



Village of Libertyville Liquor License Application

Date of Application _____

BUSINESS INFORMATION

Corp./LLC Name: _____

Business Name (Doing Business as): _____

Business Address: _____ Zip Code: _____

Business Phone: _____ Employer Identification Number (EIN): _____

Website: _____ E-Mail: _____

BUSINESS CLASSIFICATION

Illinois Corporation Limited Liability Company Sole Proprietorship Partnership Foreign Corporation

LIQUOR CLASSIFICATION

Select the type of liquor license you are applying for from the list of liquor license classifications below. See Chapter 4 of the Liquor Code for a description of each license classification and its particular requirements.

- | | |
|--|--|
| <input type="checkbox"/> Class A Bar License | <input type="checkbox"/> Class F-1 Grocery Store on Premise |
| <input type="checkbox"/> Class A-1 Sports & Recreation Facilities | <input type="checkbox"/> Class G Beer/Wine only (Not for consumption on premises) |
| <input type="checkbox"/> Class B Restaurant and Bar | <input type="checkbox"/> Class G-1 Beer/Wine?distilled Spirits - Sampling Allowed |
| <input type="checkbox"/> Class A-2 Retail on/off Premise | <input type="checkbox"/> Class H One Day Special Event |
| <input type="checkbox"/> Class BYO-1 Restaurant that does not have liquor license | <input type="checkbox"/> Class I Facilities owned By Municipalities |
| <input type="checkbox"/> Class BYO-2 Theater or Entertainment Venue | <input type="checkbox"/> Class J Catering |
| <input type="checkbox"/> Class C Restaurant & Service Bar | <input type="checkbox"/> Class L Online |
| <input type="checkbox"/> Class D Restaurant Beer/Wine Only) | <input type="checkbox"/> Class M Institutional Conference Center |
| <input type="checkbox"/> Class E Club | <input type="checkbox"/> Class N Microbrewery |
| <input type="checkbox"/> Class F Grocery Store | <input type="checkbox"/> Special Event-One Day |

CONTACT INFORMATION (Individual to contact about application and liquor license related matters)

Name: _____ Title: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Alternate Phone Number: _____ E-Mail: _____

DOB: _____ Sex: ____ SS#: _____ Driver's License Number: _____

Place of Birth: _____ How long in this type of business: _____

Last 3 Addresses: _____

PROPERTY INFORMATION

Lessor Name: _____
Lessor Address: _____ City: _____ Zip: _____
Lessor Phone: _____
Lease Period Start Date: _____ Lease Period End Date: _____

CORPORATE/LLC/SOLE PROPRIETORSHIP INFORMATION

Corporation/LLC Name: _____
Corporate/LLC Address: _____
Corporate Registered Agent/Contact: _____
Corporate/LLC Phone: _____ Agent/Contact Phone: _____
State of Incorporation: _____ Date of Incorporation/Formed: _____

DIRECTORS/OFFICERS AND LLC MEMBERS

List names, residence address, sex, date of birth, social security number, position, and the percentage of ownership of all officers and directors of, and stockholders owning in the aggregate more than 5% of the stock in, the applicant.
(Use additional paper, if necessary)

1. Name _____ Phone: _____ Position: _____
Address: _____ City: _____ State: _____
Date of Birth: _____ Sex: _____ SS#: _____ % of Ownership: _____
2. Name _____ Phone: _____ Position: _____
Address: _____ City: _____ State: _____
Date of Birth: _____ Sex: _____ SS#: _____ % of Ownership: _____
3. Name _____ Phone: _____ Position: _____
Address: _____ City: _____ State: _____
Date of Birth: _____ Sex: _____ SS#: _____ % of Ownership: _____
4. Name _____ Phone: _____ Position: _____
Address: _____ City: _____ State: _____
Date of Birth: _____ Sex: _____ SS#: _____ % of Ownership: _____
5. Name _____ Phone: _____ Position: _____
Address: _____ City: _____ State: _____
Date of Birth: _____ Sex: _____ SS#: _____ % of Ownership: _____

BACKGROUND

Do you own or operate, manage, or have any financial interest in any liquor serving establishment in this State or any other State?
___Yes ___No

