



City of Carbondale
 Building & Neighborhood Services
 200 S. Illinois Avenue
 Carbondale, Illinois 62901
 Phone (618) 457-3237
 Fax (618) 457-3289
 Explorecarbndale.com

APPLICATION FOR BED & BREAKFAST ESTABLISHMENT

TO THE MANAGER OF BUILDING & NEIGHBORHOOD SERVICES:

The undersigned hereby makes application for the issuance of a city retailer’s license for the sale of alcoholic liquor for the period beginning _____, 20____ and ending on August 31, 20____, and hereby certifies to the following facts, and agrees that any license issued shall be issued on the basis of the following facts, and that if any of the following facts are changed, without prior approval of Building & Neighborhood Services Supervisor, said license may be revoked or suspended at the sole discretion of the Manager of Building & Neighborhood Services.

1.	Name of establishment	Phone		
2.	Street address			
3.	Legal description of licensed premises. Attach a drawing of the site showing: i) the location of all existing and proposed structures in relation to the property line, and ii) the location of all existing and proposed parking areas and driveways in relation to the property lines and structures. Provide existing and proposed floor plans of all structures on the property			
4.	Description and address of contiguous premises under the control of licensee, but not licensed			
5.	This application is being made as (check one)	Corporation	Partnership	Individual
If application is being made as a corporation, please complete the information below. If application is being made as an individual or partnership, please skip to question #10.				

6.	Name of corporation		
7.	COMPLETE THE FOLLOWING CORPORATE INFORMATION		
	President's name	Phone	
	Home address		
	Social Security No.	Driver's License No.	State of Issuance
	Date of birth	Place of birth	
	Vice-President's name	Phone	
	Home address		
	Social Security No.	Driver's License No.	State of Issuance
	Date of birth	Place of birth	
	Secretary's name	Phone	
	Home address		
	Social Security No.	Driver's License No.	State of Issuance
	Date of birth	Place of birth	
	Treasurer's name	Phone	
	Home address		
	Social Security No.	Driver's License No.	State of Issuance
	Date of birth	Place of birth	

FOR OFFICE USE ONLY			
Date Received		District	
Zoning Information	Permitted Use		Special Use
Date of approval			

8.	List names, addresses, phone numbers, social security numbers, driver's license numbers, date and place of birth, and number of years as a resident in Carbondale, Jackson County and Illinois for any and all registered agents or for any officers, directors or stockholders holding over 5% of the corporate stock. If none, state "None". Use additional sheets if necessary.
9.	List any persons, firms or organizations entitled by verbal or written agreement to a beneficial share of the corporate earnings. If none, state "None".

NOTE: If during the license period any person not named in Question 7, 8 or 9 becomes the record owner of more than 5% of the stock of the corporation, the corporation must provide to the Supervisor of Building & Neighborhood Services within 10 days after the date of transfer, the names, addresses, phone numbers, social security numbers, driver's license numbers, dates and places of birth, and number of years a resident of Carbondale, Jackson County and Illinois, as well as percent of ownership of such person(s).

If application is being made as an individual or partnership, please complete question #10. If application is being made as a corporation, skip to question #11.			
10.	The information in Question #10 must be given for all individuals or partners applying for a Bed & Breakfast establishment. Attach additional sheets (if necessary) giving the required information for all partners		
	President's name	Phone	
	Home address		
	Social Security Number	Driver's License No.	State of Issuance
	Date of birth	Place of birth	
	Number of years a resident of Carbondale	Jackson County	Illinois
	Do you reside within Carbondale city limits?	Yes	No
	Are you a citizen of the United States?	Yes	No

	If you are a naturalized citizen, when and where naturalized?	
	Court in which you were naturalized	

NOTE: For the purpose of the following questions, the term “Applicant” refers to: the Corporation AND any officers, directors or registered agents of the corporation, AND any stockholders owning 5% or more of the corporate stock, AND any individuals or partners listed on this application.

11.	Does applicant own the premises for which this license is sought?	Yes	No
12.	Does applicant have a lease on the premises extending through August 30 of this license year?	Yes	No
	If yes, give name and address of lessor		
	Name	Phone	
	Home Address	Zip	
	If lessor is a land trust, give name(s) and address(es) of beneficiaries		
	Name	Phone	
	Home Address	Zip	
	Name	Phone	
	Home Address	Zip	
	Name	Phone	
	Home Address	Zip	
13.	Total invested in Business		\$
	Source of funds Own capital	\$	<i>These amounts must equal each other</i>
	Loans from financial institutions (list names)	\$	
	Loans from individual investor(s) (list names)	\$	
	Total Source of Funds:		
14.	Will the business be conducted by a manager or agent other than one of the officers, directors, registered agents or stockholders of the corporation, one of the partners in a partnership, or the individual who will hold this liquor license?	Yes	No
Complete and Submit the attached Manager’s Statement			

STATE OF ILLINOIS)
COUNTY OF JACKSON)

AFFIDAVIT

The undersigned does hereby swear (or affirm) that the applicant in whose name this application is made will not violate any of the ordinances of the City of Carbondale or the laws of the State of Illinois or the United States of America, in the conduct of the place of business described herein, and that the statements contained in this application are true and correct to the best of our knowledge and belief and we understand that violation of any ordinances or laws shall constitute grounds for suspension or revocation of the license.

*(Note: In the case of a corporation, this application
Must be signed by the President and Secretary)*

Signature & Title of Applicant

(Corporate seal)

Signature & Title of Applicant

Subscribed and sworn to before me this _____
day of _____, 20_____

Notary Public

1.	Name of establishment						
2.	Name of Manager or Agent					Phone	
	Home Address					Zip	
	Social Security Number		Driver's License No.		State of Issuance		
	Date of birth		Place of birth				
	Number of years a resident of Carbondale			Jackson County		Illinois	
	Do you reside within Carbondale city limits?		Yes	No	Proof Required		
	Are you a citizen of the United States?					Yes	No
	If you are a naturalized citizen, when and where naturalized?						
	Court in which you were naturalized						
3.	Has applicant ever been convicted of any violation (other than a traffic violation) under Federal, State or local law?					Yes	No
	If yes, give the date, the nature of the offense, and the disposition of the conviction(s).						
4.	Has any license previously issued to this applicant by State, Federal or Local authorities ever been revoked?					Yes	No
	If yes, list date(s) and reason for denial						

STATE OF ILLINOIS)
COUNTY OF JACKSON)

AFFIDAVIT

The undersigned do hereby swear (or affirm) that the applicant in whose name this application is made will not violate any of the ordinances of the City of Carbondale or the laws of the State of Illinois or the United States of America, in the conduct of the place of business described herein, and that the statements contained in this application are true and correct to the best of our knowledge and belief and we understand that violation of any ordinances or laws shall constitute grounds for suspension or revocation of the license. I also acknowledge that this completed application and all information contained in the files pertaining to this application is public record, and authorize its distribution and release.

Signature of Manager or Agent

Subscribed and sworn to before me this _____
day of _____, 20____

Notary Public