



APPLICATION FOR LIQUOR LICENSE

INSTRUCTIONS: All applicants must complete pages 1-6 and the correct supplemental form on p.7-10 (see Section 2). Supporting documentation must be provided. The affidavit on p. 6 must be notarized prior to submittal. Village Hall notaries are not permitted to notarize this form. All licenses expire on April 30th regardless of the date of issue.

APPLICATION TYPE: [ ] New [ ] Renewal Application date: \_\_\_\_\_

1) LICENSE CLASS(ES) SOUGHT

See Chapter 3 of the Vernon Hills Municipal Code for requirements and restrictions of each Class. The undersigned hereby makes application to the Liquor Control Commissioner for the issuance of a Class \_\_\_\_\_ license to engage in the business of selling alcoholic liquors under Vernon Hills Municipal Code.

Additional license classes requested (if any): \_\_\_\_\_

2) BUSINESS STRUCTURE OF APPLICANT

Check the applicable box below (Illinois Corporation, LLC, Partnership or Individual (sole proprietorship), which must match the structure on file with the Office of the Secretary of State. Important: Please be sure to complete the supplemental form that corresponds to the structure. Page numbers are referenced below.

- [ ] Corporation; supplemental form p. 7 [ ] Partnership; supplemental form p. 9
[ ] Limited Liability Company (LLC) supplemental form p. 8 [ ] Individual; supplemental form p. 10

3) APPLICANT (the liquor license Applicant is the business entity: Corporation, LLC, Partnership or Individual)

Name of Owner - Corporation/Partnership/Individual Telephone

Business Entity Address City State Zip Code

Principal Kind of Business

Length of Time Applicant has been in Business of that Character

4) BUSINESS ESTABLISHMENT LOCATION

Business Name (dba) Telephone

Address of Business Seeking to be licensed Unit/Suite Vernon Hills, IL 60061

Date on Which Business Began at This Location OR Anticipated Opening Date

Type of Business \_\_\_\_\_

Provide State of Illinois Liquor License Number: \_\_\_\_\_

**\*New Applicants are required to report their IL Liquor License Number to the Village of Vernon Hills.**

**Hours of Operation:**

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

**Description of Business Facility:**

Total Area (square feet)	Bar Area (square feet)	Kitchen Area (square feet)	Number of Tables	Type of Food Served	Number of Parking Spaces

**Attach** a copy of the menu)  **Attach** a copy of the floor plan for the Business (new applicants only)

\_\_\_\_\_  
Description of Signs Advertising Alcoholic Beverages

\$ \_\_\_\_\_  
True value of all goods, wares and merchandise, including alcoholic liquors, on hand as of date of this Application

**5) Ownership of Location:**

( ) Own Premises (**Attach** Copy of Title or Deed) ( ) Lease Premises (**Attach** Copy of the Fully Executed Lease)

Lease Period Dates: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Person/Entity Leasing Premises From

\_\_\_\_\_  
Address                                      City                                      State                                      Zip Code                                      Telephone

**6) Dram Shop Insurance:**

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**Attach** a Copy of Certificate of Dram Shop Insurance (if new Applicant, you must submit a copy of your Certificate of Dram Shop Insurance to the Village Clerk's Office prior to beginning operations).

7) Has any Manufacturer, Importing Distributor or Distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such person directly or indirectly interested?

Yes ( ) No ( ) If "yes" provide details: \_\_\_\_\_

8) Has application been made for a similar license for any premises other than those described above?

Yes ( ) No ( ) if "yes", provide address and disposition of such application:

9) Has any license previously issued to you by State, Federal or Local Authorities ever been revoked?

