



14240 W. 151<sup>st</sup> Street, Homer Glen, IL 60491 • 708-301-0632

**RENEWAL APPLICATION FOR LIQUOR LICENSE**  
*(Short Form)*

Liquor License Class \_\_\_\_\_

<u>FOR VILLAGE USE ONLY</u>	
<b>SUBMIT ORIGINAL TO VILLAGE CLERK</b>	
Renewal application rec'd on _____	
By _____	
Check # _____	Amt _____
LIC. NO. _____	Issued _____

1. Applicant respectfully request renewal of Village of Homer Glen Liquor License Number \_\_\_\_\_  
for the year beginning **May 1, 2019 and ending April 30, 2020.**

Applicant(s) \_\_\_\_\_

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

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

2. Length of time applicant has been in business \_\_\_\_\_
3. Is the business a corporation? \_\_\_\_\_
4. If the business is a corporation, have there been any changes in Officers, interest, or stock in the Corporation? \_\_\_\_\_  
If yes, don't go any further. Fill out a long form. (Available at the Village)
5. Attach a current copy of Certificate of Approval from the Health Department. (If required by the Health Department in order to conduct your business.)
6. Is applicant(s) disqualified to receive a liquor license under State law? \_\_\_\_\_. If yes, don't go any further. Fill out a long form.
7. Does any fine or judgment, whatsoever, remain unpaid in any court in Will County? \_\_\_\_\_. If yes, don't go any further. Fill out a long form.
8. If the business is to be conducted by a manager or agent, does manager or agent possess the same qualifications (other than residency within the Village) required of applicant? \_\_\_\_\_
9. Will the manager or agent be present on the premises at all times during which liquor is sold or dispensed? \_\_\_\_\_
10. Has there been a change in manager or agent since your original application? \_\_\_\_\_. Be sure to fill out page 2.
11. Are premises for which renewal is sought owned by the applicant? \_\_\_\_\_. If not owned by applicant, attach a copy of the current lease for the full period of time for which the license is sought.

**If you answered yes to questions 4, 6, or 7 you must fill out a long form application instead of the short form.**

**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.”*

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

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

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

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*SIGN BELOW WHEN APPLICATION IS MADE BY AN INDIVIDUAL*

The undersigned being duly sworn, upon Oath, depose and say that he, she, or they have signed the above application for license, and that he, she, or they have read the questions and answers thereto, and swear that the statements therein as set forth in the above application are true in substance and in fact.

\_\_\_\_\_  
Signature of Applicant

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

STATE OF ILLINOIS     )  
                                  )     SS.  
COUNTY OF WILL     )

Subscribed and sworn to before me, this \_\_\_\_\_ day  
of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

SIGN BELOW WHEN APPLICATION IS MADE BY A CORPORATION

The undersigned being duly sworn, upon Oath, depose and say that he, she, or they have signed the above application for license, and that he, she, or they have read the questions and answers thereto, and swear that the statements therein as set forth in the above application are true in substance and in fact.

Corporation

By: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ )
COUNTY OF \_\_\_\_\_ ) SS.

I, \_\_\_\_\_, a Notary Public in and for said County of \_\_\_\_\_, in the State aforesaid, do hereby certify that \_\_\_\_\_, personally known to me to be the \_\_\_\_\_ of said Corporation, and \_\_\_\_\_, personally known to me to be the \_\_\_\_\_ of said corporation, appeared before me this day in person and acknowledged that they signed the above and foregoing application for alcoholic liquor license and that they have read the questions and answers thereto and the statements therein as set forth in the above application and that the same is true in substance and in fact.

Subscribed and sworn to before me, this \_\_\_\_\_ day
of \_\_\_\_\_ A.D. \_\_\_\_\_

NOTARY PUBLIC

FOR VILLAGE OF HOMER GLEN USE ONLY

Approved / Refused this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_.

LOCAL LIQUOR CONTROL COMMISSIONER