

Mary Jo Pemberton  
City Clerk



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**APPLICATION FOR RENEWAL OF LICENSE TO SELL  
ALCOHOLIC LIQUOR AT RETAIL (August 2019)**

To The Liquor Control Commissioner of the City of Mt. Vernon in the County of Jefferson and State of Illinois:

The undersigned hereby makes a **Renewal** Application for a license for the sale at retail of alcoholic liquors under the provision of an Act entitled, An Act Relating to Alcoholic Liquors.

Name of business/applicant: \_\_\_\_\_

Address of business: \_\_\_\_\_

Business & cell telephone: \_\_\_\_\_

**CHECK THE CLASS OF LICENSE PREVIOUSLY APPLIED FOR:**

- |                                    |   |
|------------------------------------|---|
| Banquet Room — \$2,000             | Movie Theater License -- \$2,000                          |
| Brew Pub — \$2,000                 | Package Sales - All Alcoholic Liquor— \$2,000             |
| Club — \$2,000                     | Package Sales w/Video Gaming — \$4,000                    |
| Club less than 300 members — \$500 | Package Beer and Wine — \$2,000                           |
| Downtown Sidewalk Dining — \$100   | Restaurant Beer and Wine — \$800                          |
| Hotel — \$2,000                    | Restaurant with Lounge — \$2,000                          |
| Hotel Patron — \$800               | Retail Business Customer — \$2,000                        |
| Interchange Video Gaming — \$2,000 | Package Package & Consumption (formerly Tavern) — \$3,000 |
|                                    | Wine-Makers — \$2,000                                     |

Amount Paid \$ \_\_\_\_\_

Certificate of Liability Insurance expiration date (Enclosed copy): \_\_\_\_\_

**RESIDENT MANAGER** must be a bona fide resident of Jefferson County, Illinois and must be a full-time employee of licensee who is physically present daily at the licensed premise. A corporation and similar business entities must conduct business by a resident manager.(Attach proof of residency)

Name \_\_\_\_\_ Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Residence address: \_\_\_\_\_

Dates of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_

Are there any changes to the original application? \_\_\_\_\_

NO

YES, please list changes to the original application and **ATTACH DOCUMENTS** supporting the changes.

Date

Applicant Signature

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Mayor

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

City Clerk

(Seal)

License Number: \_\_\_\_\_