafe) ___ Subclass 4 ___ Subclass 5 ___ Subclass 6 ___ Subclass 7 ___
Subclass 8 ___ Subclass 10 ___ Subclass 11 (Off-Site) ___ Subclass 12 ___

PART IV.
The attached Schedules (as defined below) require information necessary in order to complete this application. PLEASE FILL OUT THE SCHEDULE APPROPRIATE TO YOUR PARTICULAR TYPE OF OPERATION:

- Schedule I - Requires information relating to an INDIVIDUAL making application for license.
- Schedule II - Requires information relating to a PARTNERSHIP making application for license.
- Schedule III - Requires information relating to a CORPORATION making application for license.

Indicate LIQUOR LICENSE YEAR for which application for a liquor license is being made - March 1, ___ to February 28, ___.

PART V.
YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Name of Applicant _____
(Individual, Partnership, or Corporation Name)
Address of Individual, Partnership or Corporation _____
Phone Number of Individual, Partnership or Corporation _____
2. Name under which business is to be conducted _____
3. Address of the place of business for which this application is made _____
4. Legal description of premises or place of business which is to be operated under the license:
(Obtain from Assessor's Office - 494-8180) _____

INCLUDE a scale drawing of said premises clearly indicating all areas within or adjoining the building or structure which are to be used in connection with the retail sales of alcoholic liquor or are accessible from it.

5. Is this location within 100' of any church, school, hospital, home for the aged or indigent persons, nursing home, or home for veterans, their wives or children, or any military or naval station? YES ___ NO ___
6. If the answer to question 5 is Yes, specify whether the business is (a) hotel offering restaurant services, (b) a regularly organized club, (c) a restaurant, (d) a food shop or other place where sale of alcoholic liquor is not the principal business carried on _____. Give exact date business specified was established: _____
7. Do you own the premises designed in Question 3? *YES ___ NO ___
8. Do you lease the premises designated in Question 3? YES ___ NO ___
If answer is YES, when does lease expire? _____

NOTE: A CURRENT AND VALID COPY OF THE LEASE MUST BE ON FILE WITH THE CITY CLERK AT ALL TIMES. If such copy is not on file, same must accompany this application.

9. Do premises for which license is sought have two separate and private lavatories, one for men and one for women?
YES ___ NO ___

10. Will this business be conducted by a manager or agent? ****YES** _____ **NO** _____

IF ANSWER IS YES, SUCH PERSON MUST COMPLETE SCHEDULE I OF THE APPLICATION FOR LICENSE.

11. Has any manufacturer, importing distributor or distributor directly or indirectly: (a) paid or agreed to pay for this license, (b) advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days) to you, (c) directly or indirectly interested in the ownership, conduct or operation of the place of business? **YES** _____ **NO** _____ If answer to any of the above questions is yes, give particulars.

12. Are you, or is any other person, directly or indirectly interested in the place of business a law enforcing public officials? **YES** _____ **NO** _____ If yes, describe the office or position held: _____

13. Have you, a co-partner in the case of a partnership, or any officer, manager, director, or any stockholder owning or controlling the voting rights to in the aggregate more than 20% of the stock of the corporation, been issued a Federal Gaming Device Stamp or Federal Wagering Stamp by the Federal Government for the current tax period?

14. Has a Federal Gaming Device Stamp or Federal Wagering Stamp been issued by the Federal Government for the current tax period on the premises for which you are making this application for a liquor license?

15. Do you have a current and valid Food & Drink License as provided by Chapter 15 of the Peoria City Code and by Section 3-6 of the Alcoholic Beverage Ordinance? _____

If answer is "yes" give number of such license: _____

If answer is "no" have you applied for such license? _____

1. Have you answered all questions on this application?
2. Have you attached the appropriate schedules required by this application?
3. Have you attached the Statement of Financial Information required with this application?
4. If applicable have you included a copy of the lease on the premises indicated in Question 8?
5. Have you included a scale drawing of the premises as required by Question 4?
6. If applicable, have you attached Schedule I as required by Question 10?

Print Name of Applicant

Signature of Applicants

IF ANY OF THE NECESSARY INFORMATION REQUIRED BY THIS APPLICATION HAS BEEN OMITTED THE APPLICATION WILL NOT BE PROCESSED AND A LIQUOR LICENSE WILL NOT BE ISSUED.

***QUESTION #7 NOTE: IF YOU OWN THE PREMISES FOR WHICH THE APPLICATION IS BEING MADE, A COPY OF THE DEED SHOWING YOUR OWNERSHIP MUST ACCOMPANY THIS APPLICATION.**

IF YOU ARE PURCHASING THE PREMISES FOR WHICH THE APPLICATION IS BEING MADE, A COPY OF THE PURCHASE AGREEMENT MUST ACCOMPANY THIS APPLICATION.

