



CITY OF ALTON  
ILLINOIS

OFFICE OF MAYOR  
BRANT WALKER

101 E. THIRD ST.  
ALTON, IL 62002

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Dear Liquor License Applicant:

Thank you for choosing the City of Alton to locate your business. The business community is a vital ingredient in the continued growth of the City.

The application process that you will begin is a procedure that under normal circumstances will take several weeks to complete. Building and/or fire code concerns may add to this time frame.

If your business is located within the Appearance Review District boundaries, you are required to have all signage and exterior changes approved by the Appearance Review Commission. Facade Grant funds are available for up to 25% of eligible exterior repairs and improvements. For Facade Grant information, please contact the Department of Development & Housing at (618) 463-3801. Complimentary design assistance is also available to business owners through the Alton Main Street Association; you can reach them at (618) 463-1016.

If you have any questions, please contact my office at (618) 463-3500, Extension 3.

Once again thank you for choosing Alton.

Sincerely,

  
Brant Walker  
Liquor Commissioner

## Liquor License Application

Before starting the application process, please contact the Mayor's Office regarding the availability of liquor licenses and contact the Building & Zoning Department to check zoning of the proposed property. If there is no history of a liquor license at the proposed property or if a change in liquor license classification is requested, consents will be required from property owners within 300 feet of the address.

The following must be submitted to the Mayor's Office:

1. Consent Forms
2. Notarized Application (Corporation or resident)
3. \$250 Application Fee (non-refundable / not applicable)
4. Copy of Driver's License
5. Release of Information Form
6. Illinois Sales Tax ID Number
7. Purchase or Lease Agreement
8. Articles of Incorporation
9. Seller/Server's Training Certificate from:  
Basset Training at [www.bassetcertification.org](http://www.bassetcertification.org) or  
Katie Venvertlon, Drug Free Alton Coalition at  
618- 463-3505, Ext. 238 or [info@drugfreealton.com](mailto:info@drugfreealton.com)
10. Certificate of Liquor Liability Insurance (City of Alton must be listed as the Certificate Holder)
11. Emergency Contact Information Form

When the above paperwork has been approved, the premises will be inspected by the Building & Zoning Department for proper zoning and to insure Alton City Code requirements and Illinois State Fire Code requirements are met.

A Madison County Health Department Permit is required for all food establishments.

Please be aware that delinquent fees owed to the City must be paid in full.

If you have any questions regarding the liquor license process, please contact Debbie Collier at 618-463-3500, Ext. 3.

Application is hereby made for the issuance to the undersigned of an Alcoholic Beverage Retail License Class \_\_\_\_\_ for the year \_\_\_\_\_.

1. Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. If applicant(s) owns the proposed licensed premises, please check here: (\_\_\_\_).

3. Attach a copy of the lease or purchase agreement authorizing applicant to occupy and conduct business in said premises. The lease must be for the duration of license.

4. Illinois Business Tax Number: \_\_\_\_\_

5. Name of Applicant: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

If applicant is a **Partnership**, please list the full name, residential address, and previous business activity for **each partner**. Attach a separate piece of paper if necessary.

- Name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Activity: \_\_\_\_\_

- Name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Activity: \_\_\_\_\_

If applicant is a **Corporation**, give full name and address of **each officer** and attach a copy of the Articles of Incorporation.

If applicant is a **foreign Corporation qualified under the Illinois Business Corporation Act to transact business in Illinois**, attach a copy of the order to do business in Illinois.

• Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Activity: \_\_\_\_\_

• Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Activity: \_\_\_\_\_

6. List your occupation or employment with addresses thereof for the **past ten years**. For a Partnership or a Corporation, list the same information for each partner and the local resident manager. Attach a separate piece of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List Liquor Liability Insurance coverage including name and address of insurance company for both the licensee and for owner of the building in which the alcoholic liquor will be sold for the duration of the license.

