



# Liquor License Application

## **Business Information**

1. Business name (DBA): \_\_\_\_\_
2. Address - physical location: \_\_\_\_\_, Suite # \_\_\_\_\_ Gurnee, IL
3. Business Phone: \_\_\_\_\_ 4. Email: \_\_\_\_\_
5. Describe nature of business (e.g. restaurant, tavern/pub, retail pkg., store, etc.): \_\_\_\_\_
6. Where and how will alcohol be dispensed: \_\_\_\_\_

7. This space is  owned  leased by the business. If leased, complete the following lessor's information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## **Billing Party Information – Where License Renewals and Other Official Notices Will Be Sent**

8. Owner/Corporation Name: \_\_\_\_\_
9. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
10. Contact Name: \_\_\_\_\_ 11. Phone: \_\_\_\_\_
12. Email: \_\_\_\_\_

## **Applicant Information** (Liquor Manager/Agent must reside in Lake County)

13. Liquor Manager/Agent Name: \_\_\_\_\_
14. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
15. Phone: \_\_\_\_\_ 16. Email: \_\_\_\_\_
17. Sex:  M  F 18. Date of Birth: \_\_\_\_\_ 19. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
20. Driver's License Number: \_\_\_\_\_ 21. US Citizen:  Yes  No
22. Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
23. If not a US citizen, naturalized citizen?  Yes  No If yes, Country of Birth: \_\_\_\_\_
- Date of Oath: \_\_\_\_\_ County Court: \_\_\_\_\_ State: \_\_\_\_\_
24. How long in this type of business? \_\_\_\_\_ 25. Your status or title in the business: \_\_\_\_\_
26. List last three resident addresses:
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
27. Do you own or operate, manage or have any financial interest in any liquor serving establishment in this state or any other state?  Yes  No If yes, list each business name, legal address, and liquor license:
- \_\_\_\_\_
- \_\_\_\_\_
28. Have you (applicant) or any current business partner, owner, or if corporation, or any corporate officer, director, etc., ever applied for a liquor license in this state, or in any other state at any time in the past; or are you applying somewhere else at this time?  Yes  No If yes, give all details, name of business, address, political entity application submitted to, license number issued, and relevant disposition:
- \_\_\_\_\_
- \_\_\_\_\_

29. Has applicant, any member of partnership/corporation, ever had a previous license that was revoked/suspended by the Federal Government, State or Local agency?    Yes        No    If yes, cite when, where, and details:

\_\_\_\_\_

30. Has applicant or member of partnership/corporation ever been convicted of a felony under Federal, State law, gambling, pandering, keeping a house of ill fame or misdemeanor opposed to decency or morality, any misdemeanor, any Federal or State liquor laws, or forfeited any bond?    Yes        No    If yes, provide dates and details:

\_\_\_\_\_

31. Do you have a Federal gaming device, stamp or wagering stamp issued by the Federal government for the current tax period?    Yes        No    If yes, cite device or stamp number: \_\_\_\_\_

32. Do any of your stock holders have a Federal gaming or gambling stamp for the current tax period?    Yes        No    If yes, provide holder's name: \_\_\_\_\_ Tax number: \_\_\_\_\_

33. If partnership or corporation, the same information as requested on applicant must be completed by each and every individual having a business interest, i.e. all person(s) sharing in profits, Co-owners, Co-partners, officers/directors of a corporation, and any shareholder / stockholder having 5% or more shares in corporation or manager or agent (you may photo copy this application for the above parties and attach with your original application).

**Changes in Interest, Partnerships, & Corporations**

**Per Section 6-18 of the Gurnee Municipal Code, changes in personnel or any licensee are subject to the following requirements:**

A. Any changes in the partnerships, officers, directors, persons holding directly or beneficially more than five percent (5%) of the stock or ownership interest, or managers of establishment licensed under this Chapter, shall be reported in writing to the local Liquor Control Commissioner within ten (10) days of this change. All such persons shall meet all the standards of this ordinance and must otherwise qualify to hold a license.

**AFFIDAVIT**

I (we) swear that I (we) will not violate any of the ordinances of the Village of Gurnee or laws of the State of Illinois or laws of the United States of America in the conduct of the place of business described herein, and that the statements contained in this application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Liquor Manager (Print)**

\_\_\_\_\_  
**Liquor Manager (Signature)**

**Subscribed and sworn to before me this** **SEAL**

\_\_\_\_\_ day of \_\_\_\_\_ AD \_\_\_\_\_

**Notary Public:** \_\_\_\_\_

**IMPORTANT:**

1. Return completed application along with a non-refundable check for **\$275.00** made out to the **Village of Gurnee**.

2. The Police Department will contact you to set up an appointment for fingerprinting.

3. The Village of Gurnee requires three letters of reference. Please attach them to this application.