Yes ( ) No ( ) If "yes", provide details: \_\_\_\_\_

\_\_\_\_\_

10) Are you, or is any other individual directly or indirectly interested in your place of business, a law enforcement official, Village President, or a member of the Village Board of Trustees? Yes ( ) No ( )

11) Are you, or is any other individual directly or indirectly interested in your place of business, an elected official of The Village of Vernon Hills? Yes ( ) No ( )

13) Have the individual, partners, members or managers of the LLC, or officers or directors of the corporation or beneficial owners of more than five percent (5%) of stock or the designated manager or agent of any applicant by reason of any matter or thing contained in the Village of Vernon Hills Municipal Code or laws of the State of Illinois disqualified to receive a license? Yes ( ) No ( )

14) Has **any** individual, partner, officer, director, member or manager of the LLC or beneficial owner of more than five percent (5%) of stock of the business entity or the designated manager or agent of any applicant:

A. Ever been convicted of a felony? Yes ( ) No ( )

B. Ever been convicted of being the keeper of, or is keeping, a house of prostitution? Yes ( ) No ( )

C. Ever been convicted of pandering or other crime or misdemeanor opposed to public decency and morality? Yes ( ) No ( )

D. Ever been convicted of violation of any Federal or State law concerning the manufacture, possession, or sale of alcoholic liquor, or forfeited their bond for failure to appear in court to answer charges for any such violation? Yes ( ) No ( )

If "yes" to any of the above (A-D), please explain (use additional paper if necessary):

\_\_\_\_\_

\_\_\_\_\_

15) Do you agree to abide by all laws of the State of Illinois, the United States of America, and by all ordinances, regulations, and laws established by the Village of Vernon Hills in the conduct of your place of business? Yes ( ) No ( )

16) I understand that any change in partnership, officers, directors, persons holding directly or beneficially more than five percent (5%) of the stock ownership interest, or managers of establishments licensed under this Code must be reported in writing to the Local Liquor Control Commission within ten days. Yes ( ) No ( )

17) I understand that no liquor license shall be issued for the sale at retail of any alcoholic liquor within 100 feet of any school, hospital, home for aged or indigent persons or for veterans, their wives or children, provided that this prohibition shall not apply to hotels offering restaurant services, regularly organized clubs, or to businesses carried on other places where alcoholic liquors were sold but not the principal business carried on, if such business so exempted shall have been established for such purposes prior to the taking effect of this Code. Yes ( ) No ( )

18) I acknowledge the requirement that employees who sell, serve, or give alcoholic liquor in establishments holding a liquor license within the Village obtain certification through a state certified Beverage Alcohol Sellers and Servers Education and Training (BASSET) Program in accordance within the Municipal Code. In addition, I understand that copies of such certification for all employees must be kept on file at the place of business. Yes ( ) No ( )

**Attach** copies of all current employees' certifications



**AFFIDAVIT – APPLICANT FOR LIQUOR LICENSE**

*MUST BE SIGNED BY CORRECT PERSON(S) BASED ON BUSINESS STRUCTURE\**

I, the undersigned, hereby swear and affirm that I am the Applicant for the license requested in the foregoing Application, that I am of good repute, character and standing and that the answers to questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the provisions of the Vernon Hills Municipal Code relating to the sale and delivery of alcoholic beverages and that I agree not to violate any of the laws of the State of Illinois, the United States of America, or any of the ordinances of the Village of Vernon Hills in conducting my place of business.

**I further understand that any untrue, incorrect, or misleading information provided in this application is sufficient cause for the refusal to grant any license or the revocation of any license granted in response to this application.**

I further give permission to the Village of Vernon Hills or any agency thereof to check with any agency or individual named or referred to in this Application to verify or clarify any information I have provided in this Application.

