

**Village of Lake Barrington - Application for Business with Liquor License
FY 2010 - 2011**

Please submit your application with the following:

- License Fee
- Lease, if location of establishment is leased
- Fingerprints of owners & liquor managers plus \$39.25 per fingerprint card PAYABLE TO IL STATE POLICE
- Certificate of 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 undersigned hereby makes application for a Class _____ Liquor License(s), for the term ending April 30, 2012 and hereby certifies to the following facts:

Business Information

Business Name

Name under which business to be conducted:

Establishment Address

Mailing Address, if different from above

Federal Tax ID Number

Illinois Business Tax No.

**Illinois Municipal Retailers' Use and Service
Occupation Tax Number registered to an address
in the Village of Lake Barrington**

Business Contact / Telephone

Business Fax

Email Address

Website Address

Premise Information

State the location (exact address by street and number) and description (specifying floor, room, etc.) of the premises or place of business which is to be operated under the liquor license:

A. State the distance from nearest church or school: _____

Premises : Owned by Applicant _____ Leased _____

If premises are leased, attach lease & complete below:

Lessor Name:

Lessor Address:

Lease Period Ends (Month/Year) _____

Does the lease provide that the lessor will receive a percentage of profits or sales? Yes _____ No _____

If yes, give details:

Partnership/Corporation Liquor License Applicant Information

REGISTERED AGENT (if applicable):

Registered Agent Name
 Registered Agent Address
 Registered Agent Phone Number
 Registered Agent Business Number
 Date of Birth

APPLICANT INFORMATION: This information is required for each a partner if a partnership, or if a corporation, each shareholder owning 5% or more of the stock. If a majority interest of stock is owned by one person or his nominee, circle name.

Applicant Name
 Applicant Residence Address
 Applicant Social Security Number
 Applicant Home Telephone Number
 Applicant Business Telephone Number
 Applicant's Citizenship
 If a naturalized U.S. citizen, state date and place of naturalization
 Applicant Date of Birth
 Applicant Driver's License Number

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Partnership/Corporation Liquor License Applicant Information - Continued

If majority interest of the stock is owned by one person or his nominee, state name and address of such person:

State the objectives for which the corporation was formed:

Date of incorporation:

What is the present business of the applicant?

Where is this business located?

How long has the applicant been in that business?

If the license is to be held in connection with your current partnership or corporation, what is the approximate value of goods, wares and merchandise on hand at this time?

Character of business applicant is:

Has applicant made application for a similar or other license for some other location? Yes___ No___

If yes, state the disposition of each other application.

Other Present Businesses: If the applicant has more than one present business, state each. If the applicant is a partnership, give the information for each partner. If the applicant is a corporation, give the information for each officer, director and shareholder owning more than 5% of the stock.

Present Name	Present Business	Business Location	How long in business?

Prior Businesses: List each and every other occupation or business with which the applicant has been associates for 15 years prior to the date of this application and where it was located. In the case of a partnership, list such information for each partner, and in the case of a corporation, list such information for each officer, director and shareholder owning more than 5% of the stock of the corporation. (Attach additional sheet, if necessary.)

Name	Prior Business	Prior Business Location

Store/Liquor Manager - Liquor License Applicant Information

Store/Liquor Manager Name	
Store/Liquor Manager Address	
Store/Liquor Manager Telephone Number	
Store/Liquor Manager Business Telephone Number	
Store/Liquor Manager Date of Birth	
Store/Liquor Manager Name	
Store/Liquor Manager Address	
Store/Liquor Manager Telephone Number	
Store/Liquor Manager Business Telephone Number	
Store/Liquor Manager Date of Birth	
Store/Liquor Manager Name	
Store/Liquor Manager Address	
Store/Liquor Manager Telephone Number	
Store/Liquor Manager Business Telephone Number	
Store/Liquor Manager Date of Birth	
Store/Liquor Manager Name	
Store/Liquor Manager Address	
Store/Liquor Manager Telephone Number	
Store/Liquor Manager Business Telephone Number	
Store/Liquor Manager Date of Birth	

Applicant Background and Stamp Information

Background Information	Yes	No
Have you, or in the case of a corporation, the manager and the shareholders (5% or more), or in the case of a partnership, any partners, ever been convicted of any violation of any law pertaining to alcoholic liquor?		
Have you, or if a partnership, any of the partners, or if a corporation, the manager or the shareholders (5%) or more ever had a liquor license revoked or suspended? Attach an additional sheet stating the reason for such revocation or suspension and the place and dates involved.		
Has the applicant ever been convicted of a felony, or is the applicant otherwise disqualified to receive a license by reason of the laws of the State of Illinois or the ordinances of any municipality? If the applicant is a partnership, list such information for each partner; and if the applicant is a corporation, list such information for each officer, director and shareholder owning more than 5% of the stock of said corporation and the manager.		
List each arrest of the applicant for offenses other than traffic violations, indicating the place and date of arrest, the charge made and the final disposition of the charge. If none, so state. If the applicant is a partnership, list such information for each partner; and if the applicant is a corporation, list such information for each officer, director and shareholder owning more than 5% of the stock of said corporation and the manager.		
Has the applicant ever filed bankruptcy proceedings? If so, state the date and place of such filing.		
Stamp Information	Yes	No
Has there ever been issued to the applicant a stamp relative to the Federal Tax on wages?		
If the applicant is a partnership, has such a stamp ever been issued to any partner?		
If the applicant is a corporation, has such a stamp ever been issued to any officer, director or shareholder owning 5% or more of the stock of said corporation? If the applicant is a corporation, has such a stamp ever been issued to any officer, director or shareholder owning 5% or more of the stock of said corporation.		
	Yes	No
Have you familiarized yourself with all ordinances of the Village of Lake Barrington pertaining to the sale of alcoholic liquor and do you agree to abide by them?		

GENERAL AGREEMENTS AND UNDERSTANDINGS

The applicant hereby states that the applicant will not violate any of the laws of the State of Illinois or of the United States of America or any Ordinance of the Village of Lake Barrington in the conduct of the applicant's business conducted pursuant to any license issued hereunder.

The applicant understands that fingerprinting of the applicant will be conducted by the Village. In the case of a partnership, each partner will be fingerprinted, and in the case of a corporation, each officer, director and shareholder owning more than 5% of the stock of the corporation will be fingerprinted. (Fingerprinting may not be required for the renewal of a license if the applicant has once been fingerprinted.)

The applicant further understands that no license shall be issued until at least 30 days from the date of the filing of this application and that a copy of this application will be forwarded to the applicable Police Department for investigation by said Police Department, who shall supply a copy of their report of investigation to the President and Liquor Commissioner.

The undersigned understands that the required liquor license may not now exist and may not become hereafter available.

Date of this application: _____, _____

Signature of Applicant if Sole Proprietorship

PARTNERSHIP

Signatures of all Partners if a Partnership

Signatures of all Partners if a Partnership

Signatures of all Partners if a Partnership

CORPORATION

Signature and Title of President or Vice
President if Corporation

Signature of Corporate Secretary

VERIFICATION

STATE OF ILLINOIS)
SS.)
COUNTY OF _____)

_____, being first duly sworn upon oath, states that he has read the foregoing application for license and the answers to the above questions and knows the contents of said application, and that each of the statements in the said application contained are true in substance and in fact.

Signature of Applicant/Registered Agent

Title

SUBSCRIBED AND SWORN TO before me
this _____ day of _____, _____.

Notary Public