



**VILLAGE OF LAKE BLUFF
2020 LIQUOR LICENSE APPLICATION**

PLEASE PRINT

I. APPLICATION INFORMATION

1. Applicant's Full Name: _____
2. Applicant is: an individual (Complete all but Sections V and VI)
 a partnership (Complete all but Sections III and V)
 a corporation (Complete all but Sections III and VI)
3. Name under which business is to be conducted: _____

Name of owner of business: _____
4. If name under which business is to be conducted differs from the name of Applicant, has name of business been registered in the Assumed Name Registry of the Lake County Clerk's Office? (Please Circle One) **Yes** **No**

II. LICENSED PREMISES INFORMATION

- Street address of licensed premises: _____

5. Describe nature of applicant's principal business conducted at licensed premises: _____

 6. State nature of applicant's interest in the premises for which this license is sought:
 Owner – State date acquired and Lake County Recorder's document Number for recorded deed: _____
 Beneficiary – State name of trustee, date of acquisition by trust, and Lake County Recorder's document number for recorded deed: _____
 Lessee – State lease period and attach a copy of lease:

 7. Is the location of the applicant's business for which license is sought within 100 feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any

naval or military station, or any residential district as defined by the zoning ordinance of this Village?
(Please Circle One) **Yes** **No**

A. If answer to any of the above is "Yes", is the applicant's place of business hotel offering restaurant service, a regularly organized club, a restaurant, food shop or other place where the sale of alcoholic liquors is not the principal business?

B. If answer to "A" is "Yes", how long has the place of business been in operation?

8. Is, or will the applicant's place of business be located within one hundred (100) feet of any existing undertaking establishment or mortuary? _____

9. Has any manufacturer, wholesaler, distributor or importing distributor of alcoholic liquor or any person connected with or in any way representing; or has any member of the family of such manufacturer, distributor, wholesaler, or importing distributor; or any stockholder in any corporation engaged in manufacturing, distributing or wholesaling of such liquor; or any officer, manager, agent or representative of said manufacturer, wholesaler, importing distributor, or 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 course of business for a period not to exceed 30 days); or is such person or corporation directly or indirectly interested in the ownership, conduct or operation of this place of business?

If answer to any of the above is "Yes", give particulars.

10. Is any law enforcing officer, trustee, member of a Village Commission or Board or president or member of a county board directly or indirectly interested in the business for which license is sought?

A. If answer is "Yes", give particulars: _____

11. Has any manufacturer, distributor, importing distributor or wholesaler directly or indirectly, furnished, loaned or rented any interior decorations other than signs for inside or outside use (except signs existing prior to July 1, 1945) 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?

III. APPLICANT INFORMATION (INDIVIDUAL APPLICANT)

(Note: If applying as an individual, the applicant must also complete applicable portions of Section XII of this Application.)

12. Applicant's Home Address: _____

13. Applicant's Home Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

14. State the name, address and type of any business previously operated by applicant (Use back of form is necessary): _____

IV. MANAGER/AGENT INFORMATION

(Note: Complete only if business will be conducted by manager or agent. Manager/Agent must also complete applicable portions of Section XII of this application.)

15. Full name: _____ Date of Birth: _____

16. Home Address: _____ DL #: _____

17. Home Phone Number: _____ SS#: _____

V. APPLICANT INFORMATION (CORPORATIONS)

(Note: Attach a certified copy of Illinois Secretary of State's most recent certification of authority to do business as a corporation, e.g., Articles of Incorporation, including Amendments, or Certificate of Good Standing. All persons listed in answer to No. 24 in this Section must also complete applicable portions of Section XII of this Application.)

18. Name of corporation: _____

19. Principal Place of Business:

Address: _____ Phone: _____

20. Date of incorporation: _____ State in which incorporated: _____

Date most recent annual report was filed: _____

21. Name of registered agent: _____

22. Address of registered agent: _____

23. Names and addresses of all officers and directors, and stockholders owning directly or beneficially, in the aggregate, more than 5% of the stock. (Attached additional page if insufficient space.)

Name	Address	Office and % of Stock Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. APPLICANT INFORMATION (PARTNERSHIP)

(Note: All persons listed in answer to No. 28 in this Section must also complete applicable portions of Section XII of this Application.)

