



23680 W. Cuba Road
Deer Park, IL 60010-2490

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APPLICATION FOR RETAIL LIQUOR LICENSE

Remember: You can not purchase or sell alcohol without a valid state and local liquor License! Fully completed application and fees need to be submitted by November 1, 2016 to begin the renewal process.

i..Applicant

A. Individual (Fill out either Section A, B, or C)

- Full Name of Applicant: _____
Current Home Address: _____
Previous Home Address, if current is less than 5 years: _____

Home Telephone Number: _____
Name of Business: _____
Business Address: _____
Business Telephone Number: _____ FAX: _____
Email: _____
- Applicant's Social Security Number: _____
- Applicant's Driver's License Number: _____
- Date and place of birth: _____
- Are you a citizen of the United States? _____
Naturalized? _____ If naturalized, date: _____
Where? _____ Court: _____
- Date of filing of the "assumed Business name" registration with the Lake County Clerk (if applicable):

B. Partnership

- Name of partnership: _____
- Address of partnership: _____
- Type of partnership: _____
- Name, address, and phone/fax numbers for each partner (attach additional pages as necessary):

<u>Full Name</u>	<u>Address</u>	<u>Phone</u>	<u>FAX</u>
_____	_____	_____	_____
_____	_____	_____	_____

5. For each partner, list principal business activity and percentage of ownership
(attach additional pages as necessary):

<u>Full Name</u>	<u>Principal Business Activity</u>	<u>Percentage of Ownership</u>

6. For each partner, list the name, sex, date of birth and social security number
(attach additional pages as necessary):

<u>Full Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Social Security</u>	<u>Drivers License</u>

7. The date of formation of the partnership: _____

8. Date of filing of the "assumed business name" registration with Lake County Clerk and/or the Illinois Secretary of State (if applicable): _____

C. Corporation

1. Name of Corporation: _____

2. Address of Corporation: _____

3. Give name, address, and phone/fax numbers for owners of more than 5% of stock in the applicant business entity or parent corporations of the business entity (attach additional pages as necessary):

<u>Full Name</u>	<u>Address</u>	<u>Phone</u>	<u>FAX</u>

4. For every corporate officer, director or person who owns 5% or more of the shares of the applicant business entity or parent corporations, list the name, sex, date of birth, social security number and driver's license number (attach additional pages as necessary):

<u>Full Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Social Security</u>	<u>Driver's License</u>

5. For every corporate officer, director or person who owns 5% or more of the shares of the applicant business entity or parent corporations, list the position and percentage of ownership in the business (attach additional pages as necessary): _____

- 6. Provide name, address, phone number and fax number of registered agent: _____

- 7. If an Illinois corporation, the date of its incorporation: _____
- 8. If a foreign corporation, the state where incorporated, and date of qualification under the "Business Corporation Act of 1983" to transact business in the State of Illinois: _____
- 9. Date of filing of the "assumed Business name" registration with the Illinois Secretary of State (if applicable):

II..PROPERTY

- 1. Address of location for which the license is sought: _____
- 2. Does applicant own the premises for which license is sought? _____
- 3. Name and address of the landlord if premises are leased: _____

Landlord Phone Number: _____ FAX Number: _____
Period Covered by the lease (attach copy of current lease): _____
- 4. Name of establishment for which license is sought: _____

- 5. *If leasing the premises, attach a complete copy of current lease.*
- 6. Is the location of applicant's business for which this license is sought within 100 feet of any church, school, hospital, or home for the aged? _____
- 7. Describe parking facilities available to the business: _____

- 8. Will separate restrooms be provided with hot and cold running water together with clean towels? _____
- 9. Business Hours _____

III..HISTORY

- 1. List by attachment hereto your occupation or employment with addresses thereof for the past 10 years. If applicant is a partnership, list same information for each partner. If the applicant is a corporation, list same information for the local manager.
- 2. Have you or, in the case of a corporation, the local manager or, in the case of a partnership, any of the partners, ever been convicted of any law pertaining to alcoholic liquor? _____
If so, describe: _____

3. Have you or, in the case of a corporation, the local manager or, in the case of a partnership, any of the partners, ever been convicted of a felony? _____
If so, describe: _____
4. Have you or, in the case of a corporation, the local manager or, in the case of a partnership, any of the partners, ever been convicted of a gambling offense? _____
If so, describe: _____
5. Have you or, in the case of a corporation, the local manager or, in the case of a partnership, any of the partners, ever been convicted of or been a keeper of a house of ill fame, or of pandering or other crime or misdemeanor opposed to decency and morality? _____
If so, describe: _____
6. Have you or, in the case of a corporation, the local manager or, in the case of a partnership, any of the partners, ever been convicted of violation of a Federal or State liquor law within the last five years? _____
If so, describe: _____
7. Have you or, in the case of a corporation, the local manager or, in the case of a partnership, any of the partners, ever been issued a Federal gambling device stamp or a Federal wagering stamp? _____
If so, describe: _____

