



Renewal Liquor License Application

Date: _____

Business Name _____
Exactly as it appears on your State Liquor License

Owner's Name _____
Last First M.I.

Owner's Address _____
City State Zip

Phone/Cell _____ Email Address _____

If premises are leased, give name and address of property owner: _____

Manager Name _____
Manager must reside in Knox County or a bordering county

Manager's Home Address _____
City State Zip

Phone/Cell _____ Email Address _____

State of Illinois Liquor License Number _____ Expiration Date _____

Does this establishment possess a current Illinois Video Gaming License? ☐ Yes ☐ No

If yes, please provide your Illinois Video Gaming License Number _____

Number of Video Gaming Terminals _____ Name of Terminal Operator _____

Each establishment is required to pay an annual fee of \$250 per terminal. The City's Video Gaming License is valid from May – April 30. You will receive a Gaming Terminal License; this license is required to be prominently displayed in the establishment.

Have you made an application for an Illinois Video Gaming License that is currently pending? ☐ Yes ☐ No

If yes, please provide the Video Gaming Application Number _____

AFFIDAVIT OF LIQUOR LICENSE APPLICANT

Please check ALL boxes below – all information must be received by the City Clerk's office before your renewal license is granted.

- ☐ I have attached a current copy of a Certificate of Liquor Liability Insurance (dram shop) to cover the licensing period must be presented before the license can be renewed.
- ☐ I certify that the above statements are true, and any untruths or omissions could be grounds for my license to be revoked.
- ☐ I have read and understand City of Galesburg; Chapter 113 Alcoholic Liquor Ordinance concerning liquor license and realize that I am subject to any standards issued by the Liquor Commissioner and agree to abide by them and any amendments thereto.
- ☐ I understand that I must observe all laws of the United States, State of Illinois, and the City of Galesburg in the conduct of any business.
- ☐ I have no outstanding food/beverage taxes, water bills, or other types of financial obligations due to the City at the time of renewal *(the license will not be renewed unless all outstanding debts are paid or are current City per Galesburg Municipal Code 113.038 (c)).*

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in this application are true and correct, are made upon my personal knowledge and information, are made for the purpose of requesting the City of Galesburg issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for.

Printed Name of Applicant: _____

Applicant's Signature

Date

Please submit completed applications and materials to:

Galesburg City Clerk's Office
Attention: Ericka Gugliotta, Deputy City Clerk
P.O. Box 1387
Galesburg, IL 61402-1387

Contact Information:
Phone: 309-345-3611
Email: erickag@ci.galesburg.il.us