



APPLICATION FOR NEW RETAIL ALCOHOL LICENSE

City of Clinton, 611 South 3rd Street, P.O. Box 2958
Clinton, IA 52733-2958
(563) 244-3421

SECTION I – NAME & ADDRESS OF BUSINESS

Name of Applicant (Full Name of Corporation/Partnership/Sole Proprietor)

D/B/A

Business/Site Address City State Zip

Business Phone#

Name, Address and Phone Number for Manager

SECTION II – BUSINESS INFORMATION

Description of Business (e.g., bar, nightclub, restaurant, tobacco shop, convenience store, grocery store, etc.):	
Please list all persons having <u>ANY</u> ownership interest in the business, or in the <i>profits</i> of the business (application must be completed by an owner of the business):	<hr/> <hr/> <hr/> <hr/>
What are the planned hours of operation for the business if a retail alcohol license is obtained?	
What is the anticipated opening date?	
Will the business include any of the following activities?	<input type="checkbox"/> Dance Hall <input type="checkbox"/> Pool Tables (#____) <input type="checkbox"/> Video Games <input type="checkbox"/> Drive-Thru Window



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SECTION III – PROPERTY INFORMATION

Owner of the Property/Parcel: _____

Address of Owner: _____

Will there be any construction or remodeling in the establishment?

Yes	No
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If Yes, please list the planned construction

**Note: If you are the owner of the property, a copy of the warranty deed where you took title must accompany this application. If you are not the owner of the property, a signed lease agreement with the owner must accompany this application.*

SECTION IV – LICENSE INFORMATION

Type of License:		Type of Establishment:	
Beer	<input type="checkbox"/>	Carry-Out Only	<input type="checkbox"/>
Wine	<input type="checkbox"/>	On-Premises Consumption Only*	<input type="checkbox"/>
Liquor	<input type="checkbox"/>	Carry-Out & On-Premises Consumption*	<input type="checkbox"/>

**Note: Establishments that serve alcohol are required to complete the Application for Exemption from Ordinance No. 2606 (Letter of Exemption forms) for each new application and for each renewal application.*

SECTION V – OPTIONAL PRIVILEGES

Does/Will your establishment have Living Quarters?	Yes	No
Does/Will your establishment offer Catering?	Yes	No
Does/Will your establishment have an Outdoor Service Area?	Yes	No

**Note: Outdoor Service Areas must be included in your dram insurance coverage and must be approved by the Clinton Fire Department Building Safety Division*



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SECTION VI – SKETCH OF ESTABLISHMENT – LICENSED PREMISES

The sketch must include measurements showing entrances, exists, openings to other rooms, fire exits, stairs up and down, restroom facilities, kitchen areas, storage rooms, outdoor service areas, living quarters and where alcohol is stored, served and sold.



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SECTION VII – CRIMINAL HISTORY

Felony Arrest/Convictions: Have you or any other owner of this license ever been arrested or convicted of a felony? If yes, list date(s) of arrest or conviction:	Yes / No
Liquor Charges: Have you or any other owner of this license ever been arrested or convicted of any violation/infracton in reference to operating or running a business where alcoholic beverages are sold in any State? If yes, list date(s) of arrest or conviction:	Yes / No

SECTION VIII – PRIOR LICENSE SUSPENSION OR REVOCATION

Revocation/Suspension: Has a similar license from the City of Clinton or any other jurisdiction been suspended or revoked? If yes, list date(s) and location of suspension/revocation:	Yes / No
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SECTION IX – RELEASE AND DISCLOSURE (to be completed by all individuals having an ownership interest in the business)

I _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether said records are of a public, private or confidential nature, including criminal histories.

I _____, do hereby authorize the City Clerk's Office and Clinton Police Department, or its designee, to examine any and all criminal history records and driving records held by the State of Iowa and FBI as necessary, including, but not limited to, a DCI Background Check.

I hereby swear and affirm that each statement and all information in or supplementing this application is complete and true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on this application can result in grounds for denial, suspension or revocation of this license or permit.

By signing below, you acknowledge the requirement that truthful and complete information be provided on this form. Withholding of key information required in Code of Ordinances of the City of Clinton, Iowa Section 110.06 shall be grounds for denial of the requested permit, and may also be grounds for prosecution against you pursuant to Code Section 110.

Signature of Applicant

Date



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SECTION X – CHECKLIST FOR APPLICANT

<input type="checkbox"/>	City Application Completed?
<input type="checkbox"/>	Exemption Forms completed if establishment serves alcohol?
<input type="checkbox"/>	DCI Background Check Form completed (for each owner)?
<input type="checkbox"/>	Executed Warranty Deed or signed Lease Agreement provided to Clerk's Office?
<input type="checkbox"/>	Inspection completed by Clinton Fire Department Building Safety Division (563-244-3360)?
<input type="checkbox"/>	Fire inspection completed (563-244-3360)?
<input type="checkbox"/>	All City charges up-to-date (e.g., sewer bills, solid waste bills, citations, taxes, etc.)?
<input type="checkbox"/>	Other appropriate City licenses obtained: dance hall, pool tables, video games?
<input type="checkbox"/>	License Application completed on GovConnect Iowa? (https://govconnect.iowa.gov/tap/ /)
<input type="checkbox"/>	Appropriate food/beverage license obtained from Iowa Department of Inspections and Appeals – Courtney Thomas? (515-802-2984)
<input type="checkbox"/>	Iowa Sales Tax Permit obtained from Iowa Department of Revenue and Finance (800-367-3388)
<input type="checkbox"/>	Federal Special Occupational Tax Permit ("Special Tax Stamp") obtained from U.S. Bureau of Alcohol, Tobacco and Firearms? (513-684-2979)

****NOTE: All steps listed above must be completed at least 30 days prior to the intended opening date or expiration date.***

All new applications and all renewal applications must be approved by the City Council. The City Council meets on the 2nd and 4th Tuesdays of each month.

Once the City Council approves the application, the City Clerk's office will submit approval on the Iowa Alcoholic Beverages Division's website.

Once the Iowa Alcoholic Beverages Division approves and processes the application, the license/permit will be emailed to the licensee and it is the responsibility of the licensee to print the license and display the license in the establishment.

If the establishment serves alcohol and applied for a Letter of Exemption, the City Clerk's office will complete the exemption form and mail the form to the licensee. The Letter of Exemption must be displayed in the establishment.



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SECTION XI – CONFIDENTIAL INFORMATION OF APPLICANT (to be completed by all individuals having an ownership interest in the business)

Name of Applicant

Social Security #
(optional)

Date of Birth

Place of Birth (City,
State)

Driver's License #

Aliases (List All Other Names Ever Used):

SECTION XII – OFFICE USE ONLY

All charges current with Finance Office	DCI Background Check Completed	Exemption forms completed	DIA license obtained	Signed Lease Agreement or Warranty Deed Provided

SECTION XIII – OFFICE USE ONLY – DEPARTMENT APPROVAL

	Approved/Denied	Date	Signature
Police Department			
Fire Inspection			
Clinton Fire Department Building Safety Division			