



LIQUOR LICENSE APPLICATION

Please check one: New Business New Owner of Existing Business Renewal

Type of Ownership: Corporation LLC, LLP Sole Proprietor Other: _____

Name of Corporation, LLC, LLP, Sole Proprietor, etc.: _____

Office Address of Corporation, LLC, LLP, Sole Proprietor: _____

Office Phone: _____ **Office Fax:** _____

FEIN: _____ **Illinois Tax No.:** _____

Type of Business (Restaurant, Package Store, etc.) _____

Address of Licensed Premises: _____

Square Footage of Premises: _____ (Amount of square footage of premises deviated to retail sale or alcoholic beverages, including any outdoor seating areas.)

Local Business Name (assumed or d/b/a name): _____

Business Address (No P.O. Box): _____

Mailing Address (if different than above): _____

Local Business Phone: _____ **Fax Number:** _____

Cell Phone: _____ **E-Mail:** _____

Are there food, beverage, or tobacco vending machines, coin-op games or musical devices onsite?
 Yes No

Mail renewal application to: Local Licensed Business Address Corp., LLC, LLP, Sole Proprietor Address

License applying for or renewing:

LIQUOR LICENSE CLASS _____ \$ _____

Class A Liquor License – Bar serving food on premises only	\$2,000 annually
Class B Liquor License – For retail for use or consumption off premises	\$1,500 annually
Class C Liquor License – For not-for-profit for use on premises only	\$1.00
Class D Liquor License – Beer & Wine only for use on premises only	\$2,000 annually
Class F Liquor License – Restaurant serving liquor on premises only	\$2,000 annually



1. If **Corporation**, please answer the following questions:

- A. Date of incorporation: _____ State of incorporation: _____
- B. If foreign corporation, date qualified under Illinois Business Corporation Act to transact business in Illinois: _____
- C. New applicants must provide a copy of Articles of Incorporation.
 - Yes, Articles of Incorporation are attached.

2. If **Limited Liability Company**, please answer the following questions:

- A. Date of formation: _____ State of formation: _____
- B. If foreign company, date registered to transact business in Illinois: _____
- C. New applicants must provide a copy of Articles of Organization.
 - Yes, Articles of Organization are attached.

3. **Please provide the following for all persons having a five percent or more ownership interest, all officers and all directors. Managers need only fill out the Statement of Manager. (copy page 3 prior to filling out if necessary):**

Name: _____
Last First Middle

Position: _____ Percent of Ownership: _____
(Owner, Officer, Director) (if no ownership interest, put 0)

Date of Birth: ___/___/___ Place of Birth: _____

Social Security #: _____ Driver's License #: _____

Citizenship: _____ Naturalized U.S. Citizen? Yes No

If yes, please provide date and place of naturalization:

Date: _____ Place: _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: _____ Work phone #: _____ Cell phone #: _____

Previous Home Address: _____

City: _____ State: _____ Zip Code: _____



Name: _____
Last First Middle

Position: _____ Percent of Ownership: _____
(Owner, Officer, Director) (if no ownership interest, put 0)

Date of Birth: ____/____/____ Place of Birth: _____

Social Security #: _____ Driver's License #: _____

Citizenship: _____ Naturalized U.S. Citizen? Yes No

If yes, please provide date and place of naturalization:

Date: _____ Place: _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: _____ Work phone #: _____ Cell phone #: _____

Previous Home Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____
Last First Middle

Position: _____ Percent of Ownership: _____
(Owner, Officer, Director) (if no ownership interest, put 0)

Date of Birth: ____/____/____ Place of Birth: _____

Social Security #: _____ Driver's License #: _____

Citizenship: _____ Naturalized U.S. Citizen? Yes No

If yes, please provide date and place of naturalization:

Date: _____ Place: _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: _____ Work phone #: _____ Cell Phone #: _____

Previous Home Address: _____



City: _____ State: _____ Zip Code: _____

4. Are the licensed premises owned or leased? Owned Leased

A. **If leased**, date lease expires: _____

Copy of current lease is attached: Yes, Attached Already on file

B. **If leased**, name and address of owner(s) of premises:

Name: _____

Name: _____

Address: _____

Address: _____

C. Are premises held in trust? Yes No

If yes, provide name and address of all owners of the beneficial interest of such trust. If name and address are unavailable, list name of bank and document or trust number.

Name: _____

Name: _____

Address: _____

Address: _____

5. Are the licensed premises located within 100 feet of any church, school, hospital, home for the aged, indigent, or veterans, their spouses or children, or any military or naval station: Yes No

6. Does any person listed in question 3 have a current liquor license at any other location? Yes No

7. Has any person listed in question 3 held a liquor license in the past? Yes No

If yes, name of license holder: _____

Name of licensing authority(s): _____

License Term(s) – Beginning: _____ Ending: _____
(If more than one, attach additional pages giving above information)

8. Has the applicant ever been a shareholder, partner, owner, manger, or employee of an establishment that was fined or had its liquor license suspended or revoked by any licensing authority. Yes No

If yes, attach statement giving name of each licensing authority and details of suspension or revocation.



