



NEW LENOX

APPLICATION FOR VILLAGE OF NEW LENOX RETAILER'S LIQUOR LICENSE

**REMEMBER: YOU CANNOT PURCHASE OR SELL ALCOHOL
WITHOUT A VALID LIQUOR LICENSE!**

DEFINITION: A Retailer's Liquor License shall allow the licensee to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form; provided that any retail liquor license issued to a manufacturer shall only permit such manufacturer to sell alcoholic beverages at retail on the premises occupied by such manufacturer [235 ILCS 5/5-1(d)], the only exception being a winemaker's retail license—2nd location [235 ILCS 5/5-1(i)]. All applicants for licensing as a liquor "retailer" must complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a village liquor license.

NON-REFUNDABLE APPLICATION FEE: INITIAL (\$250.00 FEE) RENEWAL (\$50.00 FEE)

THE RENEWAL OR INITIAL APPLICATION FEE IS IN ADDITION TO THE LICENSE FEE (ADDENDUM A)

THERE WILL BE AN ADDITIONAL \$50 FEE FOR EACH BACKGROUND CHECK CONDUCTED.

To renew your Video Gaming License (\$500/terminal fee) or Business Registration (\$25 Fee) at the same time, please fill out the REQUIRED information on Pages 9 and 11. The Liquor License Application Fee does not include the fee for either of these applications.

The following documents and information are REQUIRED prior to receiving your Village liquor license:

- Photocopy of **Certificate of Insurance** (not the "Policy Declaration") if alcohol will be consumed on-premise;
- Proof of Purchase**, i.e., bill of sale or closing statement (the closing on the purchase of business **MUST** occur prior to applying for your village liquor license);
IMPORTANT: You must also present proof that the applicant (ie, Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (ie, Deed or Lease);
- Federal Employer Identification Number (FEIN)**. Call 800-829-3676 to apply for the number;
- Illinois Business Tax (Sales Tax Account) Number**. Visit tax.illinois.gov, click on "Businesses, and then "Business Registration" to obtain this number. If you have any questions, call 217-785-3707;
- A **floor plan** of the premises or place of business which is to be operated under such license, including the portions to be used for storage of liquor, as well as the portions to be used for the sale or service of liquor;
- Check or Money Order** for the application fee plus the license fee payable to the "Village of New Lenox";
- Photocopy of \$10,000 Surety Bond payable to the Village of New Lenox;
- This application with the information requested printed or typed in the spaces provided. This form **MUST** bear an **Original Signature**.
- After the application has been returned to the Village Clerk, contact the New Lenox Police Department Investigations Division at 815-462-6100, to begin the background check process.
- The licensee agrees to abide by the Village's Video Gaming Ordinance 2807.

FOR OFFICE USE ONLY

Class: _____

Date Paid: _____

Fee: _____

Date Issued: _____

Date Received: _____

Expiration Date: _____

Application for the Village of New Lenox Retailer's Liquor License

1. APPLICANT – CORPORATE INFORMATION

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. **YOU MUST HAVE THIS NUMBER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit tax.illinois.gov and click on "Businesses" and then the "Business Registration." If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.
EXT.

D. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. **Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.**

NAME

E. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc.

ADDRESS

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- A. SOLE PROPRIETORSHIP DATE FILED WITH COUNTY CLERK: _____
- B. PARTNERSHIP DATE OF FORMATION: _____
- C. ILLINOIS CORPORATION DATE OF INCORPORATION: _____
- D. FOREIGN CORPORATION STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____
DATE QUALIFIED UNDER BUSINESS CORPORATION ACT: _____
- E. LIMITED LIABILITY CORPORATION DATE FORMED: _____
- F. LIMITED PARTNERSHIP DATE FORMED: _____

If "C" or "D" is checked, indicate your current Secretary of State file number here _____
(if you do not have this number available, please contact the Secretary of State's office at 312-793-3380)

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/ partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders). Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than 5% interest. All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, title/position, telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under F.

A.

NAME (LAST, FIRST, MI)		HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	

B.

NAME (LAST, FIRST, MI)		HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	

C.

NAME (LAST, FIRST, MI)		HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	

D.

NAME (LAST, FIRST, MI)		HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	

E.

NAME (LAST, FIRST, MI)		HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	

F. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____%

4. MANAGER INFORMATION

Provide the full name, home address, city, state, Zip Code, social security number, date of birth, title/position, and telephone number of the manager. **Note! The liquor manager must be present on the licensed premise at least thirty-five (35) hours per week.**

NAME (LAST, FIRST, MI)		HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	

BUSINESS PREMISE INFORMATION

If you want your renewal application, your license certificate and other correspondence sent to your business premise address, please check the box to the left.

A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premise. **Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.**

NAME (DOING BUSINESS AS D/B/A)

B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NO.
EXT.

