

**APPLICATION FOR RENEWAL OF LICENSE TO SELL
ALCOHOLIC LIQUOR AT RETAIL - Chapter 111 Section .10**

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 Phone: _____ **Cell Phone:** _____

Email Address: _____

WHEN LICENSE COMPLETE: CALL _____ IF YOU WANT TO PICK UP YOUR LICENSE

OR

MAIL ORIGINAL LICENSE TO: _____

CHECK THE CLASS OF LICENSE PREVIOUSLY APPLIED FOR:

- | | |
|--------------------------------------|---|
| — Event Center — \$2,000 | — Movie Theater License — \$2,000 |
| — Brew Pub — \$2,000 | — Package Sales — \$2,000 |
| — Club — \$2,000 | — Package Sales w/Video Gaming — \$4,000 |
| — Club less than 300 members — \$500 | — Package Sales 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 & Consumption Sales (formerly Tavern) — \$3,000 |
| | — Wine-Makers — \$2,000 |

Amount Paid \$ _____

Certificate of Liability Insurance expiration date (Attach copy): _____

RESIDENT MANAGER must be a bona fide resident of Jefferson County, Illinois, or a bona fide resident of a county which is adjacent to and contiguous with 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: _____ DL# (**Attach Copy**): _____
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#: _____

(Rev 1/22)