If yes, list each business name, legal address & liquor license: _____

Has applicant, any member of partnership/corporation ever had a previous license that was revoked/suspended by the Federal Government, State, or local agency?
___Yes ___No

If yes, cite when, where, and details: _____

Have you ever been convicted of a felony under federal or state law? ___Yes ___No

If yes, state offense and date of offense: _____

Have you ever been convicted of a violation of the federal or state prohibition or liquor acts? ___Yes ___No

If yes, give details: _____

Have you forfeited an appearance bond for any of the violations mentioned above? ___Yes ___No

If yes, give details: _____

Has any liquor license previously issued to you by the federal government, any state government, or any local government entity ever been revoked or suspended, or were fines levied for violation of that license?
___Yes ___No

If yes, give details: _____

Are you, or is any individual directly or indirectly interested in your place of business, a law enforcing public official, or the President or a member of the Board of Trustees of the Village of Libertyville?
___Yes ___No

If yes, give name, address and position of person: _____

What is the true value of all goods, wares, and merchandise, including liquors, on hand at the subject premises as of the date of application: _____

MANAGER AND ASSISTANT MANAGER INFORMATION

Identify each Manager and Assistant Manager for the licensed premises.

1. Name: _____ Title: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Alcoholic Beverage Seller & Server Permit #: _____

2. Name: _____ Title: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Alcoholic Beverage Seller & Server Permit #: _____

3. Name: _____ Title: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Alcoholic Beverage Seller & Server Permit #: _____

4. Name: _____ Title: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Alcoholic Beverage Seller & Server Permit #: _____

5. Name: _____ Title: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Alcoholic Beverage Seller & Server Permit #: _____

ACKNOWLEDGMENT

The applicant hereby acknowledges and agrees that:

- 1. A Village of Libertyville Retail Liquor Dealer's License is a privilege and may be revoked pursuant to the ordinances of this Village, or the laws of the State of Illinois or the United States of America;**
- 2. The applicant, or any officer, director, stockholder, member, partner or designated manager of the applicant shall, upon the request of the local liquor control commissioner, and in connection with this application and any Retail Liquor Dealer's License issued pursuant thereto, submit to finger-printing by the Libertyville Police Department or other agency designated by the local liquor control commissioner;**
- 3. The applicant shall pay the administrative expenses, including without limitation court costs and attorney's fees, incurred by the Village of Libertyville in connection with any hearing before the local liquor control commissioner concerning this application or any Retail Liquor Dealer's License issued pursuant thereto;**
- 4. The applicant has read, understands, and will not violate any of the ordinances of this Village, or the laws of the State of Illinois or of the United States of America, in the conduct of business on the Subject Premises;**
- 5. The statements contained in this application are true and correct to the best of the applicant's knowledge and belief;**
- 6. If any information provided in this application changes or becomes incomplete or inapplicable for any reason following submission of this application or during the term of any license issued pursuant to this application, the applicant shall submit a supplemental application containing the new or corrected information within five days following the change, and that failure to submit a supplemental application within said five days shall be grounds for denial of the application for, or suspension or revocation of, the license;**
- 7. The Village of Libertyville, or its authorized agent, shall have the right to enter the Subject Premises for the purpose of inspecting to ensure compliance with all applicable codes and ordinances;**
- 8. The applicant, any involved owner, any designated manager, any partner, and any officer, manager, director, and stockholder owning in the aggregate more than 5% of the stock in an applicant corporation or club are eligible to receive a Retail Liquor Dealer's License under the ordinances of this Village, the laws of the State of Illinois and the United States of America; and**
- 9. In the case of a renewal application, the applicant has paid in full, by cashier's check, certified check, money order, or cash, any and all taxes owed by applicant to the Village of Libertyville.**

THIS APPLICATION MUST BE SIGNED
BY THE APPROPRIATE AUTHORIZED PERSON(S)

CORPORATION FOR PROFIT

CLUB

Signature of Applicant's President

Signature of Applicant's Secretary

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public

THIS APPLICATION MUST BE SIGNED BY THE INVOLVED
OWNER OR DESIGNATED
MANAGER

Signature of Involved Owner/Manager

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public