550 W. Irving Park Road □□ Itasca, Illinois 60143-2018
630.773.0835 □□ Fax 630.773.2505□□□ www.itasca.com

Attach
Photo
of
Licensee
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APPLICATION for VILLAGE OF ITASCA LIQUOR LICENSE 2015 / 2016

APPLICANT

APPLICANT'S FULL NAME_____
(If partnership, list the names of all general and limited partners owning more than 5% of the aggregate limited partner interest in such co-partnership)

ADDRESS:_____ APT/UNIT:_____

CITY:_____ STATE:_____ ZIP:_____ COUNTY:_____

LENGTH OF TIME AT ABOVE ADDRESS:_____

HOME TELEPHONE NUMBER: (_____)_____-_____ WORK TELEPHONE NUMBER: (_____)_____-_____

DRIVER'S LICENSE NUMBER:_____ STATE: _____

SOCIAL SECURITY NUMBER:_____-_____-_____ DATE OF BIRTH:_____/_____/_____

PLACE OF BIRTH:_____

CHECK IF: NATIVE BORN CITIZEN ☐ NATURALIZED CITIZEN ☐

If naturalized, provide city, state and date of naturalization: _____

PREVIOUS ADDRESSES

ADDRESS:_____ APT/UNIT:_____

CITY:_____ STATE:_____ ZIP:_____ COUNTY:_____

HOW LONG AT PREVIOUS ADDRESS:_____

ADDRESS:_____ APT/UNIT:_____

CITY:_____ STATE:_____ ZIP:_____ COUNTY:_____

HOW LONG AT PREVIOUS ADDRESS:_____

IF YOU REQUIRE MORE SPACE FOR THE REQUIRED INFORMATION, PLEASE USE THE AREA PROVIDED ON PAGE 6.

BUSINESS

SOLE PROPRIETORSHIP ☐ PARTNERSHP ☐ CORPORATION ☐

OTHER ☐ Specify:_____

DOING BUSINESS AS (D/B/A):_____

LOCATION OR PLACE OF BUSINESS FOR WHICH LICENSE IS SOUGHT:

ADDRESS:_____

BUSINESS TELEPHONE NUMBER: (_____)_____-_____ CURRENT ZONING: _____

BUSINESS DESCRIPTION: _____

HOURS OF OPERATION: MONDAY_____ TUESDAY_____ WEDNESDAY_____

THURSDAY_____ FRIDAY_____ SATURDAY_____ SUNDAY_____

DOES APPLICANT OWN PREMISES FOR WHICH LICENSE IS SOUGHT?: _____

IF LEASED, PROVIDE NAME OF LESSOR: _____ LEASE TERM: _____

ADDRESS OF LESSOR: _____

☐ Attach a copy of the lease or evidence that applicant is the owner of record for the business property.

PARTNER(S): Provide the following information for each individual owner, partner, joint venturer, or manager or member of an LLC, owning more than a 5% interest, therein:

FULL NAME: _____ DATE OF BIRTH:_____

ADDRESS:_____

HOME TELEPHONE NUMBER: (_____)_____-_____ WORK TELEPHONE NUMBER: (_____)_____-_____

DRIVER'S LICENSE NUMBER:_____ STATE: _____

SOCIAL SECURITY NUMBER:_____-_____-_____ RELATIONSHIP: _____

CITIZENSHIP: _____
(If naturalized citizen, provide city, state and date of naturalization)

FULL NAME: _____ DATE OF BIRTH:_____

ADDRESS:_____

HOME TELEPHONE NUMBER: (_____)_____-_____ WORK TELEPHONE NUMBER: (_____)_____-_____

DRIVER'S LICENSE NUMBER:_____ STATE: _____

SOCIAL SECURITY NUMBER:_____-_____-_____ RELATIONSHIP: _____

CITIZENSHIP: _____
(If naturalized citizen, provide city, state and date of naturalization)

IF YOU REQUIRE MORE SPACE FOR THE REQUIRED INFORMATION, PLEASE USE THE AREA PROVIDED ON PAGE 6.

LIST ANY INDIVIDUAL OR ENTITY THAT HAS OR WILL FINANCIALLY CONTRIBUTE TO THIS ENTERPRISE.

