

- () Class A – Restaurant with Service Bar
- () Class B – Restaurant & Bar
- () Class C – Craft Products/ Wine Facility
- () 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 – Wine/ Craft Beer Boutique
- () Class N – Brewery Pub
- () Class O – “BYO” Bring Your Own License
- () Class P – Grocery Sip & Shop
- () Class Q – Retirement Facility License
- () Class R – Hotel Licenses
- () Class R-2 – Hotel License (Limited Service)
- () Class S – Special Promotional Permits
- () Class T – Smoking Lounge License
- () Class U – Theater License

<u>FOR VILLAGE USE ONLY</u>
SUBMIT ORIGINAL TO VILLAGE CLERK
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, 2020 and ending April 30, 2021.**

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 _____

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

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.)

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.**

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. _____

Name _____ Phone No. _____

Address _____ Date of Birth _____

_____ Soc. Sec. No. _____

Name _____ Phone No. _____

Address _____ Date of Birth _____

_____ Soc. Sec. No. _____

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

- 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 58th 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

FORM TO BE USED WHEN APPLICATION IS MADE BY A CORPORATION

- 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 58th 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.

_____ Corporation

By: _____

Title: _____

By: _____

Title: _____

STATE OF _____)
) SS.
 COUNTY OF _____)

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 USE BY VILLAGE OF HOMER GLEN ONLY

Approved _____ Refused _____ this _____ day of

_____ A.D. _____

LOCAL LIQUOR CONTROL COMMISSIONER

LL# _____