

# **Jackson County Liquor Advisory Board**

## **2026 Liquor License Application**

**\*Please note that if you are not applying during the yearly renewal period, the application may take one (1) month minimum to process.**

Information Must Be Typed or Legibly Printed

(If more space is needed for responses, continue on last page or on separate piece of paper)

### **APPLICATION FOR** (choose only ONE):

- \_\_\_\_\_ Application for a new license
- \_\_\_\_\_ Application for an annual renewal of license
- \_\_\_\_\_ Application to transfer an existing license to a new location
- \_\_\_\_\_ Application to transfer an existing license from one person to another or from one legal entity to another
- \_\_\_\_\_ Application to update information

### **CLASSIFICATION OF LICENSE APPLIED FOR** (see Liquor Control Ordinance for specific definitions & further information):

- ☐ Class A – Tavern (Sale of liquors for consumption on premises or retail sales of liquor in the original package consumed on or off premises) \$1000.00
- ☐ Class B – Restaurant (Sale of liquors for consumption on premises or retail sales of liquor in the original package consumed on or off premises) \$750.00
- ☐ Class C – Retail sale of alcoholic liquors in the original packages and not for consumption on the premises where sold. \$1000.00
- ☐ Class D - Retail sale of beer and/or wine only, in the original packages and not for consumption on the premises where sold. \$250.00
- ☐ Class E – Sale of alcoholic liquors at a club for consumption on the premises. \$600.00
- ☐ Class F – Sale of alcoholic liquors by community associations or groups that are not for profit. (This license is effective only for 1-3 days duration.) \$75.00 for the first event; \$25.00 for each additional event within the calendar year
- ☐ Class G1 – Sale of wine for consumption on the premises or retail sale of wine in the original package consumed on or off premises. \$350.00
- ☐ Class G2 – Sale of wine and other alcoholic liquors for consumption on the premises or retail sale of wine in the original package consumed on or off premises. \$500.00
- ☐ Class H – Sale of alcoholic liquor that has been transferred to a temporary location from licenses premises for limited time periods. \$100.00
- ☐ Class I – Sale of alcoholic liquor that has been transferred to a temporary location. \$1000.00
- ☐ Class J – Sale of alcoholic liquors for consumption on the premises of a microbrewery or retail sale of beer in the original package consumed on or off the premises. \$350.00
- ☐ Class K – Sale of spirits manufactured by the licensee by glass on the premises or in packaged form for consumption off the premises; tastings. \$350.00
- ☐ Class L – Retail sale of liquors on the premises of a Bed & Breakfast Establishment for consumption only on licensed premises. \$350.00

***If choosing Class F or Class H, please list the dates the license will be used:***

**NAME:** In what name will this license be issued? **THIS MUST BE CONSISTENT WITH THE NAME PRINTED ON YOUR CERTIFICATE OF INSURANCE.** Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company.

Name: \_\_\_\_\_

**CERTIFICATE OF INSURANCE:** **ATTACH PHOTOCOPY OF YOUR “CERTIFICATE OF INSURANCE” (NOT THE “POLICY DECLARATION”)** You **MUST** provide a copy of your Certificate of Insurance if alcohol is consumed on premise.

This certificate is not required for carry-out only establishments. The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1. The applicant named as the insured; 2. The address of the location where the liquor is being consumed; 3. The dates of coverage and the coverage limits; 4. Jackson County Liquor Board named as a certificate holder.

**BASSET TRAINING:** **ATTACH PHOTOCOPY OF EACH SERVERS BASSET TRAINING CERTIFICATE** You **MUST** provide a copy of each employees BASSET training certificate. It is your responsibility to provide the county with training certificates for all new employees hired throughout the year.

**FEIN (FEDERAL EMPLOYER IDENTIFICATION NUMBER):** \_\_\_\_\_

**ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER):** \_\_\_\_\_

**IF THIS IS A NEW LIQUOR LICENSE APPLICATION**, state the JACKSON COUNTY BOARD DISTRICT in which the proposed establishment will be located: \_\_\_\_\_

**STATUS OF BUSINESS:** Check the applicable box which corresponds to your business' official papers filed with the Secretary of State.

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Sole Proprietorship       | Date filed with County Clerk: _____        |
| 2. <input type="checkbox"/> Partnership               | Date of Formation: _____                   |
| 3. <input type="checkbox"/> Illinois Corporation      | Date of Incorporation: _____               |
| 4. <input type="checkbox"/> Foreign Corporation       | Date of Incorporation: _____               |
|   | Date Qualified to do business in IL: _____ |
| 5. <input type="checkbox"/> Limited Liability Company | Date of Formation: _____                   |
| 6. <input type="checkbox"/> Religious/Other           | Describe: _____                            |

**OWNERSHIP INFORMATION:** Provide the owner/officer/partner information in accordance with the business status for all owners/officers/partners/members. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

Name (Last, First, MI)	Home Address	City, State	Zip
Title/Position	Phone	SSN   DOB	Sex   % Owned
Name (Last, First, MI)	Home Address	City, State	Zip
Title/Position	Phone	SSN   DOB	Sex   % Owned
Name (Last, First, MI)	Home Address	City, State	Zip
Title/Position	Phone	SSN   DOB	Sex   % Owned
Name (Last, First, MI)	Home Address	City, State	Zip
Title/Position	Phone	SSN   DOB	Sex   % Owned

Total percentage of all stock held by all persons with less than 5% interest: \_\_\_\_\_

