



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

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

City Alcoholic Liquor License Application

**Application must be completed in full. Incomplete application will be rejected.**

Business Information

Business Classification:  Corporation     Partnership     Proprietorship     Other \_\_\_\_\_

Business Name \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

BASSETT Certification \_\_\_\_\_ License Class: \_\_\_\_\_

If Corporation, Corporate Name \_\_\_\_\_

Corporation Address \_\_\_\_\_

**Corporate officers must include President, Vice President, Secretary and Treasurer, plus Manager of Establishment Or Sole Proprietor**

1. Office: _____	Name: _____	Address: _____
Phone: _____	Email: _____	██████████ Date of Birth: _____
2. Office: _____	Name: _____	Address: _____
Phone: _____	Email: _____	██████████ Date of Birth: _____
3. Office: _____	Name: _____	Address: _____
Phone: _____	Email: _____	██████████ Date of Birth: _____
4. Office: _____	Name: _____	Address: _____
Phone: _____	Email: _____	██████████ Date of Birth: _____
5. Office: _____	Name: _____	Address: _____
Phone: _____	Email: _____	██████████ Date of Birth: _____
6. Office: _____	Name: _____	Address: _____
Phone: _____	Email: _____	██████████ Date of Birth: _____

**Have you had a business within the City of Batavia under any other corporate name:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list name and address of business \_\_\_\_\_

If State of Incorporation is **NOT** Illinois, date when corporation became qualified to transact business in Illinois: \_\_\_\_\_

\*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 City of Batavia Police Department at 630-454-2500 to schedule an appointment.

Owner Information

Owner's Name \_\_\_\_\_ Corporate Registered Agent (if applicable) \_\_\_\_\_

Owner's Address (home/corporate) \_\_\_\_\_

Owner's Phone \_\_\_\_\_ Email \_\_\_\_\_ State of Incorporation(if applicable) \_\_\_\_\_

Owner's ██████████/FEIN No. \_\_\_\_\_ Owner's Date of Birth/Date of Incorporation \_\_\_\_\_

Have any persons prohibited by city code or state status acquired more than 5% ownership in corporation or partnership?

Yes     No

<b>If born outside of the United States, complete this section:</b>	Citizenship		Naturalization: Own Papers <input type="checkbox"/> Parent's Papers <input type="checkbox"/>			
	Born of US Parent/s		Court	City	State	Date
	Naturalized					

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 your 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:

<input type="checkbox"/> Bar	Storage of Alcoholic Beverages
<input type="checkbox"/> Packaged	<input type="checkbox"/> Stored on Premises
<input type="checkbox"/> Predominantly Food	<input type="checkbox"/> Stored off Premises
<input type="checkbox"/> Table Service of alcohol only	
<input type="checkbox"/> Table service and stand-alone bar service	

**When applying for a new liquor license please note that there is a \$250.00 non-refundable application fee. That fee is in addition to the liquor license itself. This is a one-time fee. This fee does not apply to renewal liquor licenses. The following is a listing of the current City of Batavia liquor license fees revised April 18, 2016.**

Class A (Tavern)	\$1,500.00	Class F (Not-For-Profit Event)	\$ 50.00
Class B-1 (Pkg Store)	\$ 750.00	Class F Outdoors	N/A
Class B-2 (Pkg Grocery)	\$ 750.00	Class G-1 (Special Use/Single Event)	\$ 50.00
Class B-3 (Pkg Pharmacy)	\$ 750.00	Class G-2 (Special Use/Series Events)	\$ 100.00
Class B-4 (Pkg Gas Station Beer/Wine Only)	\$ 750.00	Class G Outdoors	N/A
Class B-5 (Pkg Gas Station All Alcohol)	\$ 750.00	Class H (Micro-Brewery)	\$1,300.00
Class C-1 (Carry-In Restaurant)	\$ 100.00	Class I (Caterer)	\$ 200.00
Class C-2 (Carry-In Salon)	\$ 100.00	Class J (Theatre)	\$1,500.00
Class C-3 (Carry-In Event)	\$ 100.00	Class K (Park District)	\$ 200.00
Class D-1 (Restaurant All Alcohol)	\$1,800.00	Class L (Accommodation Facility)	\$1,500.00
Class D-2 (Restaurant Beer/Wine Only)	\$1,800.00		
Class E-1 (Church/Club)	\$1,500.00		
Class E-2 (Church/Club <30 days)	\$ 150.00		
Class E-3 (Bowling/Amusement)	\$1,500.00		
Class E-4 (Limited Retail)	\$ 100.00		
Class E-5 (Limited Retail/Salon)	\$ 100.00		

  

<b><u>Overlay License(s) Requested</u></b>	
Fees are in addition to the basic license fee(s) listed above	
Outdoor Adjunct	\$ 25.00
Live Entertainment	\$ 25.00
Package Liquor (Class A & Class D)	\$ 25.00
Live Entertainment (Class A Only)	\$ 300.00

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. 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 WITHIN 14 DAYS**

**Ordinance Requirement:** Person/Manager 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. \_\_\_\_\_.

\_\_\_\_\_  
Signature

By \_\_\_\_\_  
Print Name

Attest:  
\_\_\_\_\_  
Witness

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 before 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