

- ( ) Class A – Restaurant with Service Bar
- ( ) Class B – Restaurant & Bar
- ( ) Class D – Package Store
- ( ) Class E – Temporary License
- ( ) Class F – Beer & Wine Retail Sale
- ( ) Class G – Beer & Wine Package Sale
- ( ) Class H – Club
- ( ) Class I – Catering License
- ( ) Class J – Special Event License
- ( ) Class K – Recreational Facility
- ( ) Class L – Agritourism
- ( ) Class M – Nightclub
- ( ) Class N – Brewery Pub

<b><u>FOR VILLAGE USE ONLY</u></b>
<b>SUBMIT ORIGINAL TO VILLAGE CLERK</b>
Application Received on _____
By _____
Zoning _____
Building Dept _____
App Fee Rec'd _____ Ck # _____
Annual Fee Rec'd _____ Ck # _____
Total Amount Paid: _____

TO THE LOCAL LIQUOR CONTROL COMMISSIONER OF THE VILLAGE OF HOMER GLEN

Applicant(s) respectfully petition(s) you to grant him, her, them, or it a license for the sale of alcoholic liquors at retail for the fiscal year beginning **May 1, 2019 and ending April 30, 2020.**

1. If a corporation, give full corporate name.

\_\_\_\_\_

**Doing business as** \_\_\_\_\_

2. If a club or corporation, give the names, Social Security Numbers, phone numbers, and addresses of all officers and directors. (Insert additional sheets if necessary)

Name \_\_\_\_\_ Soc. Security No. \_\_\_\_\_

Address \_\_\_\_\_ Office Held \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ % of Stock Held \_\_\_\_\_

Name \_\_\_\_\_ Soc. Security No. \_\_\_\_\_

Address \_\_\_\_\_ Office Held \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ % of Stock Held \_\_\_\_\_

Name \_\_\_\_\_ Soc. Security No. \_\_\_\_\_

Address \_\_\_\_\_ Office Held \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ % of Stock Held \_\_\_\_\_

3. If a club or corporation, state the objects for which it was organized, as provided for in the Articles of Incorporation. *Attach Articles of Incorporation.*

Date of Incorporation: \_\_\_\_\_ Object \_\_\_\_\_

4. Individual Applicant \_\_\_\_\_

**Doing business as** \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

5. Business Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. The name, age, date of birth, Social Security Number, and last three (3) residences of applicant or applicants:

Name \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Soc. Security No. \_\_\_\_\_

Last Three Residences

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If applying as an Individual, give names and addresses of two or more reputable citizens of Will County who will vouch for the moral character of the applicant.

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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8. If a partnership, give partnership name or name of proposed partnership.

\_\_\_\_\_

9. If a partnership, in addition to the above, give the names, ages, date of birth, phone number, Social Security Number and last three (3) residences of all persons who share in the profits. (Insert additional sheets, if necessary)

Partner \_\_\_\_\_ Age \_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Soc. Security No. \_\_\_\_\_

Last Three Residences

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Partner \_\_\_\_\_ Age \_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Soc. Security No. \_\_\_\_\_

Last Three Residences

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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10. State the nature of the business or the nature of the business applicant proposes to conduct.

\_\_\_\_\_

11. If entertainment on premises, state type of entertainment \_\_\_\_\_

12. State length of time applicant has been in business \_\_\_\_\_

13. State the location and description of premises which are to be operated under such license.  
(Description must be complete and must be the legal description of the premises as well as any street number if premises are known by a street number.)

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14. Attach a copy of Certificate of Approval from the Will County Health Department. (If required by the Health Department in order to conduct the proposed business.)