IV.. LICENSE INFORMATION

1. Class of license sought (see Deer Park Liquor Ordinance): _____
2. Does applicant also seek to hold a restaurant license? _____
3. Does applicant hold any other business licenses from Deer Park? _____
If so, name and business and license number: _____
4. Has applicant ever made application for a similar license for premises other than those described in this application?
If so, provide date of application , location and whether the license was issued? _____
5. The number, date of issuance and the date of expiration of the applicant's current **local** retail liquor license (for renewal) _____
6. If the application is for a renewal of an existing license, the applicant must state that there has been **no** material change in the nature or scope of uses of the property since the time of the original issuance of the license. _____
If there has been a material change, applicant must describe how such change does not adversely affect the public interest with respect to the serving of alcoholic beverages. _____

7. The date of the applicant's first request for an Illinois liquor license and whether it was granted, denied or withdrawn: _____

8. If the applicant has made an application for a liquor license which has been denied, what were the reasons for denial? _____

9. If the applicant or in the case of a partnership any partner, or of a corporation the local manager, ever had any previous license (liquor or other license) issued by a state, federal government or a locality suspended or revoked, and the reasons therefor? _____

If applicable, what where the places and dates of suspension or revocation? _____

10. The address of the applicant when the first application for an Illinois license was made: _____

11. The applicant's current Illinois liquor license number: _____

V..BUSINESS INFORMATION

1. State principal kind of business: _____

2. The applicant's Retailer's Occupation Tax (ROT) Registration Number: _____

3. Whether the applicant is delinquent in the payment of the Retailer's Occupational Tax (Sales Tax), and if so, the reasons therefor: _____

4. In the case of a retailer, whether he is delinquent under the 30 day credit law, and if so, the reasons therefor: _____

5. If the applicant has ever engaged in the business of retail sale of alcoholic liquor, list address of all locations: _____

6. The applicant's Federal Employment Identification Number: _____

7. The applicant's document locator number on his Federal Special Tax Stamp: _____

8. The date the applicant began liquor sales at the Deer Park place of business: _____

9. Whether the applicant is delinquent under the cash beer law, and if so, the reasons therefor: _____

10. The address of the applicant's warehouse if he warehouses liquor: _____

11. Is any law enforcing public official, president or member of the Village Board directly or indirectly interested in the business for which license is sought? If so, elaborate: _____

12. Has any manufacturer, distributor directly or indirectly furnished, loaned or rented any interior decoration other than signs for inside or outside use, costing in the aggregate more than \$100.00 in any one calendar year for use in or about the premises for which license is sought? If so, elaborate: _____

13. Has any manufacturer, importing distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary indirectly interested in the ownership, conduct or operation of the place of business? (Interior decorations and signs mentioned in question 10 are exempt.) If so, elaborate: _____

14. Will the business be conducted by a manager and/or an agent? _____

15. Please fill out the information for each person.

A) Full name and address of manager(s) or agent(s): _____

Percentage of ownership in the business (if any) _____ Birthdate: _____
Telephone: _____ Social Security Number: _____
Fax Number: _____ Drivers License Number: _____

B) Full name and address of manager(s) or agent(s): _____

Percentage of ownership in the business (if any) _____ Birthdate: _____
Telephone: _____ Social Security Number: _____
Fax Number: _____ Drivers License Number: _____

C) Full name and address of manager(s) or agent(s): _____

Percentage of ownership in the business (if any) _____ Birthdate: _____
Telephone: _____ Social Security Number: _____

16. Attach to this application a copy of applicant's balance sheet and operating statement for the past three years or, if not available, other proof of financial responsibility.

17. List Dram Shop insurance coverage including name and address of insurance company for both the licensee and owner of the building in which the alcoholic liquor will be sold for the duration of the license: _____

18. Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?

- 19. Will you familiarize yourself with all laws of the United States, State of Illinois, and ordinances of the Village of Deer Park, pertaining to the sale of alcoholic liquor and abide by them? _____
- 20. Will you attempt to prevent rowdiness, fights, and disorderly conduct of any kind and immediately notify the Lake County Sheriff's Department if any such events take place? _____
- 21. Will you familiarize yourself with all applicable rules , regulations, and provisions of the Lake County Health Department pertaining to your business establishment and abide by them? _____
- 22. Will you maintain the entire premises in a clean and sanitary manner free from conditions which may cause accidents? _____

STATE OF)
)
COUNTY OF)

I (we), _____

Being first duly sworn deposes and says that I (we) _____

Have read the above and foregoing application, caused the answers to be provided thereto, and all of the information given on said application is true and correct.

Applicant (s)

Applicant (s)

Subscribed and Sworn to before me

This _____ day of _____, 20_____.

Notary Public

NOTE: If the Application is made on behalf of a partnership, firm, association, club or corporation, then it should be signed by at least two (2) members of such partnership or the president and secretary of such corporation or two (2) authorized agents of the partnership or corporation.