C. ADDRESS

In the boxes below enter the address of the business premises. **Note! This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate.**

ADDRESS	CITY	STATE	ZIP CODE
	New Lenox	IL	60451

D. BUSINESS TYPE

Check the one box that best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- | | | |
|---|--|---|
| A. <input type="checkbox"/> DRUG STORE/PHARMACY | I. <input type="checkbox"/> LIQUOR STORE | I. <input type="checkbox"/> CONVENIENCE & GAS |
| B. <input type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input type="checkbox"/> BAR/TAVERN | K. <input type="checkbox"/> GAS STATION |
| D. <input type="checkbox"/> SUPERMARKET | H. <input type="checkbox"/> HOTEL/MOTEL | L. <input type="checkbox"/> OTHER _____ |

E. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, and Zip Code of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE

F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, and Zip Code. **YOU MUST PROVIDE A COPY OF THE LEASE.**

LANDLORD'S NAME	AREA CODE/TELEPHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE

6. ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed in section 3 and "Manager Information" in section 4 of this form. If any questions are answered with a "Yes" attach a full written explanation to this document.

- Yes No Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- Yes No Are you delinquent under the "cash beer" law?
- Yes No Have you ever made an application for a liquor license that has been denied?
- Yes No Have you ever had any previous liquor license suspended or revoked?
- Yes No Have you ever been convicted of a felony?
- Yes No Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a).11 "gambling;" 720 ILCS 5/28-1.1 (a)-(d) "syndicated gambling;" and 720 ILCS 5/28-3 "keeping a gambling place"?
- Yes No Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency or morality?
- Yes No Do you possess a current Federal Wagering Stamp?
- Yes No Are you, or is any other person having a direct interest in your place of business, a public or law-enforcing official with jurisdictional authority?
- Yes No Have you 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 Are you or any other person having a direct interest in your place of business for more than 30 delinquent complying with a child support order?
- Yes No Are you in violation of the required liquor liability insurance coverage stated in 6-21 of the Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed premises?
- Yes No If a corporate Licensee, is your corporation ineligible to be issued this license?

7. HOURS OF OPERATION

List the daily hours open for business.

MON	TUES	WED	THURS	FRI	SAT	SUN

8. LICENSE TYPE

Check the applicable boxes below of the license type(s) the business is applying for:

- | | | |
|--|--|---|
| <input type="checkbox"/> A-TAVERN | <input type="checkbox"/> A1-TAVERN-PACKAGE | <input type="checkbox"/> A2-TAVERN-ENTERTAINMENT |
| <input type="checkbox"/> A3-TAVERN-PACKAGE-ENTERTAINMENT | <input type="checkbox"/> B-PACKAGE | <input type="checkbox"/> B1-PACKAGE-GAS STATION-CONVENIENCE STORE |
| <input type="checkbox"/> C-CATERING | <input type="checkbox"/> D-RESTAURANT-BEER & WINE | <input type="checkbox"/> D1-RESTAURANT-FULL LIQUOR |
| <input type="checkbox"/> D2-RESTAURANT-FULL LIQUOR-ENTERTAINMENT | <input type="checkbox"/> D3-MICROBREWERY | <input type="checkbox"/> D4-MICROBREWERY-ENTERTAINMENT |
| <input type="checkbox"/> D5-WINERY | <input type="checkbox"/> D6-WINERY - ENTERTAINMENT | <input type="checkbox"/> E-HOTEL |
| <input type="checkbox"/> E1-HOTEL-PACKAGE | <input type="checkbox"/> F-RENTAL HALL | <input type="checkbox"/> G-CLUB-CIVIC-GOVERNMENTAL |
| <input type="checkbox"/> H-THEATRE-CINEMA | <input type="checkbox"/> I-BOWLING ALLEY | <input type="checkbox"/> J-BEER AND WINE ONLY |
| <input type="checkbox"/> J1-BEER AND WINE ONLY-ENTERTAINMENT | <input type="checkbox"/> K-SPECIFIED HOURS | <input type="checkbox"/> BYO-BRING YOUR OWN |

9. SUPPLEMENTAL LICENSES

Check the applicable boxes below of supplemental licenses the business will be applying for:

- | | | | | |
|--|--|--|--|------------------------------------|
| <input type="checkbox"/> Beer Garden | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Mini-Bar | <input type="checkbox"/> Restaurant Catering | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Beer Garden-Entertainment | <input type="checkbox"/> Outdoor Amusement | <input type="checkbox"/> Special Event | <input type="checkbox"/> Seasonal Market | |

IF BEER GARDEN WAS SELECTED, YOU MUST HAVE A VALID SPECIAL USE PERMIT.