NAME ADDRESS TELEPHONE

_____

_____

_____

_____

REFERENCES

LAST:_____FIRST:_____MI:_____

ADDRESS:_____ APT/UNIT:_____

CITY:_____ STATE:_____ ZIP:_____ COUNTY:_____

HOW LONG HAS REFERENCE KNOWN APPLICANT?:_____ RELATIONSHIP:_____

HOME TELEPHONE NUMBER: (_____)_____-_____ WORK TELEPHONE NUMBER: (_____)_____-_____

LAST:_____FIRST:_____MI:_____

ADDRESS:_____ APT/UNIT:_____

CITY:_____ STATE:_____ ZIP:_____ COUNTY:_____

HOW LONG HAS REFERENCE KNOWN APPLICANT?:_____ RELATIONSHIP:_____

HOME TELEPHONE NUMBER: (_____)_____-_____ WORK TELEPHONE NUMBER: (_____)_____-_____

LAST:_____FIRST:_____MI:_____

ADDRESS:_____ APT/UNIT:_____

CITY:_____ STATE:_____ ZIP:_____ COUNTY:_____

HOW LONG HAS REFERENCE KNOWN APPLICANT?:_____ RELATIONSHIP:_____

HOME TELEPHONE NUMBER: (_____)_____-_____ WORK TELEPHONE NUMBER: (_____)_____-_____

BUSINESS/EMPLOYMENT HISTORY

DO YOU CURRENTLY HAVE OR HAVE YOU PREVIOUSLY HAD ANY OF THE FOLLOWING:

PREVIOUS LIQUOR LICENSE: YES ☐ NO ☐ IF YES, WHERE:_____

WHEN:_____

IF YOU REQUIRE MORE SPACE FOR THE REQUIRED INFORMATION, PLEASE USE THE AREA PROVIDED ON PAGE 6.

PREVIOUS BUSINESS LICENSE: YES ☐ NO ☐ IF YES, WHERE:_____

WHEN:_____

CURRENT LIQUOR LICENSE: YES ☐ NO ☐ IF YES, WHERE:_____

EXPIRATION DATE:____/____/____

CURRENT BUSINESS LICENSE: YES ☐ NO ☐ IF YES, WHERE:_____

EXPIRATION DATE:____/____/____

WHAT PROFESSIONAL LICENSE(S) HAVE YOU RECEIVED? _____

_____

CURRENT EMPLOYER/BUSINESS:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

TELEPHONE NUMBER:_____ EMPLOYED IN YEARS:_____

POSITION:_____

PREVIOUS EMPLOYER/BUSINESS:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

TELEPHONE NUMBER:_____ EMPLOYED IN YEARS:_____

POSITION:_____

PREVIOUS EMPLOYER/BUSINESS:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

TELEPHONE NUMBER:_____ EMPLOYED IN YEARS:_____

POSITION:_____

IF YOU REQUIRE MORE SPACE FOR THE REQUIRED INFORMATION, PLEASE USE THE AREA PROVIDED ON PAGE 6.

ELIGIBILITY:

If you reply yes to any of the following questions, a written explanation is required to be attached to this application.

HAVE YOU OR ANY INDIVIDUAL OWNER, PARTNER, JOINT VENTURER, OR MANAGER OR MEMBER OF AN LLC, OWNING MORE THAN A 5% INTEREST THEREIN:

