



LICENSE APPLICATION

Please type or print clearly

Local Business Name: _____

Local Address, City/Village, State & Zip Code: _____

Local Contact Person: _____

Local Phone Number: _____ Fax #: _____

Business Open Date (if new business): _____ (If unknown, please estimate)

* E-mail Address: _____

I. Purpose of Application:

Please check all boxes that apply

- | | |
|--|---|
| <input type="checkbox"/> Open New Business | <input type="checkbox"/> Change of Offices |
| <input type="checkbox"/> Annual Renewal | <input type="checkbox"/> Change Ownership |
| <input type="checkbox"/> Change Employee Information | <input type="checkbox"/> Change Business Name |
| | <input type="checkbox"/> Other _____ |

II. Licenses and Fees: *Please indicate ALL licenses needed*

* License fees received after the specified due date are assessed a late fee in the amount of 10% of the license fee or \$50, whichever is greater.

	Quantity	New Liquor Application Fee (if applicable Non- Refundable)	Annual Fee	Late Fee*
<input type="checkbox"/> Business(*s) _____ <i>Please list all that apply from attached Fee Schedule (mobile trucks must list amount of trucks in V.H.) # of Trucks _____</i>				
<input type="checkbox"/> Liquor (circle one) Class A B C D E F G H I				
<input type="checkbox"/> Jewelry/Precious Metal				
<input type="checkbox"/> Massage Establishment				
<input type="checkbox"/> Outdoor Establishment - Seasonal Sales or Dining (circle one) (Renewal Only)				
<input type="checkbox"/> Proprietary Establishment (4 or more amusement machines) Class A B C (circle one)				
<input type="checkbox"/> Vending Machines (Total Number) # of machines charging 24 cents or less _____ x \$25 # of machines charging 25 cents or more _____ x \$50	_____ x \$25 _____ x \$50			
<input type="checkbox"/> Restaurant & Food Service - Category II III (circle one)				
<input type="checkbox"/> Resale Shop				
<input type="checkbox"/> Scavenger – Solid and/or Liquid _____ # of Trucks in V.H. (circle one)				
<input type="checkbox"/> Tobacco				
<input type="checkbox"/> Automated Teller Machines (ATM) - \$100 per machine	_____ X \$100			
TOTALS				

III. Business Information:

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation <i>(If out of State Corporation please attach copy of Illinois registration & Right to Do Business in state certificate.)</i> |
| <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Limited Partnership | |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Government |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non Profit Corporation |

Business Name: _____
(If name of operating business is different from actual legal entity, attach copy of DBA certificate from State.)

Business Address, City/Village, State & Zip Code: _____
(If address of legal business entity is different from license location, please supply address of legal entity.)

* **E-mail Address:** _____

Business Phone: _____ Fax #: _____
(If legal business entity is located at other than location of license, please supply phone number of legal entity.)

Name of Person Authorized to Accept Legal Service: _____

Address, City/Village, State & Zip Code: _____
(Must be different from Business & local address)

Phone: _____

Name of Local Manager(s): _____

* **E-mail Address:** _____

Sales Tax (IBT) Number: _____ Business Name Assigned to Sales Tax #: _____

Emergency Contacts:
Must be local and available 24/7.

Name: _____ Phone: _____

Name: _____ Phone: _____

IV. Signature of Applicant:

I certify that the statements and information made part of this application are true and complete to the best of my knowledge. I understand that the Village will not process an incomplete application and will not conduct any business activity until a valid license certificate has been issued and posted in a conspicuous location at the place of business as noted above.

Applicant Name (print): _____

Applicant Position (print): _____

Applicant Signature: _____ Date: _____

ATTEST:
(Only for Liquor & Jewelry License holder)

Notary

Date

V. Employee Information for Licensed Business who are classified as a Liquor Establishment, Jeweler, Resale Shop, or Massage Establishment:

Please copy & attach additional forms as needed.

- All owners, managers, asst. managers, and agents employed with the local business must be listed.

Name (Last): _____ (First): _____ M.I.: _____

Date of Birth: _____ Place of Birth: _____

Drivers License Number (attach copy): _____ State: _____ Exp: _____

Home Address, City/Village, State & Zip Code: _____

Home Phone Number: _____

(S.S. # needed for new Manager, Asst. Manager or New Owner (& maiden name if a women) _____

* E-mail Address: _____

Are you a citizen of the United States? Yes No

Any association to person(s) of organized crime? Yes No If yes, specify entity _____

Have you had any convictions other than minor traffic offenses, and disposition.

