

OFFICE USE  
Class \_\_\_\_\_  
Fee \$ \_\_\_\_\_  
Date Paid \_\_\_\_\_

OFFICE OF THE LIQUOR COMMISSIONER  
VILLAGE OF NEW LENOX, COUNTY OF WILL,  
STATE OF ILLINOIS  
1 VETERANS PARKWAY, NEW LENOX, IL

APPLICATION FOR RETAIL LIQUOR DEALERS' LICENSE

DATE: \_\_\_\_\_ NEW APPLICATION \_\_\_\_\_ RENEWAL LICENSE \_\_\_\_\_

PLEASE COMPLETE ALL QUESTIONS AND PROVIDE NECESSARY ATTACHMENTS AS REQUESTED

1. NAME OF APPLICANT \_\_\_\_\_

APPLICANT'S RESIDENCE ADDRESS \_\_\_\_\_

APPLICANT'S RESIDENCE PHONE NO. \_\_\_\_\_

2. BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE NO. \_\_\_\_\_

3. CLASS OF LICENSE SOUGHT \_\_\_\_\_

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4. IF APPLICANT IS A PARTNERSHIP, GIVE NAMES, ADDRESSES, DATE OF BIRTH AND SOCIAL SECURITY NUMBERS OF ALL PARTNERS AND LIST PRINCIPAL BUSINESS ACTIVITY OF EACH PARTNER.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

5. IF APPLICANT IS A CORPORATION, GIVE NAMES ADDRESSES, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF THE REGISTERED AGENT AND THE LOCAL MANAGER.

a. \_\_\_\_\_

b. \_\_\_\_\_

(CORPORATION APPLICANTS PLEASE COMPLETE ATTACHED CORPORATION DISCLOSURE FORM)

6. IS THE APPLICANT THE SOLE OWNER? YES \_\_\_\_\_ NO \_\_\_\_\_

7. IF THE SALE OF ALCOHOLIC LIQUOR IS NOT YOUR PRINCIPAL BUSINESS, STATE THE NATURE OF YOUR PRINCIPAL BUSINESS.

\_\_\_\_\_

\_\_\_\_\_

8. IS THE PLACE FOR WHICH LICENSE IS REQUESTED WITHIN 100 FEET OF ANY SCHOOL, CHURCH, HOSPITAL, OR CEMETERY? \_\_\_\_\_

9. IF APPLICANT HAS EVER ENGAGED IN THE BUSINESS OF SALE OF ALCOHOLIC LIQUOR AT RETAIL, LIST ADDRESSES OF ALL LOCATIONS.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

10. APPLICANT'S DATE & PLACE OF BIRTH \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

11. IS APPLICANT A CITIZEN OF THE UNITED STATES? \_\_\_\_\_

12. IF A NATURALIZED CITIZEN, GIVE DATE AND PLACE OF PROCEEDINGS.

\_\_\_\_\_

(Date) (Place)

13. LIST (BY ATTACHMENT HERETO) YOUR OCCUPATION OR EMPLOYMENT, WITH ADDRESSES THEREOF, FOR THE PAST 10 YEARS. (IF PARTNERSHIP OR CORPORATION, LIST THE SAME INFORMATION FOR EACH PARTNER AND/OR THE LOCAL MANAGER.) APPLICABLE TO INITIAL APPLICATION ONLY.

14. HAVE YOU, OR IN THE CASE OF A CORPORATION THE LOCAL MANAGER, OR IN THE CASE OF A PARTNERSHIP ANY OF THE PARTNERS, EVER BEEN CONVICTED OF A FELONY?

YES \_\_\_\_\_ NO \_\_\_\_\_

15. HAVE YOU, OR IN THE CASE OF A CORPORATION THE LOCAL MANAGER, OR IN THE CASE OF A PARTNERSHIP ANY OF THE PARTNERS, EVER BEEN CONVICTED OF ANY VIOLATION OF ANY LAW PERTAINING TO ALCOHOLIC LIQUOR?