15. State whether or not applicant has heretofore made similar application for an alcoholic license in the Village of Homer Glen or in the County of Will and the disposition of such application \_\_\_\_\_  
Disposition \_\_\_\_\_

16. State whether or not applicant has made similar application for an alcoholic license in any other City, Village, Incorporated Town or county in the State of Illinois and disposition of the application \_\_\_\_\_

17. State whether or not applicant has made similar application for similar license in the Village of Homer Glen or in the County of Will on premises OTHER than described in this application and the disposition of such application \_\_\_\_\_

18. Has applicant ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If yes, state the nature of the crime \_\_\_\_\_

Date and place of conviction \_\_\_\_\_

Sentence imposed \_\_\_\_\_

19. Is applicant disqualified to receive license under State law? \_\_\_\_\_

20. Has applicant had previous license by State or any subdivision thereof or by Federal Government revoked, and the reason for such revocation? \_\_\_\_\_

21. Has any person, persons, club, partnership, or corporation making this application been issued a Federal Gaming Device Stamp or Federal Wagering Stamp? \_\_\_\_\_ Has such a stamp been issued to the premises? \_\_\_\_\_

22. Does any fine or judgment, whatsoever, remain unpaid in any court of Will County? \_\_\_\_\_

23. The applicant, and in the case of a corporation, all officers and persons owning in the aggregate more than 5% of the stock of the corporate applicant shall be fingerprinted by the Village of Homer Glen for transmittal to the Illinois State Police Bureau of Identification for the conduct of a criminal background check. For purposes of obtaining fingerprints under this section, an additional fee of sixty (\$60.00) dollars shall be collected by CLS Investigations; the appropriate fee shall then be forwarded with the fingerprints to the Illinois Department of State Police.

Fingerprinted?  Yes  No

24. Is there any school, church, hospital, home for the aged or indigent persons, for veterans and their wives or children, any military or naval station within 100 feet of the premises described in the application? \_\_\_\_\_

List \_\_\_\_\_

25. If business is to be conducted by manager or agent, does such manager or agent possess same qualifications required of applicant (other than residency within the Village of Homer Glen)? \_\_\_\_\_  
 Will he/she be present on the premises at all times during which liquor is sold or dispensed? \_\_\_\_\_
26. Are premises for which license is sought owned by applicant? \_\_\_\_\_  
 If not owned by applicant, **attach copy of lease.**

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**MANAGERS**

**From Section 19(c) of the Liquor Control Ordinance:**

*“At all times when the liquor license is in effect a licensee shall have on duty a manager, assistant manager or owner who is listed as managerial staff in the liquor license application of the licensee.”*

27. Will applicant be on duty at all times? \_\_\_\_\_

28. If not, list the following information for the proposed managers or assistant managers who will be on duty when applicant/owner is not present:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

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Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

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Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

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**FORM TO BE USED WHEN APPLICATION IS MADE BY AN INDIVIDUAL OR PARTNERSHIP**

Before license is granted, a bond in the penal sum of One Thousand Dollars (\$1,000.00), executed according to the form attached hereto, must be filed with application and approved by the Local Liquor Control Commissioner.

- Note:
1. If application is made in behalf of a partnership, firm, club or corporation, then same must be signed and sworn to by at least two members of such partnership, or by the President and Secretary of such corporation.
  2. Insert additional sheets where necessary to supply additional information required.

Applicant states that he will not violate, allow or permit any of his employees to violate any of the laws of the State of Illinois or the United States or the rules and regulations of the Village of Homer Glen, County of Will relating to alcoholic liquor in the conduct of his place of business.

Applicant states that he has not received or borrowed money or anything else of value and that he will not receive or borrow money or anything else of value other than merchandising credit in the ordinary course of business for a period not to exceed 90 days, as expressly permitted under Section 4 of Article 6 of "An Act relating to Alcoholic Liquors" passed by Second Special Session of the 58<sup>th</sup> General Assembly, directly or indirectly from any manufacturer, importing distributor or distributor, representative of any such manufacturer, importing distributor or distributor, nor be a party in any way, directly or indirectly, to any violation by a manufacturer, importing distributor or distributor, as set forth in Section 5 of Article 6 of the State law.

\_\_\_\_\_  
Signature of Applicant or Partner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant or Partner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant or Partner

\_\_\_\_\_  
Print Name

State of Illinois )

SS.

County of Will )

Subscribed and sworn to before me, this \_\_\_\_\_ day

of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_

**NOTARY PUBLIC**



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***FOR USE BY VILLAGE OF HOMER GLEN ONLY***

Approved \_\_\_\_\_ Refused \_\_\_\_\_ this \_\_\_\_\_ day of

\_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
**LOCAL LIQUOR CONTROL COMMISSIONER**

LL# \_\_\_\_\_