Yes No If yes, please list _____

I hereby affirm that I am of good character and reputation, that I have no associations with persons involved in organized crime, and that I will not violate any of the laws of the State of Illinois, the United States, or any ordinance of the Village of Vernon Hills in the conduct of my business. I also agree to provide any additional information, including finger printing, which may be requested at a future date to conduct a proper investigation.

Signature: _____ Date: _____

Title/Position: Owner Manager Asst. Manager Agent Other _____

Name (Last): _____ (First): _____ M.I.: _____

Date of Birth: _____ Place of Birth: _____

Drivers License Number (attach copy): _____ State: _____ Exp: _____

Home Address, City/Village, State & Zip Code: _____

Home Phone Number: _____

(S.S. # needed for new Manager, Asst. Manager or New Owner (& maiden name if a women) _____

* E-mail Address: _____

Are you a citizen of the United States? Yes No

Any association to person(s) of organized crime? Yes No If yes, specify entity _____

Have you had any convictions other than minor traffic offenses, and disposition.

Yes No If yes, please list _____

I hereby affirm that I am of good character and reputation, that I have no associations with persons involved in organized crime, and that I will not violate any of the laws of the State of Illinois, the United States, or any ordinance of the Village of Vernon Hills in the conduct of my business. I also agree to provide any additional information, including finger printing, which may be requested at a future date to conduct a proper investigation.

Signature: _____ Date: _____

Title/Position: Owner Manager Asst. Manager Agent Other _____

VI. Ownership Information:

The following ownership information must be provided for the following licenses, only: Liquor, Massage Establishment, Resale Shop, and Jewelry/Precious Metals.

Please copy & attach additional forms as needed.

- **For every Partnership**, please provide the following information for every partner.
- **For every Limited Partnership**, please provide the following information for every general & limited partner. If the general partner is a corporation or limited liability company, please provide the following information for every individual owning stock or interest in said entity.
- **For Corporations** please provide the following information for every shareholder owning more than 5% of the stock of the corporation and note every officer and provide the information required for every officer.
- **If the licensee is a Publicly Traded company**, please provide the most recent 10K filing, a local contract, and the name of a member of the entities corporate counsel and contact information.

Legal Entity Applying: _____ Ownership Percentage: _____%

First Name: _____ Officer Manager of LLC

Last Name: _____ Middle Initial: _____

Alias Name (S): _____ Date of Birth: _____

Address, City/Village, State & Zip Code: _____

Phone Number: _____ Driver's License # (attach copy): _____

(S.S. # needed for new Manager, Asst. Manager &/or New Owner: _____)

Legal Entity Applying: _____ Ownership Percentage: _____%

First Name: _____ Officer Manager of LLC

Last Name: _____ Middle Initial: _____

Alias Name (S): _____ Date of Birth: _____

Address, City/Village, State & Zip Code: _____

Phone Number: _____ Driver's License # (attach copy): _____

(S.S. # needed for new Manager, Asst. Manager &/or New Owner: _____)

Legal Entity Applying: _____ Ownership Percentage: _____%

First Name: _____ Officer Manager of LLC

Last Name: _____ Middle Initial: _____

Alias Name (S): _____ Date of Birth: _____

Address, City/Village, State & Zip Code: _____

Phone Number: _____ Driver's License # (attach copy): _____

(S.S. # needed for new Manager, Asst. Manager &/or New Owner: _____)

FOR OFFICE USE ONLY

Building Division: Approved Disapproved Comments Attached
Date: _____ Initials: _____

Police Department: Approved Disapproved Comments Attached
Date: _____ Initials: _____

Fire District: Approved Disapproved Comments Attached
Date: _____ Initials: _____

Lake Cnty. Health Dept: Approved Disapproved Comments Attached
Date: _____ Initials: _____

State Police: Approved Disapproved Comments Attached
Date: _____ Initials: _____

LPR Section: Approved Disapproved Comments Attached
Date: _____ Initials: _____

License # _____ Fee \$ _____ Initials: _____

Date Paid: _____ Date Issued: _____ Late Fee \$ _____

Comments: _____

