



VILLAGE OF BURR RIDGE
7660 County Line Road
Burr Ridge, IL 60527
(630) 654-8181

TO BE COMPLETED BY VILLAGE:
Date: _____
License Year: _____
License Class: _____
Fee: _____

LIQUOR LICENSE APPLICATION

Liquor Licenses are not transferable.

Attach a separate sheet if needed to provide all required information.

A. Basic Information

1. **Business:** _____
(Name of Business)

(Describe principal nature of business and alcohol service, e.g. spa, hotel, restaurant)

2. **Business Type:** _____
(Indicate name of entity license to be issued to and whether corporation, LLC, partnership, association or individually owned – must complete and attach general information using supplemental Village form(s) for your form of ownership)

3. **Liquor Service:** _____

(Describe type –spirits, beer and wine only, wine only, etc. & days and hours of service)

4. **Licensed Premises:** Address _____
Phone and Email: _____
Website: _____

5. **Applicant for License** (Must be completed by an Owner or Owner representative)
Name: _____
Home Address: _____
Cell/Work Phone: _____
Email: _____
Relation to Business: _____
Date of Birth: _____ Place of Birth: _____
Citizenship Status: _____

6. **Sole Proprietor/Manager(s):** Any sole proprietor or manager(s) employed or contracted for during the term of this license must also complete FORM C [Owner/Manager Application- available from Village]. Each sole proprietor/manager must be fingerprinted by Burr Ridge Police Department. Appointments for fingerprinting are required and must be at least 72 hours in advance. The cost of the fingerprinting is borne by the Applicant.

B. Questions:

1. List Name/Address/Phone & Local Liquor License Numbers issuing entity, issuance date/expiration for Businesses Owned or Operated w/in Last 5 Years Requiring Liquor License:

2. Has Owner, Applicant or any of its managers ever had a liquor license denied, suspended or revoked? _____ If the answer is "Yes", explain: _____

3. Other than when making an initial application for a license, has the Applicant or any predecessor to or subsidiary or corporate parent entity of the Applicant ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? _____. If so, please state: a) the previous licensor; b) the licensee(s) by names and addresses; c) the address of the licensed premises; and d) the names of the licensed establishment and the date or dates of such revocation or suspension: _____

4. Has the Applicant or any person listed in this Application or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense, concerning the sale or use of illegal drugs or any alcohol related traffic offense? _____. If so, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not. Provide name, charge(s) and disposition, date and jurisdiction involved.

5. Illinois Business Tax Number _____

6. Is the Applicant delinquent in the payment of the Retailer's Occupational Tax (sales tax)? _____ If the answer is "Yes", explain: _____

7. Federal Employer Identification Number _____
8. Is the Premises to be licensed within 100 feet of any church or educational program (nearest part of the building) or within 100 feet of any school, hospital, home for the elderly, indigents or veterans, their spouses of children: _____. Explain: _____

C. Documentation Required:

1. Provide certificate of dram shop policy providing liquor license liability insurance.
2. Provide copy of current lease of premises [if not owned]. On file _____
3. Provide copy of current State of Illinois Liquor License (if currently hold one, or promptly after obtained).
4. Provide written explanation of any incident involving police intervention for any business you have owned or operated in the past that was licensed to serve alcohol.
5. Must complete and attach general information using the following supplemental Village form(s) for your form of ownership:

FORM A – Corporation, LLC, Club or Association

FORM B – Partnership or Sole Proprietorship

FORM C – Manager (s) and Owner Serving as Manager

Corporate Seal
--- Place Here ---
(If applicable)

AFFIDAVIT

The undersigned, as duly authorized owner or agent for this business/entity and property owner or lessee _____, hereby affirms under oath that s/he is the Applicant for this license and that the information provided in this application is true and correct. I have read and understand all applicable laws, including, without limitation, the requirements of the Illinois Liquor Control Act (235 ILCS 5/1-1, et seq. and the Code provisions of the Burr Ridge Municipal Code that govern the sale and delivery of alcoholic beverages. I have read and affirm each of the statements required at Sections 25.28 and 25.38 of the Burr Ridge Municipal Code. We agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the Village of Burr Ridge in the conduct of this place of business or its activities.

