City of Batavia, Illinois
100 North Island Avenue
Batavia IL 60510
630-454-2000

For Office Use Only
License Class_____
License No. _____
License Fee Paid / /
Receipt No. _____

Renewal Application Alcoholic Liquor License

Business Information

Business Name _____
Business Address _____
Business Phone _____ Email _____
Business Classification _____
☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other _____
If corporation or partnership, please list officers:
1. Office:_____ Name: _____ Address: _____
   Phone: _____ Email: _____ SSN:_____-_____-_____ Date of Birth: / /
2. Office:_____ Name: _____ Address: _____
   Phone: _____ Email: _____ SSN:_____-_____-_____ Date of Birth: / /
3. Office:_____ Name: _____ Address: _____
   Phone: _____ Email: _____ SSN:_____-_____-_____ Date of Birth: / /
4. Office:_____ Name: _____ Address: _____
   Phone: _____ Email: _____ SSN:_____-_____-_____ Date of Birth: / /

Owner Information

Owner's Name _____ Corporate Registered Agent (if applicable)_____
Corporate Contact Name (if applicable)
_____
Owner's Address (home/corporate headquarters)_____
Owner's Phone _____ Email _____ State of Incorporation(if applicable)_____
If State of Incorporation is **NOT** Illinois, date when corporation became qualified to transact business in Illinois: / /
Owner's Social Security/FEIN No. _____ Owner's Date of Birth/Date of Incorporation / /
License Holder BASSET Certification No. _____
Have any persons prohibited by city code or state status acquired more than 5% ownership in corporation or partnership?
☐ Yes ☐ No

Manager's Information*	Associate/Secondary Manager Information*
Name _____	Name _____
Home Address_____	Home Address_____
Phone (home) _____	Phone (home) _____
Social Security No. [redacted]	Social Security No. [redacted]
Date of Birth _____	Date of Birth _____
Hire Date (Mo/Yr)_____	Hire Date (Mo/Yr)_____

*All managers of corporate-owned establishments must have fingerprints and background checks on file with the Liquor Commissioner's Office. **New managers** must contact the Liquor Commissioners Office at for information or contact the Police Dept. to schedule an appointment.

Does the owner of the liquor establishment lease the premises where business is conducted? ☐ Yes ☐ No
Lessor's Name _____
Lessor's Address _____
Lessor's Home Phone _____ Cell# _____ Lease End Date _____
Please include a copy of the current lease.

Does the owner hold a liquor license at another premise? ☐ Yes ☐ No
Name of other establishment (if different from business named above) _____
Address of other establishment _____
Is any action currently pending against business or owner for violation of the Retailer's Occupation Tax Act of the State of Illinois?
☐ Yes ☐ No
Since the last license issuance, has a previous liquor license held by the applying entity or any owner of more than 5% ownership interest been revoked by any state or subdivision thereof, or by the Federal Government? If so, give details (date, place, reasons):
_____

Indicate principal liquor business conducted on premises:
☐ Bar
☐ Packaged
☐ Predominantly Food
  ☐ Table Service of alcohol only
  ☐ Table service and stand alone bar service

Storage of Alcoholic Beverages
☐ Stored on Premises
☐ Stored off Premises

The City Council enacted a new Liquor Control ordinance on April 1, 2013. Schedule of Annual Fees for Retail Liquor License.

Class A	$1,500.00	Class F*	$ 50.00
Class B-1	$ 750.00	Class F * Outdoors	(to be determined)
Class B-2	$ 750.00	Class G*	$ 50.00
Class C	$ 50.00	Class G* Outdoors	(to be determined)
Class D-1	$1,800.00		
Class D-2	$1,800.00	Outdoor Adjunct Liquor (Patio)	$ 25.00
Class E-1	$1,500.00	Live Entertainment (Patio)	$ 25.00
Class E-2	$ 150.00	Live Entertainment Class A	$300.00
Class E-3	$1,500.00	Overlay Packaged Liquor To Go From Bar or Restaurant	$ 25.00
Class E-4(1)	$ 500.00 1 to 6 per year		
Class E-4(2)	$1,000.00 1-24 per year		

Note: Please see additional requirements in separate applications for overlay licenses.

APPLICATION MUST INCLUDE THE FOLLOWING:

1. **COPY OF LEASE MUST BE INCLUDED WITH APPLICATION.**
2. **COPY OF PROOF OF DRAM SHOP INSURANCE MUST BE INCLUDED WITH APPLICATION.**
3. **RESTAURANTS/BARS--PROVIDE SITE DRAWING OF THE PROPOSED LICENSED PREMISES DRAWN TO SCALE SHOWING LOCATION DESIGNATED USE AND SEATING CAPACITY OF ALL ROOMS, SEGREGATED AREAS, INCLUDING OUTDOOR SEATING AREAS AND SQUARE FOOTAGE**
4. **PROVIDE PROOF OF COMPLETION OF BASSET TRAINING FOR ALL PERSONS WHO SELL/SERVE ALCOHOLIC BEVERAGES, MANAGERS WORKING ON PREMISES, AND ANYONE WHOSE JOB DESCRIPTION ENTAILS CHECKING IDENTIFICATION FOR ALCOHOL PURCHASES TO BE PROVIDED WITHIN NINETY (90) DAYS**
5. **AFTER OBTAINING YOUR CITY OF BATAVIA LIQUOR LICENSE, YOU ARE REQUIRED TO OBTAIN AN ILLINOIS STATE LIQUOR LICENSE (312-814-2206) YOU MUST PROVIDE THE CITY WITH A COPY OF YOUR STATE LIQUOR LICENSE**

Ordinance Requirement: Person in direct charge of premises must reside within 25 miles of City

Name: _____
First MI Last
Address: _____
Phone: _____ Fax: _____ Email: _____
Date of Birth: _____ Place of Birth: _____ Citizenship: _____

By submission of this application for renewal, the Applicant on his or her own behalf and on behalf of the entity represented to be the licensee, states as follows:

1. Applicant is ready and willing, and does hereby agree, to operate the aforesaid place of business in accordance with the Liquor Laws and Ordinances of the City of Batavia, County of Kane and State of Illinois, now in force and any others which may be enacted during the duration of this license, herein applied for.
2. That the information contained within this application for renewal is true to the best of Applicants knowledge.
3. It is further represented that no officer, manager, director, or stockholder of the Corporation, owning more than 5% of the stock in such Corporation, has ever been convicted of felony and would not be disqualified to receive a license by reason of any matter or thing contained in the Ordinances of the City of Batavia; and that no officer, manager, director, or stockholder will violate any of the laws of the State of Illinois, or of the United States, or any Ordinances of the City of Batavia, in the conduct of his place of business.
4. Applicant acknowledges the obligation of those person identified above on this application submit to fingerprinting and background investigation upon request by the City.

Dated at Batavia, Illinois, this _____ day _____, A.D. _____.

_____

By_____

Attest:

_____
Secretary

State of Illinois)
) SS
County of Kane)

I, _____, a Notary Public, in and for the County and State aforesaid, do hereby certify that _____, whose name is subscribed to the foregoing instrument, appeared be me this day in person and acknowledged that he signed and sealed the said instrument, including the representations made therein, as his free and voluntary act for the uses and purposes therein set forth.

Given under my hand and Notarial Seal, this_____ day of _____, A.D. _____ .

_____
Notary Public

Print Form