



# Liquor License 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: \_\_\_\_\_ 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 applying for 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Class A-1 Sports & Recreation Facilities                                       | <input type="checkbox"/> Class G Beer and Wine  |
| <input type="checkbox"/> Class B Package Liquor Store   | <input type="checkbox"/> Class G-1 Seasonal (Beer & Wine)                                       |
| <input type="checkbox"/> Class B-1 Grocery Store with Package Liquor                                    | <input type="checkbox"/> Class G-2 Beer/Wine Single-Serve Package                               |
| <input type="checkbox"/> Class B-2 General Merchandise Store with Package Liquor                        | <input type="checkbox"/> Class H Banquet Hall   |
| <input type="checkbox"/> Class B-3 Drug Store with Package Liquor                                       | <input type="checkbox"/> Class K Hotel  |
| <input type="checkbox"/> Class B-4 Restaurant/Convenient Store w/ Package Liquor                        | <input type="checkbox"/> Class M Institutional Conference Center                                |
| <input type="checkbox"/> Class C Club   | <input type="checkbox"/> Class N Microbrewery   |
| <input type="checkbox"/> Class D Restaurant   | <input type="checkbox"/> Class P Caterer  |
| <input type="checkbox"/> Class F Park District  | <input type="checkbox"/> Class PS Product Sampling (Must hold a Class B or B-1 License)         |
| <input type="checkbox"/> Class LC-1 Late Closing License (Must hold an existing valid Class LC License) | <input type="checkbox"/> Class PS-1 Full-Serving Product Sampling (Must hold a Class B License) |
| <input type="checkbox"/> Class LC-2 Late Closing License (Must hold an existing valid Class LC License) |   |

## 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: \_\_\_\_\_

Lease Period Start Date: \_\_\_\_\_ Lease Period End Date: \_\_\_\_\_

**SECTION VI                    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: \_\_\_\_\_

**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: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
  
Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_  
  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## SECTION VIII SHAREHOLDERS

Identify each of the corporation's shareholders owning 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_

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

4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_

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

5. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_

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

## SECTION IX DESCRIPTION OF BUSINESS FACILITY

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

## SECTION X DRAM SHOP INSURANCE INFORMATION

A copy of the Certificate of Insurance must be attached.

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

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

## SECTION XI      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 background checks (fingerprints) 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: \_\_\_\_\_ 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 #: \_\_\_\_\_

**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