

**VILLAGE OF MALTA LIQUOR LICENSE
APPLICATION**

Applicants are strongly encouraged to review Chapter 6 in its entirety, prior to completing this application.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT

Corporation/LLC Name: _____

Business Name (d/b/a): _____

Business Address: _____

Type of Business: _____

1. Choose the type of liquor license sought:

Restaurant License

Convenience Store

Non-Profit

Other _____



2. **Application Fee Required.** A \$2500.00 non-refundable application fee is required and must be submitted with this application.
3. **List the names and contact information of each owner and manager of the proposed establishment below and attach a Liquor License Background Investigation form for each, filled out in its entirety, signed and notarized.** A non-refundable \$50.00 background investigation fee is required for each owner and manager listed and must be submitted with this application (use a separate sheet of paper if more space is needed). Note: This application will not be submitted for review by the Liquor Commissioner until all background investigations are complete.

Name: _____ Role: Owner Manager

Mailing Address: _____

Telephone No.: _____ Email Address: _____

Name: _____ Role: Owner Manager

Mailing Address: _____

Telephone No.: _____ Email Address: _____

Name: _____ Role: Owner Manager

Mailing Address: _____

Telephone No.: _____ Email Address: _____

Name: _____ Role: Owner Manager

Mailing Address: _____

Telephone No.: _____ Email Address: _____

4. Ownership/Lease of Premises

- a. Does the person completing this renewal application own the premises on which the license is to be located?

Yes

No

- b. If the property the business is located on is leased, provide the landlord's name, street address, city, state, zip code and telephone number.

Landlord Name: _____

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

5. **Provide a brief narrative below of the applicant's experience in the line of business in which the license is sought.**

6. **Provide the proposed hours of operation for the proposed establishment.** If different areas of the establishment will have different hours of operation, please identify. Hours of operation must comply with those listed in *Section 6 of Malta Municipal Code*.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

7. **Attach a Detailed Floor Plan for the proposed establishment (if more than one floor will be utilized, provide a floor plan for each floor).** The floor plan should clearly reflect all entrances and exits, restrooms, areas where alcohol will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption (e.g., bar and restaurant), each area should be depicted, along with bathrooms intended to be used. Floor plans must comply with all requirements of state law and Chapter 6.

8. **Outdoor Seating.** If outdoor seating is desired, please provide the following:
- Attach a site plan showing the outdoor seating area, fencing, controlled access points, location relative to parking, private property, and public rights-of-way, location where alcohol will be stored and served, seating area, occupancy limits, and similar information. detailed outdoor seating plan.
 - Provide a narrative below describing operation plans for running, servicing, monitoring and security of the outdoor seating area.

9. **Provide a detailed description of the security plan for the proposed establishment as follows:**
- Measures for age verification prior to entry into the establishment and/or prior to the sale of alcohol.
 - The method of storing and securing alcohol prior to sale.
 - The method of securing site access.
 - Training to be provided to employees and alcohol servers.
 - The security plan for rowdy or disruptive patrons.
 - Anti-theft policies and countermeasures.
 - Surveillance equipment to be utilized and a surveillance plan.
 - Any other related security information.

- 10. Provide a Detailed Signage Plan.** Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved. Review Chapter 70 of Malta Municipal Code.
- 11. Provide a Detailed Description of the Training Plan for Alcohol Servers.** All owners listed on this application are required to complete, and submit with this application, a City of DeKalb approved Certified Alcohol Server Education Program that is state accredited as a BASSET (Beverage Alcohol Sellers and Servers Education and Training) Program. The approved City of DeKalb training site can be found [here](#). All managers listed on this application are required to complete the required BASSET training prior to the time of opening the proposed establishment. Any employee selling and/or serving alcoholic beverages must complete the required BASSET training with 120 days of hire. Until that time, the employee may only prepare, sell, and/or serve alcoholic beverages under the direct supervision of a BASSET trained employee. (see page 7 of this application).
- 12. Attach a Certificate of Insurance that is compliant with Chapter 6 of the Malta Code.** The certificate must name the Village of Malta as an additional primary insured without right of subrogation, with a 30-day notice of cancellation, on statutory dram shop liability insurance and on a minimum \$1,000,000.00 comprehensive general liability insurance policy.
- 13. Attach a completed and signed copy of the proposed establishment's application for a [State of Illinois Liquor License](#), with all required supplements.** By applying for a Village of Malta Liquor License, the applicant agrees to provide to the Village copies of all correspondence between the licensed establishment and the Illinois Liquor Control Commission.
- 14. Attach a completed Registration for Restaurant, Bar and Package Liquor Tax (RBT) application.**
- 15. Attach any other information that would be helpful in the evaluation of this application.**

