



VILLAGE OF LIBERTYVILLE, ILLINOIS

LIQUOR LICENSE APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ APPLICATION FEE \$ \_\_\_\_\_

LICENSE PERIOD:

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

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

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**APPLICANT INFORMATION:**

1. Applicant's Name: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Citizenship \_\_\_\_\_

If a naturalized citizen, please give date, County Court, and State: \_\_\_\_\_

How long in this type of business? \_\_\_\_\_

Your status or title in the business: \_\_\_\_\_

List last three resident addresses:

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

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

(3) \_\_\_\_\_

**BUSINESS INFORMATION:**

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

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

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

Describe kind of business e.g. restaurant, tavern/pub, retail pkg.

\_\_\_\_\_

2. Does Applicant own premises for which license sought? \_\_\_\_\_

If not, relate lessor of premises:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

3. Are you the sole owner/proprietor? \_\_\_\_\_ Joint Ownership? \_\_\_\_\_

Corporation? \_\_\_\_\_ Corporate Name: \_\_\_\_\_

Doing business as: \_\_\_\_\_

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

Date & State of Incorporation \_\_\_\_\_

Date qualified to do business in Illinois: \_\_\_\_\_

4. Do you own or operate, manage or have any financial interest in any liquor serving establishment in this State or any other State? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Has applicant, any member of partnership/corporation ever had a previous license that was revoked/suspended by the Federal Government, State or local agency?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

If yes, cite when, where, and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. 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 ever 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 governmental 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 member of the Board of Trustees of the Village of Libertyville?

\_\_\_\_\_ Yes \_\_\_\_\_ No    If yes, give name, address and position of such persons: \_\_\_\_\_

State the exact type and proportion of your individual interest in the partnership: \_\_\_\_\_

7. What is the true value of all goods, wares, and merchandise, including liquors, on hand at the Subject Premises as of the date of this application? \$ \_\_\_\_\_

8. Is business for which application being made to be conducted by a manager or agent? \_\_\_\_\_

**If so, Manager, Agent must provide:**

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

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Place of Birth, include County \_\_\_\_\_

Citizenship: \_\_\_\_\_ If naturalized citizen, when & where \_\_\_\_\_

List last three residence addresses:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

9. List the 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).

Name	Home Address	Sex	Date of Birth	Social Security No.	Position	% of Ownership

## 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                      \_\_\_\_\_ or 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/Designated Manager

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

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