



200 E. Wood Street, Palatine, IL 60067  
(847) 359-9050 [www.palatine.il.us/liquor](http://www.palatine.il.us/liquor)

## **2023/2024 RENEWAL Liquor License Application Instructions**

**Renewal Application Due by Friday, May 19, 2023**

**Payment Due Date: June 19, 2023**

**Before your application can be processed, you MUST complete the following requirements. Any supplemental information indicated below must be attached to this application at the time of delivery to the Village Manager's Office.**

1. **Complete the entire application. Applications must be signed.**
2. Submit a Menu and Late Night Menu if changed from the previous year.
3. If there are any changes to your lease, please provide a new lease document.
4. Notify the Village with any corporation name or ownership changes.

**ANSWERS MUST BE ACCURATE AND COMPLETE. FURNISHING INCORRECT OR MISLEADING INFORMATION SHALL BE CAUSE FOR LICENSE REVOCATION. IT IS YOUR SOLE RESPONSIBILITY TO ASCERTAIN THE VERACITY OF YOUR RESPONSE. A CLAIM THAT ANSWERS WERE GIVEN TO THE BEST OF THE ANSWERER'S KNOWLEDGE WILL NOT BE CONSIDERED A DEFENSE TO REVOCATION.**

### **REQUIREMENTS AFTER ISSUANCE**

**After issuance of a liquor license, the licensee must maintain the following:**

1. All managers and assistant managers must obtain a Palatine Alcoholic Beverage Seller and Server Permit and keep a copy on the premises at all times.
2. All other employees must complete the online BASSET registration form.
3. Copies of all employees' Basset Certificates on the establishments' premises at all times.
4. Valid Dram Shop Certificate of Insurance & Additional Insured Endorsement.
5. Valid State of Illinois Liquor License.

**A PDF form of the Liquor License Renewal Application  
is available at [www.palatine.il.us/liquor](http://www.palatine.il.us/liquor)**

# Liquor License RENEWAL Application

ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN INK, PRINTED, OR TYPED  
AND RETURNED TO THE VILLAGE MANAGER'S OFFICE

Date of Application \_\_\_\_\_

## SECTION I APPLICANT INFORMATION

Corp./LLC Name: \_\_\_\_\_  
Doing Business as (Establishment Name): \_\_\_\_\_  
Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Employer Identification Number (EIN): \_\_\_\_\_  
Website: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## SECTION II BUSINESS STRUCTURE

Illinois Corporation \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Sole Proprietorship  
Partnership \_\_\_\_\_ Foreign Corporation \_\_\_\_\_

## SECTION III LIQUOR CLASSIFICATION

Select the type of liquor license you are renewing from the list of liquor license classifications below.  
See Section 3-35 of the Liquor Code for a description of each license classification and its particular requirements.

Class A-1 Sports & Recreation Facilities	Class G Beer and Wine
Class B Package Liquor Store	Class G-1 Seasonal (Beer)
Class B-1 Grocery Store with Package Liquor	Class G-2 Beer/Wine Single-Serve Package
Class B-2 General Merchandise Store with Package Liquor	Class H Banquet Hall
Class B-3 Drug Store with Package Liquor	Class K Hotel
Class B-4 Restaurant/Convenient Store w/ Package Liquor	Class M Institutional Conference Center
Class C Club	Class N Microbrewery
Class D Restaurant	Class O Temporary Commercial Special Event
Class F Park District	Class P Caterer
Class LC-1 Late Closing License (Must hold an existing valid Class LC License)	Class PS Product Sampling (Must hold a Class B or B-1 License)
Class LC-2 Late Closing License (Must hold an existing valid Class LC License)	Class PS-1 Full-Serving Product Sampling (Must hold a Class B License)
	Class VG Video Gaming (Must hold a D or N License. See page 10 for further details)

## SECTION IV 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: \_\_\_\_\_

**SECTION V PROPERTY INFORMATION**

Lessor Name: \_\_\_\_\_  
Lessor Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Lessor Phone: \_\_\_\_\_ Lessor Fax: \_\_\_\_\_  
Lease Period Start Date: \_\_\_\_\_ Lease Period End Date: \_\_\_\_\_

**SECTION VI CORPORATE/LLC/SOLE PROPRIETORSHIP INFORMATION**

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

**SECTION VII DIRECTORS/OFFICERS AND LLC MEMBERS**

Identify each of the Corporation's Directors/Officers and LLC Members below. If the corporate applicant is an entity publicly traded on a recognized national exchange, this section need not be completed provided that all appropriate information is supplied with respect to the managers of the premises as set forth in Section IX. If more space is needed, copy page.

1. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ D/L State ID #: \_\_\_\_\_ State: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ D/L State ID #: \_\_\_\_\_ State: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ D/L State ID #: \_\_\_\_\_ State: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ D/L State ID #: \_\_\_\_\_ State: \_\_\_\_\_

**SECTION VIII****SHAREHOLDERS**

Identify each of the corporation's shareholders owing in the aggregate more than 5% of the corporation's stock. If the corporation applicant is an entity publicly traded on a recognized national exchange, this section need not be completed provided that all appropriate information is supplied with respect to the managers of the premises as set forth in Sections IX. If more space is needed copy this page.

1. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ D/L State ID #: \_\_\_\_\_ State: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ D/L State ID #: \_\_\_\_\_ State: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ D/L State ID #: \_\_\_\_\_ State: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ D/L State ID #: \_\_\_\_\_ State: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ D/L State ID #: \_\_\_\_\_ State: \_\_\_\_\_

**SECTION IX                      MANAGER AND ASSISTANT MANAGER INFORMATION**

Identify each Manager and Assistant Manager for the licensed premises. Pursuant to Section 3-27A of the Liquor Code, at all times when the premise is open, the licensee shall not have less than one Manager or Assistant Manager on duty with an Alcoholic Beverage Seller and Server Permit issued by the Village.

All Managers and Assistant Managers MUST have fingerprints (background checks) on file with the Liquor Commission's Office. New Managers and Assistant Managers must apply on-line for the Alcoholic Beverage Seller and Server Permit using the Citizen Self Service Portal and schedule fingerprinting. Any questions should be directed to the Police Department at 847-963-6286.

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Palatine Alcoholic Beverage Seller & Server Permit # \_\_\_\_\_

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

D/L or State ID # \_\_\_\_\_ State: \_\_\_\_\_

2. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Palatine Alcoholic Beverage Seller & Server Permit # \_\_\_\_\_

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

D/L or State ID #: \_\_\_\_\_ State: \_\_\_\_\_

3. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Palatine Alcoholic Beverage Seller & Server Permit #: \_\_\_\_\_

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

D/L or State ID #: \_\_\_\_\_ State: \_\_\_\_\_

4. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Palatine Alcoholic Beverage Seller & Server Permit #: \_\_\_\_\_

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

D/L or State ID#: \_\_\_\_\_ State: \_\_\_\_\_

5. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Palatine Alcoholic Beverage Seller & Server Permit #: \_\_\_\_\_

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

D/L or State ID#: \_\_\_\_\_ State: \_\_\_\_\_

**SECTION X DESCRIPTION OF BUSINESS FACILITY**

Total Area (Square Feet) State of Illinois Liquor License # State of Illinois Liquor License Expiration Date

**SECTION XI DRAM SHOP INSURANCE INFORMATION (A copy of Certificate of Insurance must be attached)**

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Start Date: \_\_\_\_\_ Policy End Date: \_\_\_\_\_

**SECTION XII BACKGROUND INFORMATION**

**ALL QUESTIONS MUST BE ANSWERED. FOR ALL QUESTIONS ANSWERED YES, PROVIDE DETAILED DOCUMENTATION**

**YES NO**

Do you have or intend to have a management contract with another entity or person, who is a bona fide employee to manage the licensed business for you?

Does any director, officer, shareholder or any LLC manager hold any federal, state, county or local official office or serve as a law enforcement official?

Does any director, officer, shareholder or LLC manager possess a current Federal Wagering or Gambling Device stamp?

Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors?

Is any director, officer, shareholder, or any LLC manager ineligible to hold a liquor license?

Has any director, officer, shareholder, or any LLC manager ever held a liquor license in the United States?

Has any director, officer, shareholder, or any LLC manager ever held a liquor license (wholesale or retail) that was suspended or revoked by any federal, state, county or local government?

Has any director, officer, shareholder, or any LLC manager ever been denied a liquor license from any jurisdiction?

Other than when making an initial application for a license, has any director, officer, shareholder, or any LLC manager ever been subject to charges, a hearing or an investigation by any jurisdiction with respect to a liquor license?

Does any director, officer, shareholder, or any LLC manager have outstanding, past due financial obligations owed to the Village, including but not limited to fines, fees, utility charges and property taxes?

Has any director, officer, shareholder, or any LLC manager ever been found guilty of a felony including but not limited to any gambling offense and/or any alcohol related traffic offense?

Has any corporate officer, stockholder/partner or LLC manager/member ever been convicted of any Federal, State or local liquor law since February 1, 1934?

Has any corporate officer, stockholder/partner or LLC manager/member ever been convicted of keeping a house of ill repute, pandering or other crime or misdemeanor opposed to decency and morality?

Has any corporate officer, stockholder/partner or LLC manager/member ever permitted an appearance bond forfeiture for any of the violations listed or mentioned above?

Is the owner of the property or any person from whom you derive the right of possession for which your liquor license is issued ineligible to hold a liquor license?

Has a Palatine Alcoholic Beverage Seller and Server Permit issued to you ever been revoked for a cause?

Have you ever been convicted of serving or selling alcohol to a minor?

**SECTION XIII IMPORTANT INFORMATION**

All individuals listed on this application may be subject to fingerprinting by the Palatine Police Department upon the request of the Liquor Commission, the Village Manager, the Mayor or the Palatine Police Department.

If any person listed on this application is a naturalized citizen of the United States of America, they must attach to this application all copies of their citizenship naturalization papers showing the place, date and court of naturalization.

If the person(s) listed on this application is not a citizen or naturalized citizen of the United States of America, they must submit documentation that they are eligible to work in the United States.

If any individual listed on this application has moved or changed residences within the last two years, the individual's name and previous address should be listed on a separate sheet and attached to this application.

The Village of Palatine has the right to enter at any time upon the premises to determine whether any of the provisions of the Alcoholic Beverage Code have been or are being violated.

**LIQUOR LICENSE AFFIDAVIT**

I, first being duly sworn (or affirm), under oath deposes and say that I am an applicant for the license requested in the foregoing application; that I am of good repute, character and standing and that answers to the questions asked in the foregoing application are true and correct in every detail. I further state that I have read and understand the Code provisions of the Village of Palatine Code of Ordinances which address the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the Village of Palatine in the conduct of my place of business.

I ALSO UNDERSTAND THAT ANY UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the Village of Palatine or any agency thereof to check with any agency or individual named or referred to in this application to verify or clarify any answer that I have given.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date