



1050 W ROMEO RD

ROMEOVILLE, IL 60446

(815) 886-7200

FAX: (815) 886-2762

**APPLICATION FOR LIQUOR LICENSE**

The undersigned hereby makes (make) application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term ending \_\_\_\_\_, 20\_\_\_\_, and hereby certifies (certify) to the following facts:

- 1. (A) Applicant's full name, age (if applicant is a natural person) present address, home and business telephone numbers, social security number, and driver's license number:

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- (B) If applicant is a partnership, disclose the following information:

Name and address of each partner owning five percent (5%) or more of the aggregate partnership interests.

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If any partner listed above is a corporation, disclose the corporations' registered agent; the names and addresses of all directors, officers and other persons owning five percent (5%) or more of the aggregate shares of stock issued by the corporation as of the date of the application; and the date of the incorporation and a statement of the objects and purposes for which the corporation was incorporated:

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- (C) If the applicant is a corporation, disclose the corporation's registered agent, the names and addresses of all directors, officers and other persons owning five percent (5%) or more of the aggregate shares of stock issued by the corporation as of the date of the application; and the date of incorporation and a statement of the objects and purposes for which the corporation was incorporated:

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Name under which business is to be conducted \_\_\_\_\_

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2. State the class of license for which the application is being submitted, and attach all information required by the ordinances of the Village to be furnished in support of an application for that class of license, including, but not limited to, proof of any insurance required by State law or Village ordinance as well as any health permits issued by the County or other agency:

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3. Location of place of business for which license is sought:

(A) \_\_\_\_\_  
(Address by Street and Number) (Zip Code)

(B) \_\_\_\_\_  
(Description of location, specifying floor area, number of rooms, and approximate crowd capacity)

4. State principal kind of business \_\_\_\_\_

5. Does applicant own or have beneficial interest in any trust which owns the premises for which this license is sought? \_\_\_\_\_. If so, attach documentation which reflects your ownership interest.

6. Does the applicant have a lease on such premises covering the full period for which the license is sought? \_\_\_\_\_. If so, give:

(A) Name and address of lessor \_\_\_\_\_

(B) Period covered by lease \_\_\_\_\_

From \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

Attach a copy of the lease to this application.

7. Is applicant licensed as a food dispatcher? \_\_\_\_\_  
 If so, give a number of license \_\_\_\_\_
8. Is the location of applicant's business for which license is sought within 100 feet of any church, school, hospital or medical clinic or home or facility for aged or indigent persons or for veterans, their wives or children? \_\_\_\_\_
9. Does any law enforcing public official of the Village, including members of the Village Liquor Control Commission, any President of the Village Board of Trustees or any member of the Village Board of Trustees have any direct interest in the license being applied for? \_\_\_\_\_
10. Has any liquor manufacturer, distributor or importing distributor directly or indirectly furnished, loaned or rented any interior decorations other than signs for inside or outside use, costing in the aggregate more than \$100.00 in any one calendar year for use in or about premises for which license is sought? \_\_\_\_\_
11. Has any liquor 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 30 days), or is such a person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Interior decorations and signs mentioned in question 10 exempted) \_\_\_\_\_
12. Is the applicant engaged in the manufacture of alcoholic liquors? \_\_\_\_\_  
 If so, at what location or locations? \_\_\_\_\_
13. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? \_\_\_\_\_  
 If so, at what location or locations? \_\_\_\_\_
14. Will the business be supervised by a manager or agent? \_\_\_\_\_  
 If so, give name, residence address, home and business telephone number, social security number and driver's license number of such manager or agent:  
 \*Name of Manager or Agent \_\_\_\_\_  
 Residence Address \_\_\_\_\_
15. (A) Do you hold any other current business licenses issued by the Village of Romeoville? \_\_\_\_\_ If so, what type of license do you currently hold and what is the address of the licensed premises?  
 \_\_\_\_\_  
 (Type) (Address)

\*NOTE: Manager or Agent must reside in the Village of Romeoville.

(B) Has the applicant made any other application for a liquor license with any municipal or county authority or liquor commission within the last ten years?\_\_\_\_\_ If so, describe the disposition of each such application and the location of the premises for which each application was made.

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

16. (A) Applicant's Date of Birth \_\_\_\_\_  
(Month) (Date) (Year)

(B) Residence Address \_\_\_\_\_  
(Give Street and Number)

Telephone Number \_\_\_\_\_

(C) Place of Birth \_\_\_\_\_

(D) Are you a citizen of the United States? \_\_\_\_\_

If a naturalized citizen, when naturalized? \_\_\_\_\_  
(Month-Date-Year)

Where naturalized? \_\_\_\_\_  
(City and State)

Court in which (or law under which) naturalized \_\_\_\_\_

(E) Have you ever been convicted of any felony under any Federal or State law? \_\_\_\_\_ If so, give the date of each offense and give the case number of each offense.

\_\_\_\_\_

(F) Have you ever been convicted of any crime of moral turpitude, including prostitution, being the keeper of a house of prostitution, pandering or any other crime which violates decency or morality? \_\_\_\_\_

If so, give dates of such convictions and state the nature of each offense and the case number of each offense. \_\_\_\_\_

\_\_\_\_\_

(G) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? \_\_\_\_\_

If so, give the dates of such convictions, the nature of such offenses, and the case number of each such offense. \_\_\_\_\_  
\_\_\_\_\_

(H) Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in (E) or (G)? \_\_\_\_\_

(I) Has any license previously issued to you by State, Federal or local authorities been revoked? \_\_\_\_\_

If so, state reasons therefor, the liquor control authority which took such action and the date of revocation: \_\_\_\_\_

(J) Have you ever been convicted of a gambling offense? If so, state the dates of each such conviction and the court case number of same  
\_\_\_\_\_

17. If the applicant is a partnership, attach documentation which discloses all information sought in number 16 above with respect to all natural persons who own five percent (5%) or more of the aggregate partnership interest. If the applicant is a corporation, attach documentation which discloses all information sought in number 16 above with respect to all natural persons who own five percent (5%) or more of the aggregate shares of stock issued by the corporation as of the date of the application.

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

**AFFIDAVIT**

STATE OF ILLINOIS    )  
                                  ) SS.  
COUNTY OF WILL     )

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the Village of Romeoville or the laws of the State of Illinois or the laws of 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 (our) knowledge and belief.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

Subscribed and Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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**FOR OFFICE USE ONLY**  
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License Number: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date Application was completed,  
including all supporting documentation: \_\_\_\_\_

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

\_\_\_\_\_  
Reviewing Officer or Village Employee