**NAME/DOING BUSINESS AS (DBA):** Put the name of the business which will be selling or serving alcoholic beverages at the licensed premises. Name: \_\_\_\_\_

**TELEPHONE and EMAIL:** Enter the phone number and email at the business premise location

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ADDRESS:** Business premise location (do not use post office box). This address information must be consistent with the information on your Illinois Department of Revenue Sales Tax Registration Certificate.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**LEASED PREMISES:** If you lease your premises, the lease must cover the full term of the license year Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MANAGER OR SUPERVISING AGENT WHO WILL CONDUCT BUSINESS:**

**The manager or supervising agent must be a resident of Jackson County**

Name (Last, First, Middle Initial): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**ELIGIBILITY QUESTIONS:** Please provide the following information with respect to the manager or supervising agent in charge of the premises for which this license is applied. IF ANY QUESTIONS ARE ANSWERED WITH A “YES” ATTACH A FULL WRITTEN EXPLANATION TO THIS DOCUMENT.

1. ☐ Yes ☐ No Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
2. ☐ Yes ☐ No Are you delinquent under the “Cash Beer” Law?
3. ☐ Yes ☐ No If retailer, Are you delinquent under the “30-day Credit” Law?
4. ☐ Yes ☐ No Have you ever made application for a liquor license which has been denied?
5. ☐ Yes ☐ No Have you ever had any previous liquor license suspended or revoked?
6. ☐ Yes ☐ No Have you ever been convicted of a felony?
7. ☐ Yes ☐ No Have you ever been convicted of a gambling offense as defined under Section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a).11 “Gambling”, 720 ILCS 5/28-1.1 (a-d) “Syndicated Gambling”, and 720 ILCS 5/28-3 “Keeping A Gambling Place”?
8. ☐ Yes ☐ No Do you possess a current Federal Wagering Stamp?
9. ☐ Yes ☐ No Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority?
10. ☐ Yes ☐ No Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representative of a licensee, or suppliers of alcoholic products?
11. ☐ Yes ☐ No Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order?
12. ☐ Yes ☐ No Are you in violation of the required Liquor Liability Insurance coverage stated in Section 6.21(a) of the Liquor Control Act (235 ILCS 5/) regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?
13. ☐ Yes ☐ No If a corporate licensee, is your corporation ineligible to be issued this license?

**LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY:**

If you ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and the circumstances.

Is this your first Jackson County Liquor License Application (at any location)? ☐ Yes ☐ No

If No, provide date first applied: ☐ Granted ☐ Denied ☐ Withdrawn

Address of first County application: \_\_\_\_\_

**HOURS OF OPERATION:** List the daily hours open for business.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**STAFFING:** List number of serving staff \_\_\_\_\_ # of BASSET Trained: \_\_\_\_\_  
**(attach copies of certificates)**

**PARKING CAPACITY:** \_\_\_\_\_

**WILL A BEER GARDEN OR OUTDOOR CAFE BE OPERATED:** ☐ Yes ☐ No **(attach diagram)**

Please note, the fees required for such are:

\$50 without entertainment ☐

\$100 with entertainment ☐

**DESCRIBE** the manager or supervising agent's procedure for ensuring alcohol is not served to anyone who is underage: \_\_\_\_\_

**DESCRIBE** the manager or supervising agent's previous experience with operating an establishment with liquor sales and services: \_\_\_\_\_

**HAVE** you discussed the proposed operation with the Jackson County Health Department? ☐ Yes ☐ No

**All Establishments must be licensed by the Jackson County Health Department regardless of food service.**

**What is your Jackson County Food Service Permit Number** \_\_\_\_\_ **(attach proposed menu)**

**IS** the Property Line of The Proposed Location Within One Hundred Feet of The Following?

- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| 1. Religious Organization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. School                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Hospital               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Residential Property   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**WHAT** steps are planned or taken to minimize disturbance of neighbors or nearby establishments?

\_\_\_\_\_

**WHAT** kind of impact or demand would you expect the operation of this establishment to have on Jackson County Services (i.e. Sheriff's Dept., Ambulance)? \_\_\_\_\_

\_\_\_\_\_

**WHAT** potential impact would you expect the operation of this establishment to have on traffic safety?

\_\_\_\_\_

**WHY** do you think the issuance of this liquor license would be in the best interest of Jackson County?

\_\_\_\_\_

**USE** this space to continue responses to above questions or to provide any additional information to the Jackson County Liquor Advisory Board to assist them in the review of your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE/TITLE/DATE:** Each application shall be signed by the applicant. If the applicant is a partnership, all partners shall sign the application. If the application is a corporation or club, the application shall be signed and verified by the president and secretary. Please make additional copies of this page as needed.

**The signature must be original; rubber stamps are not accepted.**

I \_\_\_\_\_ on oath swear or affirm that:

- I have received a copy of the Jackson County Liquor Control Ordinance.
- I will read said Ordinance prior to conducting business as a licensed premise.
- I will not violate any of the laws of the United States of America, the State of Illinois or any ordinances of the County of Jackson, in particular, the Illinois Liquor Control Act, Rules and Regulations and the Civil Rights sections thereof.
- I have filled out the information required by this application, the matters stated in the foregoing application are true and correct, they are made upon my personal knowledge and information and they are made for the purpose of requesting the County of Jackson to issue the license herein applied for.
- I am qualified and eligible to obtain the license applied for.

\_\_\_\_\_  
Signature of Applicant

**Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

Notary Seal

\_\_\_\_\_  
Signature of Notary Public