



Elburn Police Department

301 E. North St., Elburn, IL 60119
elburnpd@elburn.il.us

630-365-5070 Office
630-365-5073 Fax

APPLICATION FOR LIQUOR LICENSE

Class of License	For License Year Ending	Date:
License #	Fee:	<input type="checkbox"/> New <input type="checkbox"/> Renewal

The undersigned hereby makes application for a license for the sale of, at retail, alcoholic liquors under the provisions of Section 3, Chapter 14, of the Municipal Code for the Village of Elburn, Kane County, and State of Illinois:

Name of Business
Address:

1. Name of Applicant	Date of Birth	Place of Birth
Social Security Number	Email Address(es)	
Address:		Year at address
DL#	Home Phone	Cell Phone
Citizenship	Date and Place of Naturalization	

2. If Business is a partnership, submit the following information on each partner

(a) Name of Applicant	Date of Birth	Place of Birth
Social Security Number	Email Address(es)	
Address:		Year at address
DL#	Home Phone	Cell Phone
Citizenship	Date and Place of Naturalization	

(b) Name of Applicant	Date of Birth	Place of Birth
Social Security Number	Email Address(es)	
Address:		Year at address
DL#	Home Phone	Cell Phone
Citizenship	Date and Place of Naturalization	

(c) Name of Applicant		Date of Birth	Place of Birth
Social Security Number	Email Address(es)		
Address:			Year at address
DL#	Home Phone	Cell Phone	
Citizenship	Date and Place of Naturalization		

Date business or Partnership was formed	Name of Business or Partnership, if assumed
State the Character of Business of the Applicant	Are all partners qualified to obtain a license? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. If applicant is a corporation, or not-for-profit association, submit the following information

Registered Corporate Name of Applicant	Date of Incorporation
Character of Business of Applicant	Corporate Office Address
Business Phone	Present a copy of your Articles of Incorporation or charter and a copy of your Bylaws Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

List the names, addresses, etc., of each officer and director of a corporation or not-for-profit association and any shareholder owning five (5) percent or more of the stock in the above-named Corporation:

(a) Name	Date of Birth	Place of Birth	
Title	Email Address(es)		
Residence Address:		Social Security Number	
DL#	Home Phone	Cell Phone	Percentage (%) of stock owned in corporation
Citizenship	Date and Place of Naturalization		

(b) Name	Date of Birth	Place of Birth	
Title	Email Address(es)		
Residence Address:		Social Security Number	
DL#	Home Phone	Cell Phone	Percentage (%) of stock owned in corporation
Citizenship	Date and Place of Naturalization		

(c) Name		Date of Birth	Place of Birth
Title	Email Address(es)		
Residence Address:		Social Security Number	
DL#	Home Phone	Cell Phone	Percentage (%) of stock owned in corporation
Citizenship	Date and Place of Naturalization		

Are any Officers and Directors and any Shareholders of five (5) percent or more of the stock ineligible to receive a license under the provisions of the Elburn Liquor Control Ordinance for any reason other than citizenship and residence within the Village?

Incorporated in the State of _____. If not in Illinois, state whether the corporation is qualified to do business under the Illinois Business Corporation Act. Yes No

Date when Certificate of Incorporation of charter was issued: _____

4. State the complete legal description of the premises which are to be operated under such license.

5. Name and address of owner of property

6. If Premises are leased you must submit a photocopy of the signed lease agreement.

7. Is the lease on the above property for the full period for which the license is to be issued?
 Yes No

8. 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. Liquor Commission requires a copy of the Dram Shop certificate to be attached to this application:

9. Will two (2) separate restrooms be provided with hot and cold running water and clean towels? Yes No

10. Describe the method you would use in cleaning premises and sterilizing glasses & dishes:

11. If business is to offer food service, describe method to be used, facilities and all sanitation and cleanliness procedures, which will be followed:

12. If food service is offered, you are required to familiarize yourself with all law of the United States, the State of Illinois, and the ordinances of the Village of Elburn pertaining to service of food and abide by all of them.