9. Has any liquor license issued to any person in question 3 by any other licensing authority other than the Village of Norridge been subjected to any form of disciplinary action, including fines? Yes No

If yes, provide name of each licensing authority and details of each disciplinary action:

10. Does the applicant or any person listed in question 3 possess a current federal wagering or gaming device stamp? Yes No

If yes, provide details _____

11. Is applicant or any person listed in question 3 disqualified from receiving a liquor license or renewal by reason of any matter contained in Federal Law, Illinois State Law or Village of Norridge ordinances? Yes No

If yes, provide details _____

12. Proof of liquor liability insurance must be provided. Certificate must show Village of Norridge, 4000 N. Olcott Avenue, Norridge, IL 60706 as certificate holder.

Yes, certificate is attached. **Certificate must indicate that the Village shall be notified at least 10 days prior to the cancellation or modification of said policy.**

13. Current State of Illinois Liquor License is attached:

Yes, copy is attached (Renewals) Copy will be provided (New)

14. Current value of liquor inventory: \$ _____

15. Is any person listed in question 3 a public official? Yes No

16. **Please read and initial each of the following sections:**

A. The applicant, or person signing on behalf of the applicant, affirms that if this applicant is granted a liquor license and thereafter the applicant acquires, hires, or appoints a new manager, that within ten (10) days of the date of the new manager commencing his/her duties, the applicant shall notify the Village of Norridge Business Office Manager and request "Statement of Manager" documents which shall be completed and returned to the Business Office Manager for further processing and approval by the appropriate authorities.

I have read the above paragraph. _____

B. By attachment of his/her signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer.

I have read the above paragraph. ____

C. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application, will not violate and of the laws of the State of Illinois, or of the United States, or any ordinance of the Village of Norridge controlling the retail sale of alcoholic liquor and the conduct of his/her place of business.



I have read the above paragraph. _____

D. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application have never been convicted of a felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any matter or thing contained in the laws of the State of Illinois or the provisions of the Liquor Control Ordinance of the Village of Norridge.

I have read the above paragraph. _____

E. The applicant affirms that he/she and all individuals required to be identified in this application acknowledge that the granting of a liquor license is:

- A matter of privilege, not a right
- That citizens of the Village of Norridge have traditionally and customarily enjoyed and professed a high regard for decency and morality
- That certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control ordinance of the Village of Norridge.

I have read the above paragraph. _____

F. The applicant acknowledges that he/she and all individuals required to be identified in this application understand and will obey the provisions of the Village of Norridge Liquor Control Regulations (Chapter 6 of the Village Code)

G. By attachment of his/her signature, the applicant affirms that he/she and all persons required to be identified in this application, have not received or borrowed money or anything else of value, and that he/she will not receive or borrow money or anything else of value (other than 30-day merchandising credit in the ordinary course of business), directly or indirectly from any manufacturer or importing distributor, nor be a part in any way, directly or indirectly, any violation by a manufacturer, distributor or importing distributor (235 ILCS 5/6-5)

H. Applicant understands that he/she and all persons required to be identified in the application may be required to be fingerprinted. All such fingerprinting shall be done by the Village of Norridge Police Department. Said fingerprints shall be submitted to the appropriate State and/or Federal agencies for processing as available.

I have read the above paragraphs. _____

16. In accordance with Village Code Chapter 6 Section 6-3, prior to serving any liquor, all servers over the age of twenty-one (21) will complete the Beverage Alcohol Sellers and Services Education and Training (BASSET) program, or the Training for Intervention Procedures (TIPS) program, or a similar credited program.

- Yes, required training will be provided.
- Certificates are attached.



SIGNATURE PAGE

The undersigned reaffirm (s) all of the foregoing statements to be true and correct to the best of his/her/their knowledge and belief.

The undersigned acknowledges that he/she/they have read, understand and will obey the provisions of the Liquor Control Ordinance of the Village of Norridge. The undersigned further affirms that he/she/they are familiar with the laws of the United States and the State of Illinois relating to the sale of alcoholic liquor.

The undersigned agree(s) not to violate any of the laws of the United States, State of Illinois, or any of the ordinances of the Village of Norridge in the conduct of business described herein. The undersigned hereby makes application for a retail liquor dealer's license pursuant to the provisions of the Village Code of the Village of Norridge (as amended) regulating the sale of alcoholic liquors in the Village of Norridge, County of Cook, Illinois and all amendments thereto now in force and effect.

(NOTE: In the case of Corporations, the President and Secretary must sign. If both offices are held by one person, sign twice. In the case of LLC's at least two owners and/or officers must sign. If there is only one owner/officer, then sign twice. Sole proprietors need only sign once.)

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

State of Illinois
County of Cook

Subscribed and sworn to me this _____

Day of _____, 20__

Notary Public

SEAL:



**WAIVER
 VILLAGE OF NORRIDGE
 RETAIL LIQUOR DEALER'S LICENSE APPLICATION**

In connection with the application referred to above, I authorize the Village of Norridge to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:

(MAKE COPIES PRIOR TO FILLING OUT! To be completed by all person's listed in Question 3. PLEASE PRINT):

Name in full; spell out completely:	First	Middle	Last
Nicknames Used; N/A if none:			
Current Home Address:			
Current Home Phone Number:	()		
Cell Phone Number:			
Date of Birth:			
Social Security Number:			
Driver's License No. & Issuing State:	No.		State:

 Applicant's Signature

 Date

State of Illinois
 County of Cook

Subscribed and sworn to me this ____

Day of _____, 20__

 Notary Public

SEAL: