



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*

Name _____

Home Address _____

Phone (home) _____

Date of Birth _____

Hire Date (Mo/Yr) _____

Associate/Secondary Manager Information*

Name _____

Home Address _____

Phone (home) _____

Date of Birth _____

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 E-4(2)	\$	100.00	1 to 24 per year
Class B-1	\$	750.00	Class E-5	\$	100.00	
Class B-2	\$	750.00	Class F*	\$	50.00	
Class B-3	\$	750.00	Class F*	Outdoors		(to be determined)
Class B-4	\$	750.00	Class G*	\$	50.00	
Class B-5	\$	750.00	Class G*	Outdoors		(to be determined)
Class C	\$	100.00	Class H	\$	1,300.00	
Class D-1	\$	1,800.00	Class I	\$	200.00	
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	\$	25.00	
Class E-4(1)	\$	100.00	1 to 6 per year	From Bar or Restaurant (Class A or D)		

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**