BY SUBMITTING THIS SIGNED APPLICATION, THE APPLICANT CERTIFIES UNDER OATH, AND SUBJECT PENALTIES OF PERJURY, THAT: (initial each statement)

I, the undersigned applicant or authorized agent thereof, swear or affirm that:

- a. No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the Village of Malta.
- b. Chapter 6 of the Malta Municipal code has been reviewed by the licensee who shall comply therewith.
- c. All of the contents on the State of Illinois Liquor License application, the Village of Malta Liquor License application, and any attachments hereto are true and accurate and fully disclose all relevant facts and information.
- d. The applicant consents to the inspection provisions of the Malta Municipal Code.
- e. The applicant understands that alcoholic beverages may not be sold or offered for sale prior to the date the Village of Malta liquor license is issued.
- f. The matters stated in the foregoing application are true and correct and made upon my personal knowledge and information.
- g. The matters stated in the foregoing application are made for the purpose of requesting the Village of Malta to issue the license herein applied for.
- h. The applicant is qualified and eligible to obtain the license applied for.
- i. The applicant will not violate any of the laws of the United States of America, the State of Illinois, or the Village of Malta , in particular, the Illinois Liquor Control Act and Chapter 6 of the Village of Malta Municipal Code.
- j. The applicant will not violate the Village of Malta's ordinances, rules and regulations, and the civil rights thereof.
- k. The applicant agrees to notify the Liquor Commissioner or their designee within fourteen (14) working
- l. All requirements of the State of Illinois and Malta Municipal Codes shall be met and complied with.
- m. A Special Use Permit has been applied for with the Village of Malta required for all liquor establishments in the Village of Malta.

Notary to follow next page

AN OWNER, AN OFFICER, A PARTNER OR AN OFFICIALLY AUTHORIZED AGENT OF THE BUSINESS MUST SIGN THE APPLICATION. THE SIGNATURE MUST BE AN ORIGINAL. RUBBER AND/OR ELECTRONIC STAMPS WILL NOT BE ACCEPTED.

Signed and submitted under Oath this _____ day of _____, 20_____.

Applicant Signature: _____

Print Name: _____

Title: _____

NOTARY

Subscribed and sworn before me this _____ day of _____, 20____. [NOTARY STAMP]

Notary Public: _____

REQUIRED DOCUMENTS CHECKLIST

Please ensure that the following documents and fees are included with this application to avoid delays in processing:

Documentation:

- ___ **Video Gaming License Application** (upon request only for those businesses requesting a *Bar* only liquor license) Copy of License submitted to the State of Illinois for Video Gaming.
- ___ **Background Investigation Request** forms for each owner and manager listed on page 2 of this application.
- ___ **Detailed Floor Plan** for the proposed establishment (see page 3 of this application).
- ___ **Outdoor Seating Site Plan** (if applicable – see page 3 of this application).
- ___ **Copies of the Signage** to be placed on the exterior of property.
- ___ **BASSET Training Certificates** for each owner listed (see page 4 and page 7 of this application).
- ___ **Fire Life Safety Codes** must be met and reviewed as part of building permit process.
- ___ **Certificate of Insurance** (see page 4 of this application).
- ___ **State of Illinois Liquor License Application**, completed in its entirety (see page 4 of this application).
- ___ **Restaurant, Bar and Package Liquor Tax (RBT) Application**, completed in its entirety (see page 4 of this application).

FEES:

- ___ **Liquor License Application Fee** – \$2500.00 (see page 2 of this application).
- ___ **Background Investigation Request(s)** – \$50.00 for *each* request (see page 2 of this application).

