



**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)

Email 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 J K				
<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			
<b>TOTALS</b>				

**III. Business Information:**

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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): \_\_\_\_\_

-----

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): \_\_\_\_\_

-----

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): \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_