- Insurance for Licensee: \_\_\_\_\_
- Insurance for the Premises: \_\_\_\_\_

8. List addresses of all locations where the applicant has ever engaged in the business of the sale of alcoholic liquor at retail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Describe the parking facilities available to the business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Will two separate restrooms be provided with hot and cold running water together with clean towels? YES \_\_\_ NO \_\_\_

11. Describe the method used in cleaning the premises, sterilizing glasses and dishes, and cleaning coils used in connection with dispensing draught beer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. If the business is to offer food services, describe the type of food services, the facilities, the methods used, and all sanitation and cleaning procedures which will be followed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Will you maintain the entire premises in a clean and sanitary manner, free from conditions that may cause accidents? YES \_\_\_ NO \_\_\_
14. Will you familiarize yourself with all laws of the United States, the State of Illinois, and the City of Alton pertaining to the sale of alcoholic liquor and abide by all of them? YES \_\_\_ NO \_\_\_
16. Will you attempt to prevent rowdiness, fights, and disorderly conduct of any kind and immediately notify the Police Department if any such events take place? YES \_\_\_ NO \_\_\_
17. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor?  
YES \_\_\_ NO \_\_\_  
If so, give all the details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of a felony? YES \_\_\_ NO \_\_\_  
If so, give all the details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of a gambling offense? YES \_\_\_ NO \_\_\_  
If so, give all the details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been issued a federal gaming device stamp or a federal wagering stamp?  
YES \_\_\_ NO \_\_\_  
If so, give all the details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever had a liquor license revoked or suspended? YES \_\_\_ NO \_\_\_  
If so, give all details including location of the licensed property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Will you and all your employees refuse to serve or sell alcoholic liquor to a minor or to an intoxicated person? YES \_\_\_ NO \_\_\_

STATE OF ILLINOIS        )  
                                  ) SS  
COUNTY OF MADISON    )

I, (print your name) \_\_\_\_\_, being first duly sworn, deposes that I have read the above and foregoing application, caused by the answers on said application to be true and correct.

\_\_\_\_\_  
APPLICANT

(1) \_\_\_\_\_  
OFFICER

(2) \_\_\_\_\_  
OFFICER

\_\_\_\_\_  
PARTNER

\_\_\_\_\_  
LOCAL RESIDENT MANAGER

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

\_\_\_\_\_  
*Notary Public*

NOTE: In the event applicant is a partnership, the application must be signed and sworn to in the same manner by all partners. In the event applicant is a corporation, the application must be signed and sworn to by two officers.

# City of Alton, Illinois

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POLICE DEPARTMENT  
1700 E. BROADWAY  
ALTON, ILLINOIS 62002  
(618) 463-3505

In order to better serve Alton businesses, please complete the Emergency Contact Information Form. This information will be used for situations that may come up after normal business hours, such as an unsecured building, alarm activation, or criminal activity. All information is confidential and will be maintained and used only by the Alton Police Department.

Please keep this information updated by contacting the Police Department Dispatcher at 618-463-3505, extension 249.

If you have any questions or concerns regarding this matter, please contact Captain Scott Waldrup at 618-463-3505, extension 223.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Simmons".

Jason Simmons  
Chief of Police

EMERGENCY CONTACT INFORMATION

This information is kept confidential and is for Alton Police Department use only

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Owner: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Business Hours: \_\_\_\_\_

Emergency contact persons should be **key holders only**. Please list at least two people who are key holders that can be contacted by Alton Police in case of an emergency:

1. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First, Middle, Last*

Position: \_\_\_\_\_  
*Owner/Manager/Employee*

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First, Middle, Last*

Position: \_\_\_\_\_  
*Owner/Manager/Employee*

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

3. Full Name: \_\_\_\_\_  
*First, Middle, Last*

Position: \_\_\_\_\_  
*Owner/Manager/Employee*

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

# AUTHORITY FOR RELEASE OF INFORMATION

Print Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

This release, when presented by a duly authorized representative of the Alton Liquor Commission, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I hereby authorize the release of the following data or records to the Alton Mayor's Office.

Employment Information

Credit Information

Educational Information

Medical and Military Medical Information

Selective Service Information

**Police and Criminal Records**

This authorization is given in connection with a full field background investigation being conducted relative to my application for a liquor license in the City of Alton, Illinois.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Date: \_\_\_\_\_

City of Alton, 101 E. Third Street, Alton, Il 62002  
618-463-3500, Ext. 3  
Fax 618-463-3525

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

Date: \_\_\_\_\_

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