24. Name of Partnership: _____

25. Address of Partnership: _____

26. Date Partnership was formed: _____

27. Is Partnership registered in the Lake County Clerk's Assumed Name Registry? (Please Circle One)
Yes **No**

28. Names and addresses of all general partners and all limited partners owning more than 5% of the aggregate limited partner interest in the partnership:

Name	Address	% of Ownership Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. QUALIFICATIONS OF BUSINESS AND SUITABILITY OF PREMISES

(Note: If the answer to any of questions 30 through 36 is "yes", use back of form to provide date(s) and full explanation. Attach additional pages if necessary.)

29. Names and addresses of any individual, organization, association or agent thereof other than applicant who has paid or agreed to pay, whether directly or indirectly, for the license being sought:

Name	Address
_____	_____
_____	_____

30. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Please Circle One)
Yes No

31. Is the applicant or any affiliate, associate, subsidiary or officer, or other agent directly engaged in the manufacture of alcoholic liquors? (Please Circle One) **Yes No**

If answer is "yes", at what location or locations?

32. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? (Please Circle One) **Yes No**

33. Has the individual applicant, any partner, or any officer, or manager, director or 20% stockholder, or the corporation ever been convicted of any gambling offense? (Please Circle One) **Yes No**

34. Has the individual applicant, any partner, or any officer, or manager, director or 20% shareholder ever been issued a Federal Gaming Device Stamp or Federal Wagering Stamp? (Please Circle One)
Yes No

35. Has applicant ever had a previous liquor license revoked, suspended or been fined for a liquor violation by a local government or by any state or subdivision thereof? (Please Circle One) **Yes No**

36. Has applicant ever received any notices or citations of violations from the Illinois Liquor Control Commission? (Please Circle One) **Yes No**

VIII. ADDITIONAL INFORMATION:

37. Location(s) where food will be prepared? _____

38. Is applicant licensed as a food dispenser? _____

39. Do you plan to have carry-out service? (Please Circle One) **Yes No**

40. What percentage of the total floor area is for sit-down eating? _____

41. Do you plan to have delivery service? (Please Circle One) **Yes No**

42. Do you plan to have a television set on the premises? (Please Circle One) **Yes No**

43. Will it be visible from any bar, counter or waiting area? (Please Circle One) **Yes No**
(**Note:** Signs, advertisements, and promotions referring to the presence of a television on premises are expressly prohibited.)

44. What is the diagonal measurement of the television screen? _____

45. What is the seating capacity of any proposed bar or counter? _____

46. What percentage of the total floor area is for sit down eating? _____

47. What is proposed seating capacity of restaurant? _____

48. Describe the methods and procedures the applicant proposes to use in billing customers and maintaining records of sales to customers at any bar, counter, shelf, or substitute therefore:

Describe the reservation and seating practices the applicant proposes to use so as to assure that the bar, counter, shelf, or any substitute therefore, is restricted to patrons who have been seated by the restaurant's host or hostess only as an accommodation while the table at which the patrons will be seated for their meal is being prepared:

IX. SIGNATURES

Signed this _____ day of _____, 2020, by:

Individual Applicant

By: _____
Applicant

or Partnership (Two General Partners Must Sign)

By: _____
Partner/Applicant

By: _____
Partner/Applicant

Corporation

By: _____
Officer

(Seal)

Attest: _____
Secretary

**X. NOTICE TO APPLICANT:
ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION IS CONFIDENTIAL.**

In addition to the above sections, the information below is also required. Failure to provide any required information will result in the non-issuance of the license.

- **The Local Liquor Control Commissioner may also require** the applicant to submit to any examination and to produce any books, records and information which, in the Commissioner's judgment, are material to the determination of whether the applicant is qualified to receive a license or whether the premises sought to be licensed are suitable for such purpose.
- **ALL PERSONS who signed this Application** (in Section IX, above), must also sign the AFFIDAVIT in Section XI on the following page.
- **INDIVIDUAL APPLICANT:** Applicant must complete and sign the REQUIRED PERSONAL BACKGROUND AND QUALIFICATION INFORMATION FORM in Section XII.
- **MANAGER OR AGENT:** The Manager or Agent listed in Answer 16 of Section IV must complete and sign the REQUIRED PERSONAL BACKGROUND AND QUALIFICATION INFORMATION FORM in Section XII.
- **CORPORATE APPLICANT:** All persons listed in Answer 24 of Section V must complete and sign the REQUIRED PERSONAL BACKGROUND AND QUALIFICATION INFORMATION FORM in Section XII.
- **PARTNERSHIP APPLICATION:** All persons listed in Answer 29 of Section VI must complete and sign the REQUIRED PERSONAL BACKGROUND AND QUALIFICATION INFORMATION FORM in Section XII.