I UNDERSTAND THAT ANY VIOLATION OF THE ABOVE CAN RESULT IN PENALTIES OF DENIAL, SUSPENSION, OR REVOCATION OF ANY LOCAL LIQUOR LICENSE, INCLUDING THOSE PENALTIES CONTAINED IN THE LIQUOR CODE OF THE VILLAGE OF BURR RIDGE (CHAPTER 25)

I further give full authority and permission to the Village of Burr Ridge or any agency of the Village to conduct such background search and credit check on the Applicant, and where applicable, the officers, shareholders, partners, or members of our business or entity, as the local liquor control commissioner may deem appropriate, and by executing this application, Applicant agrees to assist the local liquor control commissioner in conducting such background search and credit check and agrees to cooperate fully with such investigations. Applicant agrees to provide any further information as may be required by the Burr Ridge Municipal Code, as amended, or as may be lawfully requested by the Local Liquor Commissioner [or Commissioner's designee], from time to time.

APPLICANT (Authorized Signatories)

Corporation/LLC/Association

Individual/Partnership/Other

President or Manager

Owner/Authorized Representative

Secretary

Owner/Authorized Representative

Subscribed and Sworn to before me this _____
day of _____, 201_____

---Seal---

NOTARY PUBLIC

APPLICATION APPROVED:

Local Liquor Control Commissioner

Date: _____



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LOCAL LIQUOR LICENSE APPLICATION SUPPLEMENTAL FORMS

1. **SPECIFY BUSINESS ENTITY OR ORGANIZATION - General Information Forms** (Proper form to be completed and included with liquor license application dependent on type of business or organization - as required at Application Section A, 2)

Applicant must complete and attach general information using the following supplemental Village form(s) for your form of ownership:

FORM A -- **SUPPLEMENTAL INFORMATION FORM
FOR CORPORATION, CLUB OR ASSOCIATION**

FORM B -- **SUPPLEMENTAL INFORMATION FORM
FOR PARTNERSHIP OR SOLE PROPRIETORSHIP**

FORM C -- **SOLE PROPRIETOR/
MANAGER APPLICATION FORM**

FORM A

SUPPLEMENTAL INFORMATION FORM FOR CORPORATION, LLC, CLUB OR ASSOCIATION

This section to be completed if the licensee applicant is a corporation, LLC (or LLP) a club or association.

Local Contact and Operations Information

Corporation, LLC, (LLP)
Registered Company Name

-- OR --

Association/Club Name

Date of Incorporation/Organization

Date of formation

State of Incorporation (if not Illinois
date authorized to transact business in
Illinois)

Headquarters/Main Office

Registered Address

Street/Local Address

Business Mailing Address

Association/Club Mailing Address

Phone

Phone

Name/Title of Local Contact

Name/Title of Local Contact

Local Licensee Address

Local Licensee Address

Phone

Phone

If a **corporation or limited liability company**, complete information below for the following:

- All officers (if corp.); all members (if LLC)
- All directors
- All persons owning more than 25% of the aggregate stock of the Corporation or ownership interest in the Company
- The business manager

Name: _____ D/O/B: _____
Place of birth: _____ Citizenship: _____
Home Address: _____ City/Zip: _____
Work Address: _____ City /Zip: _____
Home Phone: _____ Work Phone: _____
Business Email: _____ Fax: _____
Driver's License #: _____ Position: _____
Relationship to business / percentage of ownership: _____

Name: _____ D/O/B: _____
Place of birth: _____ Citizenship: _____
Home Address: _____ City/Zip: _____
Work Address: _____ City /Zip: _____
Home Phone: _____ Work Phone: _____
Business Email: _____ Fax: _____
Driver's License #: _____ Position: _____
Relationship to business / percentage of ownership: _____

Name: _____ D/O/B: _____
Place of birth: _____ Citizenship: _____
Home Address: _____ City/Zip: _____
Work Address: _____ City /Zip: _____
Home Phone: _____ Work Phone: _____
Business Email: _____ Fax: _____
Driver's License #: _____ Position: _____
Relationship to business / percentage of ownership: _____

1. Provide the address of the principal office of the corporation, LLC, association or club.

2. Provide a copy of the certified copy of the articles of incorporation (new licensees, if applicable), certificate of organization and/or charter

3. Has the corporation ever been dissolved, either voluntarily or involuntarily? _____

Explain: _____

4. Is the business a subsidiary of a parent corporation or organization? _____. If so, state the name, address and telephone number of the parent entity. (*The Local Liquor Commissioner has the right to require that the parent entity complete and submit this Application.*)

FORM B

SUPPLEMENTAL INFORMATION FORM FOR PARTNERSHIP OR SOLE PROPRIETORSHIP

If an individual or partnership, complete information below for the following:

- All owners
- Any general partner(s), or if a limited partnership, any limited partner(s) owning more than 25% of the total limited partnership interest
- The business manager
-

Name: _____ D/O/B: _____

Place of birth: _____ Citizenship: _____

Home Address: _____ City/State/Zip: _____

Work Address: _____ City /State/Zip: _____

Home Phone: _____ Work Phone: _____

Business Email: _____ Fax: _____

Driver's License #: _____ Position: _____

Relationship to business / percentage of ownership: _____

Name: _____ D/O/B: _____

Place of birth: _____ Citizenship: _____

Home Address: _____ City/State/Zip: _____

Work Address: _____ City /State/Zip: _____

Home Phone: _____ Work Phone: _____

Business Email: _____ Fax: _____

Driver's License #: _____ Position: _____

Relationship to business / percentage of ownership: _____

Name: _____ D/O/B: _____
Place of birth: _____ Citizenship: _____
Home Address: _____ City/State/Zip: _____
Work Address: _____ City /State/Zip: _____
Home Phone: _____ Work Phone: _____
Business Email: _____ Fax: _____
Driver's License #: _____ Position: _____
Relationship to business / percentage of ownership: _____

1. Provide the address of the principal or main office of the partnership or owner.

2. Has the business ever been dissolved or bankrupt, either voluntarily or involuntarily?
Explain: _____

FORM C

MANAGER APPLICATION FORM (Includes Owner(s) serving in managerial capacity)

Pursuant to Section 25.03 of the Burr Ridge Municipal Code, provide the following:

1. **Basic Identification.**

A. Name: _____

B. Home Address: _____

City/State/Zip: _____

C. Home Phone No.: _____ Cell: _____

D. Employer: _____

E. Work Phone No.: _____ Pager: _____

F. Email: _____

G. Male: _____ Female: _____ Date of Birth _____

H. Place of Birth: _____ Citizenship Status: _____

I. If naturalized citizen, time and place of naturalization: _____

J. Driver's License Number: _____

K. Vehicles owned by registration numbers: _____

L. Other home addresses within the last 5 years: *Please use additional sheets if needed*

Address _____ City _____

State/Zip _____ (Dates) From/To _____

Address _____ City _____

State/Zip _____ (Dates) From/To _____

- M. Businesses owned or operated within the last 5 years that required a liquor license:
Please use additional sheets if needed.

Business Name

Address City/State/Zip Phone Number

Dates Owned/Managed From _____ to _____

Municipality issuing liquor license: _____

Address City/State/Zip Phone Number

- N. Describe any liquor license incident requiring police intervention: _____

2. **General Information**

- A. Have you ever been convicted of either a misdemeanor or a felony and/or are you disqualified to receive a license by reason of any matter or thing contained in this Burr Ridge Liquor Control chapter of the Burr Ridge Municipal Code, the laws of this state, or other ordinances of the Village? _____ If so, explain _____

- B. I understand and agree that I am required to and shall require all agents and employees to testify (subject to constitutional limitations) at any hearing that may be called by the Village or any of its committees, commissions, boards, or agencies, or the Local Liquor Control Commissioner, relating, directly or indirectly, to any events or occurrences of which they may have knowledge arising out of their position as officer, agent or employee. In addition, a statement acknowledging such requirement and indicating that the manager has informed all agents and employees, and has made the same a condition of employment for all employees.

AFFIDAVIT

The undersigned, as manager/owner manager for _____, hereby affirms under oath that the information provided in this Application is true and correct. I have read and understand all applicable laws, including, without limitation, the requirements of the Illinois Liquor Control Act (235 ILCS 5/1-1, et seq. and the Code provisions of the Burr Ridge Municipal Code that govern the sale and delivery of alcoholic beverages. I have read and affirm each of the statements required at Sections 25.28 and 25.38 of the Burr Ridge Municipal Code. I agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the Village of Burr Ridge in the conduct of this place of business or its activities.

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I further give full authority and permission to the Village of Burr Ridge or any agency of the Village to conduct such background search and credit check on me as the local liquor control commissioner may deem appropriate, and by executing this application, I agree to assist the local liquor control commissioner in conducting such background search and credit check and agree to cooperate fully with such investigations. I agree to provide any further information as may be required by the Burr Ridge Municipal Code, as amended, or as may be lawfully requested by the Local Liquor Commissioner [or Commissioner's designee], from time to time.

MANAGER/OWNER MANAGER

Subscribed and sworn to before me this _____ day _____, 201_____

---- Seal ----

NOTARY PUBLIC