10. CERTIFICATE OF INSURANCE

ATTACH PHOTOCOPY OF YOUR "CERTIFICATE OF INSURANCE" (NOT THE "POLICY DECLARATION")

You MUST provide a copy of your Certificate of Insurance. The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) The applicant named as the insured (e.g. if the applicant is a corporation, the corporation’s name must be listed; if the applicant is a sole proprietor, then the sole proprietor’s name must be listed.); 2) The address of the location where the liquor is being consumed; and 3) The dates of coverage and the coverage limits.

11. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, or a partner. **The signature must be an original; rubber stamps are not accepted.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, 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 NEW LENOX 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, THE STATE OF ILLINOIS, THE VILLAGE OF NEW LENOX IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, VIDEO GAMING ORDINANCE 2807, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS LIQUOR COMMISSIONER WITHIN 10 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

(NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE VILLAGE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

SIGNATURE OF APPLICANT

TITLE/POSITION

DATE

To renew your Video Gaming License or Business Registration at the same time, please fill out the REQUIRED information on the following pages. The Liquor License Application Fee does not include the fee for either of these applications. Fees for the additional applications are listed on the applicable applications.

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2025 RENEWAL APPLICATION FOR BUSINESS REGISTRATION

RENEWAL FEES: \$25- For-Profit Businesses; \$15- Home-Based Businesses

Business Information

Has any of the following information changed from the Previous Application: Yes No

If yes, please fill out the changed information or provide a separate sheet of information that has changed. If no, return the completed application. If unsure, please call 815-462-6490 to receive the most recent copy of your Business Registration Application.

Did your business expand or reduce square footage? Yes (please provide the new square footage: _____) No

Provide the # of people in each of the following categories:

Full-Time Employees: _____ Part-Time Employees: _____ Independent Contractors/1099s: _____

Business Registration Contact: _____

Mailing Address: _____

Phone #: _____ Email: _____

Business Owner Email: _____

Property Owner Email: _____

Website URL: _____

Coin-Operated Amusement Device License

Coin-operated amusement devices are required by Village ordinance to carry a separate license. These devices include any mechanical or electronic amusement device, operated by deposit of a payment, including those capable of reproducing vocal or instrumental sounds, for amusement or skill (including: pinball, claw, arcade, shooting gallery, etc.). Vending machines, musical devices (such as jukeboxes), and pool/billiard tables are excluded from the license. **Video gaming terminals require a separate license from the Village Clerk. A fee of \$100 per machine per year applies.** Please include this fee with the application. *Stickers for each machine will be mailed out with your Business Registration Certificate*

How many Coin-Operated Amusement Devices do you have at your place of business? _____
(Please state 'N/A' if not applicable)

Gas Stations' Ground Water Monitoring

All new gas stations constructed in 2021 or later utilizing underground storage tanks ("USTs") or existing gas stations that install new or replacement USTs in 2021 or later are required to annually test the groundwater from the monitoring well on the property of the gas station for indicator contaminants, using industry-standard screening applicable to the material stored in the USTs on the property. Owner or operator shall annually provide to the Village with the Business Registration renewal a written statement from the laboratory conducting the testing of the monitoring well, confirming that the levels of the indicator contaminants do not exceed the actionable limits prescribed in the Illinois EPA Tier 1 groundwater remedial objectives.

Copy of statement from testing laboratory attached N/A

Emergency Contact Information-For Fire/Police/Dispatch (must provide two)

Name #1: _____ Title: _____

After Hours Phone #: _____ Email: _____

Name #2: _____ Title: _____

After Hours Phone #: _____ Email: _____

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2025 VIDEO GAMING RENEWAL APPLICATION

Has any information changed from the Previous Application: Yes No

If yes, please fill out the changed information. If no, please sign the affidavit and return the completed application. If unsure, please call 815-462-6414 to receive the most recent copy of your Video Gaming Application.

Video Gaming Manager: _____

Number of Video Gaming Terminals to be Operated: _____

Name of Video Game Terminal Operator: _____

Has any License previously issued to the business by the state, federal, or local authorities been revoked or suspended? Yes No

If yes, state the reasons therefore, and the date of revocation/suspension: _____

Attach the following:

- A copy of a valid Illinois Gaming Board License
- A \$500 **NON-REFUNDABLE** annual license fee for **EACH** Video Gaming Terminal **Each video Gaming Terminal requires an individual license*

Attach the following for new applicants or if changes have been made:

- A copy of the agreement with the Video Gaming Terminal Operator
- A site plan clearly indicating the proposed location of all Video Gaming Terminals

AFFIDAVIT

The undersigned swear or affirm that the person or entity, including its owners, officer, and directors in whose name this application is being made, will not violate any of the ordinances of the Village of New Lenox or the Laws of the State of Illinois or 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 knowledge and belief. (Any intentional misrepresentatives submitted may be cause for denial of the license)

SUBSCRIBED and sworn to _____

Before me this _____ day

Signature and Title

Of _____,

A.D. 20_____.

Notary Public

(Corporal Seal)