****QUESTION 10 - NOTE: OTHER THAN APPLICANT OR OFFICER OF THE CORPORATION.**

CLASS A - TAVERN

CLASS B - RESTAURANT (50% food sales)

CLASS B -1 - RESTAURANT (food sales must be minimum of 25%)

CLASS C - GROCERY (unlimited product tasting)

CLASS C-1 - LIQUOR STORE (default license- does not meet definition of grocery store)

CLASS C-G - GAS STATION (convenient store & gas station -beer/wine only)

CLASS D - HOTELS

CLASS E - CLUBS (under 200 members)

CLASS E-1 - CLUBS (over 200 members)

CLASS G - BEER & WINE ONLY RESTAURANT

CLASS I - ASSEMBLY HALL

CLASS J - FARMERS MARKET

CLASS K - RENTAL HALL

CLASS K -1 - CATERERS (no fixed site in City)

CLASS L - PUBLIC EVENTS

CLASS M - BYOB

CLASS N - RIVERFRONT BUSINESS DISTRICT

SCHEDULE III

Name of Establishment _____ License No. _____

A Corporation, by its duly authorized agent, must answer the following questions:

1. Name of Corporation _____
2. Date of Incorporation _____
3. Date Charter issued _____
4. For what purpose was the Corporation organized? _____
5. Names, addresses and dates of birth of each officer, director, manager; also any stockholder owning or controlling the voting rights to more than 5% of the stock of the Corporation:

Name _____ Title _____

Address _____ Date of Birth _____

Name _____ Title _____

Address _____ Date of Birth _____

Name _____ Title _____

Address _____ Date of Birth _____

Name _____ Title _____

Address _____ Date of Birth _____

Name _____ Title _____

Address _____ Date of Birth _____

6. Designate the citizenship of those individuals listed in Question 5, or if naturalized, time and place of such naturalization _____
7. Give character of business to be conducted at place to be licensed. _____
8. How long has corporation been engaged in business of this character? _____
9. Give itemized list of good, wares & merchandise on hand at time of this application. _____
10. Has any person referred to in Question 5 made application for a license to sell at retail alcoholic liquor on premises other than described in this application to this or any other State or political subdivision thereof? If so, give date, location and disposition of such application. _____
11. Prior hereto has any liquor license held by any individual listed in Question 5, issued by any State or subdivision thereof, or by the Federal Government, been revoked or suspended? _____
If so, state reasons therefor, and if a suspension, state the length of such application. _____
12. Has any individual listed in Question 5 ever been charged or convicted of a felony? _____ Being a keeper of a house of ill fame? _____ Prostitution? _____ Pandering? _____ Other crime opposed to decency or morality? _____ Gambling Offense? _____ Is anyone otherwise disqualified to receive a license by reason of any matter of thing contained in the Liquor Control Ordinances of the City of Peoria? _____
13. If any answer to Question 12 is Yes, give dates, locations and results of any such charges or convictions. _____
14. Is any person referred to in Question 5 an alcoholic, or has received treatment for alcoholism or any drinking problem, or been involved in any incident involving the police, including traffic, in which they were intoxicated? _____
15. If answer to Question 14 is Yes, give dates, locations and dispositions of any such treatment or incident. _____
16. Has any person referred to in Question 5 been involved in any battery, assault, fight or public disorder? _____
17. If answer to Question 16 is Yes, give dates, locations and dispositions of any such incident _____

Please attach a supplement sheet for any Question where insufficient space is provided.

IF THIS APPLICATION IS FOR A CLUB LICENSE, ATTACH A COPY OF YOUR MEMBERSHIP LIST.

AFFIDAVIT ON BEHALF OF CORPORATIONS

The undersigned swear that the premises specified in this application comply in all respects with the requirements of the Illinois Liquor Control Law and Liquor Ordinances of the City of Peoria and that the application corporation and its manager or agent are qualified to obtain a license under the said Act.

We swear that the applicant will not violate any of the laws of the State of Illinois or the Ordinances of the City of Peoria in the conduct of the place of business described herein and that we are fully informed as to the provisions of the Illinois Liquor Control Law and the Liquor Ordinances of the City of Peoria and that the statements contained in this application and any schedules and other attachments made a part of this application are true and correct.