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Print Name \_\_\_\_\_ Title/Position \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_ Title/Position \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

**S E A L**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**\* Signature(s) required by business structure:**

**CORPORATION or LLC:** The President and Secretary or Managing Member or a Duly Authorized Agent

**PARTNERSHIP:** The Partners

**INDIVIDUAL:** The Individual

**AFFIDAVIT – ON-SITE MANAGER FOR LIQUOR LICENSE**

***Notarization required for all applicants (new and renewal)***

a) \_\_\_\_\_  
Name Telephone

b) \_\_\_\_\_  
Street Address City State Zip Code

c) \_\_\_\_\_  
Date of Birth Place of Birth\*

\*IF BORN **OUTSIDE OF U.S.** COMPLETE THE FOLLOWING (REQUIRED):

\_\_\_\_\_  
Place of Naturalization

\_\_\_\_\_  
Date of Naturalization

d) Have you ever been convicted of **any** crime? Yes ( ) No ( ) If "yes" answer the questions below:

\_\_\_\_\_  
Offense Date of Offense

State of Offense \_\_\_\_\_ County of Offense \_\_\_\_\_

e) Have you completed a background check through Accurate Biometrics?

Yes ( ) No ( ) Scheduled ( )

*To obtain information regarding background check, contact Accurate Biometrics at (773) 685-5699 or [www.accuratebiometrics.com](http://www.accuratebiometrics.com).*

By my signature below, I hereby swear and affirm that I will not violate any of the laws of the State of Illinois, the United States of America, or any of the ordinances of the Village of Vernon Hills in the conduct of the place of business described herein and my statements contained in this Application are true and correct.

\_\_\_\_\_  
Signature of On-Site Manager Signature of Witness

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

**S E A L**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**SUPPLEMENTAL FORM: CORPORATION ONLY**

The following information regarding officers, directors and beneficial owners must be supplied if the Applicant is a **CORPORATION for profit** (please print):

**1) Officers**

Name	Title	Street Address	City, Zip
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Name	Title	Street Address	City, Zip
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Name	Title	Street Address	City, Zip
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Name	Title	Street Address	City, Zip
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**2) Directors** – Please attach names and addresses to application **or** if no directors, please sign below.

*The corporation Applicant has no directors.* \_\_\_\_\_  
*Signature indicating no directors for corporation*

**3) Owners** of five percent (5%) or greater status of the stock of such corporation owned by any one person or his nominees, the name and address of each such person (add page if additional space is needed):

Name	Title	Street Address	City
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Name	Title	Street Address	City
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**4) Date of Incorporation** \_\_\_\_\_ under the laws of the State of \_\_\_\_\_

**Attach** copy of File Detail Report from the Illinois Secretary of State (see page "B" for directions)

If not incorporated in the State of Illinois, are you qualified to transact business in the State of Illinois under the Business Corporation Act? Yes ( ) No ( )

**5) Object** for which it was incorporated \_\_\_\_\_

**6) Summary** of Activities for past twelve (12) months: \_\_\_\_\_

**SUPPLEMENTAL FORM: LIMITED LIABILITY COMPANY (LLC) ONLY**

The following information regarding members and managers must be supplied if the Applicant is a **LIMITED LIABILITY COMPANY** (please print):

**1) Members**

Name	Title	Street Address	City, Zip
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Name	Title	Street Address	City, Zip
------	-------	----------------	-----------

Name	Title	Street Address	City, Zip
------	-------	----------------	-----------

Name	Title	Street Address	City, Zip
------	-------	----------------	-----------

**2) Managers**

Name	Title	Street Address	City, Zip
------	-------	----------------	-----------

Name	Title	Street Address	City, Zip
------	-------	----------------	-----------

Name	Title	Street Address	City, Zip
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3) **Date Articles of Organization** filed \_\_\_\_\_ under the laws of the State of \_\_\_\_\_

**Attach** copy of File Detail Report from the Illinois Secretary of State (see page "B" for directions)

If not organized in the State of Illinois, are you qualified to transact business in the State of Illinois?

Yes ( ) No ( )

4) **Object** for which it was organized: \_\_\_\_\_

\_\_\_\_\_

5) **Summary** of Activities for past twelve (12) months: \_\_\_\_\_

\_\_\_\_\_