XI. AFFIDAVIT OF APPLICANT(S)

STATE OF ILLINOIS)
) ss
COUNTY OF LAKE)

I/We, the undersigned applicant(s), or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct; are made upon my personal knowledge and information; are made for the purpose of requesting the Village of Lake Bluff to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for. Applicant will not violate any of the laws of the Village of Lake Bluff, the State of Illinois or the United States of America in the conduct of the place of business described herein.

Signature of Applicant(s)

Subscribed and Sworn to before
me this _____ day of
_____, 2020.

Notary Public

XII. REQUIRED PERSONAL BACKGROUND AND QUALIFICATION INFORMATION

(Note: This section must be completed by each individual applicant, by any manager or agent who will be conducting the business on behalf of the applicant, as named in Answer 1 of Section I, Answer 16 of Section IV, and by all persons named in Answer 24 of Section V and in Answer 28 of Section VI of this Application. Attach additional sheets if necessary. The Local Liquor Control Commissioner may require the fingerprinting of any person who is required to complete this section. The cost of the fingerprint check shall be paid by the applicant at the time the fingerprints are taken.)

51. Name: _____
(Last/First/M.I.)
52. Home Address: _____
(Number/Street/City/Zip)
53. Years at this address: _____ Home Phone Number: _____
54. Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ State: _____
55. Place of Birth: _____ Are you a citizen of the United States? _____
56. If a naturalized citizen, state date: _____
(Month/Day/Year)
57. Place: _____
(City and State)
58. Marital Status: (Please Circle Appropriate)
Single Married Separated Divorced Widowed
59. Name of Spouse: _____
(Spouse's Last or Maiden Name/First/M.I.)
60. Spouse's Employer: _____
Business Address: _____ Phone: _____
61. Name and address of previous spouse:

(Last/First/M.I.)

(Address/City/State)
62. Date of Divorce: _____ Court and Case Number: _____

63. List residences for past 10 years:

<u>Address</u>	<u>City</u>	<u>State</u>	<u>From</u>	<u>To</u>

64. List present and previous places of employment for the past 10 years:

<u>Employer Name and Address</u>	<u>Dates of Employment</u>	<u>Type of work</u>	<u>Immediate Supervisor</u>

65. Have you **ever**: (Please Circle One) (**NOTE:** If the answer to any of the following is “yes” use back of sheet to provide date(s), offense(s) and full explanation. Use additional sheets as necessary.)

- a. been convicted of any felony under any Federal or State Law?
Yes **No**

- b. been convicted of being a keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality?
Yes **No**

- c. been convicted of a violation of any Federal or state law or local ordinance concerning the manufacture, possession or sale of alcoholic liquor?
Yes **No**

- d. forfeited bond to appear in court to answer charges for such violation?
Yes **No**

66. Do you hold any other business licenses? **Yes** **No**

Type(s): _____

Location(s): _____

Issuing Authority(ies): _____

67. Has applicant made application for a similar or other licenses for premises other than described in this application? _____ If so, give date, location of premises and disposition of application:

68. Has any license issued to you by State, Federal or local authorities **ever** been revoked or suspended, or been the basis of a fine? **Yes** **No**

(NOTE: If the answer is "yes," use back of form to provide date(s) and explanation in full.)

69. List 3 non-relative references who have known you for not less than 5 years:

(1) _____
(Last Name/First/M.I./Occupation)

(Address/City/State/Phone Number)

(2) _____
(Last Name/First/M.I./Occupation)

(Address/City/State/Phone Number)

(3) _____
(Last Name/First/M.I./Occupation)

(Address/City/State/Phone Number)

70. Does your current or former spouse or any member of you immediate family living with you now hold (or ever held) any business license?

Name of Licensee Relationship

Address of business City State Type of business

71. Has your current or former spouse or any member of your immediate family living with you ever had a license revoked? **Yes** **No**

(NOTE: If the answer is "yes," use back of form to provide date(s) and explanation in full.)

I, the undersigned, do hereby swear or affirm that the information furnished by me in the above Section XII is true and correct to the best of my knowledge and belief. I am aware that any falsification makes me liable under penalty and can result in the denial of my application or revocation of any license issued as a consequence of my misstatements.

Signature _____ Date _____



FOR POLICE DEPARTMENT USE ONLY:

Comments:

License Recommended License Not Recommended

Police Chief _____ Date _____

FOR LOCAL LIQUOR COMMISSIONER USE ONLY:

License Granted License Denied

Local Liquor Commissioner _____ Date _____