YES \_\_\_\_\_ NO \_\_\_\_\_

16. WILL YOU FAMILIARIZE YOURSELF WITH ALL THE LAWS OF THE UNITED STATES, STATE OF ILLINOIS, AND THE ORDINANCES OF THE VILLAGE OF NEW LENOX, AND ABIDE BY ALL OF THEM? \_\_\_\_\_

17. LIST DRAM SHOP INSURANCE COVERAGE, INCLUDING NAME AND ADDRESS OF INSURANCE COMPANY FOR BOTH THE LICENSEE AND THE OWNER OF THE BUILDING IN WHICH THE ALCOHOLIC LIQUOR WILL BE SOLD FOR THE DURATION OF THE LICENSE.

a. \_\_\_\_\_  
(Licensee's Insurance Company)

b. \_\_\_\_\_  
(Building Owner's Insurance Company)

(CERTIFICATE OF DRAM SHOP INSURANCE COVERAGE SHOULD BE FILED BY APPLICANT OR PROVIDED THE LIQUOR COMMISSIONER BY COMPANY)

18. SUBMISSION OF A PENAL BOND IN THE AMOUNT OF \$10,000 RUNNING CONCURRENTLY WITH THE TERM OF THE LICENSE IS REQUIRED. (New bond required January 1st of subsequent license years.)

19. DO YOU OWN OR LEASE YOUR PLACE OF BUSINESS? OWN \_\_\_\_\_ LEASE \_\_\_\_\_

a. IF YOU LEASE, GIVE OWNER'S NAME, ADDRESS, EFFECTIVE DATE OF LEASE AND DATE OF EXPIRATION OF LEASE.

\_\_\_\_\_  
(Name and Address of Owner)

COMMENCEMENT DATE OF LEASE \_\_\_\_\_ EXPIRATION DATE OF LEASE \_\_\_\_\_

(IF OPERATION ON LEASED PREMISES, COPY OF LEASE IS TO BE FILED)

20. PLEASE ATTACH A SKETCH OF THE PREMISES TO BE LICENSED. PLEASE INDICATE EACH AREA WHERE LIQUOR IS TO BE SERVED OR SOLD, WHAT AREAS ARE GOING TO BE USED FOR STORAGE, AND IN THE CASE OF AN ESTABLISHMENT OPEN AT HOURS DURING WHICH ALCOHOL IS NOT ALLOWED TO BE SERVED, PLEASE INCLUDE A SKETCH INDICATING HOW ALCOHOL WILL BE LOCKED UP DURING THOSE HOURS.

21. IF APPLICATION INCLUDES A PATIO LICENSE, PLEASE INDICATE THE DATE THAT A SPECIAL USE WAS RECEIVED FOR THIS USE, AND LIST ANY AND ALL PROVISIONS ALLOWED BY THAT SPECIAL USE.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

20. CORPORATION APPLICANT PLEASE COMPLETE ATTACHED CORPORATION DISCLOSURE FORM.

For and in consideration of investigation and consideration by the Liquor Commissioner of the Village of New Lenox of the propriety of issuing said license, the undersigned herewith deposits the license fee required hereunder and agrees to be bound by all the terms and conditions of the Ordinance of the Village of New Lenox, Will County, Illinois, regulating the sale, at retail, of alcoholic liquor and any amendments thereto. The undersigned further warrants that all statements herein made are true and material warranties to the issuance of said license.

\_\_\_\_\_  
(Applicant's Signature)

The undersigned, being duly sworn, on oath, deposes and says that the facts alleged in the foregoing application are true in substance and in fact, and that said representatives are made for the purpose of inducing the Liquor Commissioner of the Village of New Lenox, Will County, Illinois to issue the license hereinabove requested.

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me at

\_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Notary Public)

FILED \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Liquor Commissioner)

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
(Village Clerk)

\_\_\_\_\_  
(Liquor Commissioner)