

South Chicago Heights

LIQUOR LICENSE APPLICATION



BUSINESS PREMISE INFORMATION

1. NAME OF BUSINESS: _____ 2.

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ 3.

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

(if different from above)

4. BUSINESS PHONE: _____ FAX: _____

5. NAME/DOING BUSINESS AS (DBA): **NOTE! This name must be consistent with the name printed on your State liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.**

6. TYPE OF BUSINESS: **CHECK BOX BELOW THAT APPLIES TO YOUR BUSINESS**

<input type="checkbox"/>	BAR/TAVERN	<input type="checkbox"/>	GAS STATION
<input type="checkbox"/>	LIQUOR STORE	<input type="checkbox"/>	SUPERMARKET/GROCERY
<input type="checkbox"/>	DRUG STORE	<input type="checkbox"/>	BOWLING ALLEY
<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	CONVENIENCE STORE
<input type="checkbox"/>		<input type="checkbox"/>	OTHER (SPECIFY)

7. HOURS OF OPERATION:

MON	TUES	WED	THUR	FRI	SAT	SUN

8. ARE THE LICENSED PREMISES OWNED OR LEASED? _____ Owned _____ Leased

IF LEASED, DATE LEASE EXPIRES: _____ **AND, NAME & ADDRESS OF OWNER(S) OF PREMISES:**

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Name: _____

Address: _____

City/Town: _____ STATE: _____ ZIP: _____

9. SQUARE FOOTAGE OF PREMISES: _____

10. THE RENEWAL APPLICANT HAS APPLIED FOR AND BEEN GRANTED A STATE LIQUOR LICENSE:

No.#: _____ & EXPIRATION DATE: _____ (ATTACH COPY OF STATE LICENSE)

11. PLEASE INDICATE THE TYPE OF LIQUOR LICENSE IN WHICH YOUR BUSINESS IS RENEWING:

_____ BEER _____ BEER & WINE _____ BEER, WINE, & ALCOHOLIC LIQUOR

12. WHAT IS YOUR ILLINOIS TAX IDENTIFICATION NUMBER?

NO.#: _____ EXPIRATION DATE: _____ (ATTACH COPY)

13. Official or Manager responsible for the daily management of business:

Name: _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone Number: _____

1. CORPORATE OWNERSHIP INFORMATION

Check the applicable box, which corresponds to your business' official papers filed with the office of the secretary of state. **note! In the case of sole proprietorship, the village requires that the business owner reside within the jurisdiction of the Village of South Chicago Heights.

<input type="checkbox"/>	a)	SOLE PROPRIETORSHIP	DATE FILED WITH COUNTY CLERK:
<input type="checkbox"/>	b)	PARTNERSHIP	DATE OF FORMATION:
<i>If you checked box a or b above, go to section 1A and complete.</i>			
<input type="checkbox"/>	c)	ILLINOIS CORPORATION – ALL MANAGERS OR AGENTS LISTED MUST COMPLETE SECTION 1A BELOW.	DATE OF INCORPORATION:
<input type="checkbox"/>	d)	LIMITED LIABILITY COMPANY	DATE FORMED:
<i>If you checked box c or d above, go to section 1B and complete.</i>			

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1A). SOLE or PARTNERSHIP AND MANAGER'S INFORMATION

Provide the owner/officer/partner information in accordance with the business status described in question 1 a or b. A SOLE PROPRIETOR OR MANAGER MUST BE A RESIDENT OF SOUTH CHICAGO HEIGHTS.

1) Name _____

Home Address _____

City, State, Zip _____

Date of Birth _____

Are you a citizen of the United States? _____ If a naturalized citizen, when and where were you naturalized? _____

Have you ever been convicted of any crime under the ordinances of Village of South Chicago Heights, or under the Criminal Code of Illinois, or under the Federal or State Prohibition or Liquor Acts, or permitted an appearance bond forfeiture concerning the above? _____ YES _____ NO If answer is

“YES”, state offense _____

AFFIDAVIT

I/WE SWEAR/AFFIRM THAT I/WE WILL NOT VIOLATE ANY ORDINANCES OF THE VILLAGE OF SOUTH CHICAGO HEIGHTS OR THE LAWS OF THE STATE OF ILLINOIS OR THE LAWS OF THE UNITED STATES OF AMERICA, IN THE CONDUCT OF THE PLACE OF BUSINESS KNOWLEDGE ARE STILL TRUE AND CORRECT AND IN FULL FORCE AND EFFECT, WITHOUT ANY CHANGES, MODIFICATIONS, DELETIONS, OR AND BELIEF. I/WE FURTHER SWEAR/AFFIRM THAT ALL STATEMENTS CONTAINED ON MY/OUR ORIGINAL APPLICATION CORRECTIONS. FURTHER, I/WE AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

The signatures must be an original; rubber stamps are not accepted.