Name of Licensee (print)

Name of Licensee (print)

Signature of Licensee

Signature of Licensee

(CORPORATE SEAL)

Subscribed and sworn to before me this

_____ day of _____ A.D., _____

Notary Public

(NOTARY SEAL)

LICENSE NO. _____

LIQUOR LICENSE APPLICATION

Treasurer's Receipt No. _____

Amount Paid _____

Licensee _____

Trade Name _____

Street _____

APPROVED:

Liquor Commissioner

Date

STATEMENT OF FINANCIAL DISCLOSURE

DATE _____
NAME OF ESTABLISHMENT _____
ADDRESS OF ESTABLISHMENT _____

This schedule must be completed in its entirety except where noted.
Question No. 5 does not have to be answered unless the Mayor specifically requests this information.

PLEASE NOTE that this schedule will not be available to the general public and may be used only by City Officials for official purposes.

1. Give below a detailed statement of assets and liabilities of the business. This section MUST be filled out. Please do not write "NONE".

ASSETS			LIABILITIES	
Description	\$ Amount	Name	Description	\$ Amount

2. List below the names and addresses of all secured creditors and a description of the security interest of each.

3. List below the names and addresses of all creditors who have any right to control the use or disposition of the business or any asset thereof.

NAME	ADDRESS

4. List below the names and addresses of each creditor who holds indebtedness of the business totaling in the aggregate 20% or more of the net worth of the business. (Net worth is the amount that assets of the business exceed the liabilities of the business)

NAME	ADDRESS

5. Attach hereto a detailed profit and loss statement for the last preceding business year. (ATTACH ONLY IF REQUESTED BY THE MAYOR)

6. If you are a corporation, please attach a copy of the latest annual report required to be filed Pursuant to Section 157.95 of the Business Corporation Act of Illinois.

7. Please list below in detail, a description of all agreements or obligations which purport to bind any successor to you to continue to purchase, rent or accept any goods, wares or services from a specified supplier thereof.

IF ADDITIONAL SPACE IS REQUIRED TO ANSWER ANY OF THE ABOVE QUESTIONS,
PLEASE ATTACH A SUPPLEMENTAL SHEET.

THIS STATEMENT IS TO BE FILED IN DUPLICATE

INDIVIDUAL DATA FORM

TO BE ATTACHED TO ORIGINAL APPLICATION

FILL OUT INFORMATION FOR INDIVIDUAL LICENSEE, OR CORPORATE OFFICERS, OR PARTNERS OF LICENSEE

FULL NAME: _____
 LAST FIRST MIDDLE MAIDEN

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER (S): HOME _____ DATE OF BIRTH ____ / ____ / ____

BUSINESS _____ PLACE OF BIRTH (CITY & STATE) _____

SEX: M ___ F ___ U.S. CITIZEN? YES ___ NO ___

DRIVERS LICENSE STATE _____ NUMBER _____ SSN _____

LIST **ALL ARRESTS** INCLUDING FELONIES, MISDEMEANORS, AND TRAFFIC OFFENSES INVOLVING ALCOHOL, AND THEIR DATE AND DISPOSITION. (ATTACH ADDITIONAL SHEET, IF NEEDED)

ALL PLACES OF EMPLOYMENT PAST 10 YEARS:

LIST ALL PERSONS HAVING FINANCIAL INTEREST IN THE BUSINESS. (GUARANTORS, PERSONAL LOANS, ETC.)

SIGNATURE _____



NOTICE: LIQUOR LICENSE APPLICANTS

You can visit the Peoria Police Department at 600 SW Adams Street, Peoria, IL 61602 to submit fingerprints. Please ensure that your correct address and phone number are on the submitted application, and you will be required to submit a government-issued ID (with photograph).

If you choose to submit fingerprint through a third-party service, Accurate Biometrics is one of many options. An applicant is not required to use Accurate Biometrics to complete the process, but their information has been provided as a convenience. An applicant who uses an outside service must ensure that the Criminal History report from the Illinois State Bureau of Identification is forwarded to the Peoria Police Department.

Accurate Biometrics <https://accuratebiometrics.com/> has many locations, including at the Strong Office Center, 3100 N. Knoxville Avenue - Suite 211, Peoria, Illinois 61603. You must provide the City of Peoria Originating Case Identifier (ORI) #IL072070L for the State of Illinois Bureau of Identification.

Once you've scheduled your appointment and followed through with the fingerprinting, the State of Illinois Bureau of Identification will forward the report directly to the Peoria Police Department as a part of the background investigation. It is anticipated the report will be received in approximately 3-5 days after fingerprints have been submitted. If you delay submitting fingerprints it will delay the processing of your liquor license application. Your failure to submit fingerprints when requested by the City's Liquor Investigator can be considered as a reason for denial of your application.

If you have any questions about this process please call the Peoria Police Department Liquor Investigator at 309-494-8429.