_____ Agree (initial)

13. You are required to maintain the entire premises in a clean and sanitary manner free from conditions which may cause accidents.

_____ Agree (initial)

14. You are required to attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the Elburn Police Department if any such events take place?

_____ Agree (initial)

15. Have you, or in the case of a corporation or not-for-profit association, its officers and directors and the local manager, or (in the case of a partnership) any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor?

Yes No

If so, give details:

16. Have you, or in the case of a corporation or not-for-profit association, its officers and directors and the local manager, or (in the case of a partnership) any of the partners, ever been convicted of a felony, pandering or other crime or misdemeanor opposed to decency and morality? Yes No

17. Are you, or in the case of a corporation or not-for-profit association, its officers and directors and the local manager, or (in the case of a partnership) any partners, disqualified to receive a license by reasons of any matter or thing contained in this ordinance, or other ordinance of the Village of the laws of this State? Yes No

18. List your occupation or employment with addresses thereof for the past ten (10) years. (If partnership, corporation or not-for-profit association, list same information for each partner and the local manager:

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____

19. Have you ever been issued a federal gaming device stamp or a federal wagering stamp? (If a partnership or corporation, or not-for-profit association, include all partners of the local manager). Yes No

20. You and all of your employees are required to refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?

_____ Agree (initial)

21. Have you or (if a partnership) any of the partners or (if a corporation or not-for-profit association) its officers and directors and local manager, ever had a liquor license revoked or suspended? Yes No

If yes, please explain:

22. Have you or (if a partnership) any of the partners or (if a corporation or not-for-profit association) its officers and directors and the local manager made previous application for an alcoholic liquor license to the Village of Elburn? Yes No

If yes, please explain:

23. Have you or (if a partnership) any of the partners or (if a corporation or not-for-profit association) its officers and directors and the local manager made application for an alcoholic liquor license to the State of Illinois? Yes No

If yes, please explain:

24. Do you or (if a partnership) any of the partners or (if a corporation or not-for-profit association) its officers and directors and the local manager hold any public position if the Village of Elburn? Yes No

If yes, please explain:

25. Will a manager or agent operate this business? Yes No

If yes, the manager or agent must provide the following information:

(a) Name		Date of Birth	Place of Birth
Title	Email Address(es)		
Residence Address:		Social Security Number	
DL#	Home Phone	Cell Phone	
Citizenship	Date and Place of Naturalization		

26. If this business is conducted by a manager or agent, does the manager or agent possess the same qualifications that are required of the licensee? Yes No

27. Are the business premises within one hundred (100) feet of any church, school, hospital, home for aged or indigent person or the veterans, their wives or children, any military establishment? Yes No

If yes, please explain:

28. Do you assure that a majority of the customers are not or will not be minors and that the principal business does not consist of selling school books, supplies, food, lunches or drinks for such minors? Yes No

Applicants Signature

Date

STATE OF ILLINOIS)
) SS
COUNTY OF KANE)

_____, being first duly sworn and
deposed and says that he has read the above and foregoing application, caused
the answers to be provided thereto, and all of the information given by him on
said application is true and correct.

Subscribed and sworn to before me
this ____ day of _____, 20 __

_____ (seal)

Notary Public

(seal)

NOTE: In the event applicant is a partnership, the application should be signed
and sworn to in the same manner by all partners. In the event the applicant is a
corporation or a not-for-profit association, the application should be signed and
sworn to by the local manager as well as the President and Secretary of the
corporation or not-for-profit association.

Has bond been included? Yes No

Insurance Certificate? Yes No

Chief of Police Approved? Yes No

Village Clerk Approved? Yes No

Written Comments:

PRESENTED to the President and Board of Trustees of the Village of Elburn

this ____ day of _____, 20 ____.

APPROVED by the Board of Trustees of Elburn of the Village of Elburn,

County of Kane, State of Illinois, this ____ day of _____, 20 ____.

VOTE: Ayes _____

Nays _____

Reason for disapproval:

ATTEST:

Approved:

Village Clerk

Liquor Control Commissioner
President, Village of Elburn,
County of Kane, State of Illinois