

License#: _____

State Sales Tax #: _____

VILLAGE OF GURNEE

Date Issued: _____

LIQUOR LICENSE APPLICATION

Date Effective: _____

LIQUOR CONTROL COMMISSION

Date Expires: _____

Current State Liquor

License Class: _____

License#: _____

APPLICANT INFORMATION:

- Applicant's name: _____

Residence Address: _____

City, State, & Zip Code: _____

Telephone Number: _____

Sex: _____ Race: _____

Date of Birth: _____

Social Security Number: _____

Drivers License Number: _____

Place of Birth: City _____

County _____

State _____

Country _____

Citizenship _____

If a naturalized citizen, please give date, County Court, and State:

- _____
- How long in this type of business? _____
- Your status or title in the business: _____
- List last three resident addresses:(1) _____
- (2) _____
- (3) _____

BUSINESS INFORMATION:

- Name of Business: _____

Telephone Number _____

Business Address _____

Describe kind of business e.g. restaurant, tavern/pub, disco, retail pkg. store

Where and how will alcohol be dispensed

- Does Applicant own premises for which license sought? _____

If not, relate leasor of premises:

Name _____

Address _____

Telephone Number _____

3. Are you the sole owner/proprietor _____
Joint ownership _____
Corporation _____ Corporate Name _____
Doing business as _____ Address _____
Date & State Corporate charter issued _____

4. Do you own or operate, manage or have any financial interest in any liquor serving establishment in this state or any other state? _____
If yes, list each business name, legal address, & liquor license.

5. Have you (applicant) or any current business partner, owner, or if corporation, 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 for a liquor license concurrently somewhere else at this time? _____
If yes, give all details, name of business, address, political entity application submitted to, license # issued, and relevant disposition: _____

6. Has applicant, any member of partnership/corporation ever had a previous license that was revoked/suspended by the Federal Gov't, State or Local agency? _____
If yes, cite when, where, and details: _____

7. Is business for which application being made to be conducted by a manager or agent? _____
If so, Manager, Agent must provide:
Name _____
Address _____
Telephone Number _____
Race: _____ Sex: _____
Date of Birth: _____ Place of Birth, Include County _____
SS#: _____ Drivers License #: _____
Citizenship: _____ If naturalized citizen, when & where _____
List last three residence addresses:
(1) _____
(2) _____
(3) _____

8. 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? _____
If yes, give dates and details: _____

9. Do you have a Federal gaming device, stamp or wagering stamp issued by the Federal government for the current tax period? _____ If so, cite device or stamp number _____

10. Does any of your stock holders hold a Federal gaming or gambling stamp for the current tax period? _____
If so, who _____ tax# _____
11. Three (3) letter of reference are required and are to be attached to this application.
12. List the amount of goods, wares, and merchandise on hand at the time the application is made.
(Attach list of inventory to application.)
13. If partnership or corporation, the same information as requested on applicant must be completed by each and every individual having a business interest, ie. 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).
14. Return completed application(s) along with a non-refundable check for \$275.00 made out to the Village of Gurnee, to the Chief of Police and make arrangements for fingerprinting of all persons involved with liquor license application. Fingerprinting for liquor license applications are Monday through Friday between the hours of 8:00 a.m. to 4:00 p.m.

State of Illinois, County of Lake SS

AFFIDAVIT

I swear that I 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.

Subscribed and sworn to me before this

_____ day of _____ A.D. _____

Notary Public

Signature of Applicant

SEAL

Annual Fee: _____