YES	☐	NO	☐	EVER BEEN CONVICTED OF A VIOLATION OF ANY STATE OR FEDERAL LAW CONCERNING THE MANUFACTURE OR SALE OF ALCOHOLIC LIQUOR, OR EVER FORFEITED BOND TO APPEAR IN COURT TO ANSWER CHARGES FOR SUCH VIOLATIONS?
YES	☐	NO	☐	EVER BEEN CONVICTED OF A FELONY?
YES	☐	NO	☐	EVER BEEN CONVICTED OF BEING A KEEPER OR ARE CURRENTLY A KEEPER OF A HOUSE OF ILL FAME OR SIMILAR OFFENSE?
YES	☐	NO	☐	EVER BEEN CONVICTED OF PANDERING OR ANY OTHER CRIME OR MISDEMEANOR OPPOSED TO DECENCY AND MORALITY?
YES	☐	NO	☐	EVER BEEN DELINQUENT IN THE PAYMENT OF ANY ILLINOIS BUSINESS TAXES (SALES, WITHHOLDING, ETC.)?
YES	☐	NO	☐	EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?
YES	☐	NO	☐	EVER HAD ANY PREVIOUS LIQUOR LICENSE REVOKED?
YES	☐	NO	☐	EVER HAD A BUSINESS OR PROFESSIONAL LICENSE SUSPENDED OR REVOKED?
YES	☐	NO	☐	EVER BEEN CONVICTED OF A GAMBLING OFFENSE AS DEFINED UNDER SECTION 5/16-2 OF THE ACT WHICH INCLUDES OFFENSES ENUMERATED IN 720 ILCS 5/28-1(a)1-11, "GAMBLING;" 720 ILCS 5/28-1.1(a)-(d) "SYNDICATED GAMBLING;" AND 720 ILCS 5/28-3 "KEEPING A GAMBLING PLACE"?
YES	☐	NO	☐	EVER RECEIVED OR BORROWED MONEY OR ANYTHING OF VALUE DIRECTLY OR INDIRECTLY FROM ANY OTHER LICENSEES, REPRESENTATIVES OF A LICENSEE, OR SUPPLIERS OF ALCOHOLIC PRODUCTS?
YES	☐	NO	☐	EVER HAD A FEDERAL WAGERING STAMP ISSUED BY THE FEDERAL GOVERNMENT?
YES	☐	NO	☐	CURRENTLY A PUBLIC OFFICIAL OR LAW ENFORCEMENT OFFICIAL IN THE SAME JURISDICTION AS THE LICENSE?

IF YOU REQUIRE MORE SPACE FOR THE REQUIRED INFORMATION, PLEASE USE THE AREA PROVIDED ON PAGE 6.

SIGNATURE

PLEASE SIGN AND DATE THE APPLICATION FORM AND PROVIDE YOUR TITLE WITH THE ORGANIZATION. THE APPLICATION MUST BE SIGNED BY AN OWNER. THE SIGNATURE MUST BE AN ORIGINAL, RUBBER STAMPS ARE NOT PERMITTED.

I, THE UNDERSIGNED APPLICANT SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF ITASCA TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, STATE OF ILLINOIS, OR THE VILLAGE OF ITASCA.

ANY DELIBERATE OMISSIONS, DEVIATIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR DENIAL OR REVOCATION OF LICENSE.

_____	_____	_____/_____/_____
SIGNATURE	TITLE	DATE

USE SPACE BELOW FOR ADDITIONAL INFORMATION:
Attach additional pages if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

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AFFIDAVIT FOR INDIVIDUAL

State of Illinois
County of DuPage

I (or we) swear (or affirm) that I (or we) shall not violate any of the ordinances of the Village of Itasca or the laws of the State of Illinois or the 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 (our) knowledge and belief. I (or we) further swear (or affirm) that I (or we) shall conduct my (or our) business in a manner consistent with all representations made in this application and consistent with any representations made in this application and consistent with any representations made before the Itasca Local Liquor Commissioner.

_____
(signature of applicant)

_____
(signature of applicant)

_____
(signature of applicant)

Subscribed and sworn by _____
before me this _____ day of _____
20____.

_____
Notary Public (Seal)

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AFFIDAVIT FOR INDIVIDUAL

Each applicant, officer, director, manager, proposed liquor manager, proposed manager of the premises, individual owner, partner, joint venturer, and each LLC member owning in the aggregate more than 5% interest therein shall complete and sign the following investigation authorization.

I, _____, hereby authorize the Chief of Police of the Village of Itasca to conduct a background investigation, including the authorization to receive reports from other law enforcement agencies necessary to verify the information included in this application and to verify compliance with applicable state and federal liquor laws. I hereby release the Village of Itasca, its officers, employees and agents, from any and all liability which may arise as a result of such background investigation.

_____
(signature of applicant)

_____
(signature of applicant)

_____
(signature of applicant)

Subscribed and sworn by _____
before me this _____ day of _____
20____.

_____
Notary Public (Seal)