DATE: _____

SIGNATURE OF SOLE PROPRIETOR

DATE: _____

SIGNATURE OF PARTNER

DATE: _____

SIGNATURE OF MANAGER

SUBSCRIBED AND SWORN TO BEFORE ME THIS

(SEAL) _____ DAY OF _____, 20__

NOTARY PUBLIC

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1B). CORPORATE/STOCKHOLDERS INFORMATION

Provide the owner/officer/partner information accordance with the business status described under question 1 above. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%. All Not-for-Profit organizations and associations must provide the requested information for all corporate officers, directors and managers.

***If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.*

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>	<u>TITLE</u>	<u>% STOCK OWNED</u>

AFFIDAVIT

I/WE SWEAR/AFFIRM THAT I/WE WILL NOT VIOLATE ANY ORDINANCES OF THE VILLAGE OF SOUTH CHICAGO HEIGHTS OR THE LAWS OF THE STATE OF ILLINOIS OR THE LAWS OF THE UNITED STATES OF AMERICA, IN THE CONDUCT OF THE PLACE OF BUSINESS KNOWLEDGE ARE STILL TRUE AND CORRECT AND IN FULL FORCE AND EFFECT, WITHOUT ANY CHANGES, MODIFICATIONS, DELETIONS, OR AND BELIEF. I/WE FURTHER SWEAR/AFFIRM THAT ALL STATEMENTS CONTAINED ON MY/OUR ORIGINAL APPLICATION CORRECTIONS. FURTHER, I/WE AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

DATE: _____

SIGNATURE OF PRESIDENT

DATE: _____

SIGNATURE OF VICE PRESIDENT

DATE: _____

SIGNATURE OF SECRETARY

SUBSCRIBED AND SWORN TO BEFORE ME THIS (SEAL)

_____ DAY OF _____, 20__.

_____ NOTARY PUBLIC

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GENERAL ELIGIBILITY QUESTIONS

These questions below pertain to the applicant and any other person listed under "Corporate Ownership Information" listed on previous page of this application. If any questions are answered with a "YES" attach a full written explanation.

YES	NO	
		Are you delinquent in the payment of any Illinois Business taxes?
		Is, or will the applicant's place of business be located within 100 feet of any Undertaking establishment or mortuary?
		Is the location of the applicant's business for which license is sought within one hundred (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? If "yes", is the applicant's place of business a hotel offering restaurant service, a regularly organized club, food shop, or other place where the sale of liquor is not the principal business?
		Have you ever had any previous license issued by state, federal or local authorities suspended or revoked? If so, state reason.
		Are you, or is any other individual directly or indirectly interested in your place of business, a law-enforcing official, village president, member of the village board of commission, or president or member of a county board?
		Has applicant, or any officer, director, manager or stockholder named in this application ever been convicted of a felony or otherwise disqualified to receive a liquor license in Illinois by reason of any matter or thing contained in the Illinois liquor control act? If so, name count conviction.
		Have you made application for a similar license for any premises other than those described in this application?
		Have you ever made application for a liquor license that has been denied? If so, state reason.

CERTIFICATE OF INSURANCE

You must provide a copy of your certificate of insurance if alcohol is consumed on-premise and for carry-out establishments. The certificate of insurance must show that you have liquor liability insurance and must include the address of the location where the liquor is being consumed and the dates of coverage and the coverage limits.

ALL PERSONS NAMED IN QUESTIONS 1A) AND 1B) SHALL BE FINGERPRINTED AND A BACKGROUND CHECK BY THE SOUTH CHICAGO HEIGHTS POLICE DEPARTMENT.

A ONE-TIME NON-REFUNDABLE ADMINISTRATION FEE OF \$275.00 SHALL BE CHARGED FOR THE INITIAL PROCESSING OF A NEW LIQUOR LICENSE.

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A NON-REFUNDABLE ADMINISTRATION FEE OF \$275.00 SHALL BE CHARGED FOR THE INITIAL LIQUOR LICENSE APPLICATION FOR

BELOW IS FOR OFFICE USE ONLY

CHECKLIST:

_____ YES _____ NO

FINGERPRINTING & BACKGROUND CHECK DONE AT POLICE STATION. \$50.00 per person.

_____ YES _____ NO

IS A COPY OF STATE LIQUOR LICENSE.

_____ YES _____ NO

IS A COPY OF ILLINOIS BUSINESS SALES TAX CERTIFICATE ATTACHED.

_____ YES _____ NO

DOES THIS FORM BEAR ALL ORIGINAL SIGNATURES.

_____ YES _____ NO

IS A CERTIFICATE OF INSURANCE ATTACHED.

_____ YES _____ NO

IS PAYMENT ENCLOSED.