



LIQUOR  
LICENSE APPLICATION

DATE: \_\_\_\_\_

TO: THE HONORABLE LIQUOR COMMISSIONER,  
VILLAGE OF CARPENTERSVILLE

RE: APPLICATION FOR RETAIL LIQUOR LICENSE

The undersigned hereby makes application for a **CLASS** \_\_\_\_\_ **retail liquor license**, as indicated hereafter.

1. BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

2. APPLICANT: (Complete Section A, B or C.)

A. Individual Applicant

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Citizen of United States? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place and Date of Naturalization: \_\_\_\_\_

Length of Time a Resident of Carpentersville: \_\_\_\_\_

Character Of Business: \_\_\_\_\_

B. Partnership Applicant

Name of Partnership: \_\_\_\_\_

Character Of Business: \_\_\_\_\_

Are all members of the partnership qualified to obtain a license as individual applicants? Yes \_\_\_\_\_ No \_\_\_\_\_

Any and all persons entitled to share in the profits thereof:

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Citizen of United States? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place and Date of Naturalization: \_\_\_\_\_

Length of Time a Resident of Carpentersville: \_\_\_\_\_

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Citizen of United States? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place and Date of Naturalization: \_\_\_\_\_

Length of Time a Resident of Carpentersville: \_\_\_\_\_

C. Corporate or Club Applicant

Name: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

If not an Illinois corporation, are you licensed to do business by the State of Illinois in the State of Illinois: Yes \_\_\_\_\_ No \_\_\_\_\_

Objects for Which it was Organized: \_\_\_\_\_  
\_\_\_\_\_

List the Name, Address, Phone Number, Social Security Number, Birth Date and Drivers License Number of all Officers and Directors:

OFFICERS:

Name      Address      Phone      S.S. #      Birth Date      Drivers Lic No.

---

---

---

---

DIRECTORS:

Name      Address      Phone      S.S. #      Birth Date      Drivers Lic No.

---

---

---

---

If the majority of stock of a corporation is owned by one person or his nominee, the name, address, phone number, social security number, birth date and drivers license number of the person and the person acting as his nominee:

Name      Address      Phone      S.S. #      Birth Date      Drivers Lic No.

---

---

List all officers, managers, directors, or any stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation and indicate their relationship:

Name      Address      Phone      S.S. #      Birth Date      Drivers Lic No.      Relationship

---

---

---

---

---

Is any officer, manager or director thereof, or any stockholders owning in the aggregate more than five percent (5%) (either individually or by nominee) of the stock of such corporation eligible to receive a license as an individual pursuant to the laws of the State of Illinois and the Village of Carpentersville?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant's international, national, state or local constitution, bylaws, articles or other official documents deny to any person the full and equal enjoyment of the organization and/or the proposed licensed facilities and/or services because of race, color, religion, sex or national origin?

Yes \_\_\_\_\_ No \_\_\_\_\_

List the Corporation's Registered Agent:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ S.S. # \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_

3. Length of time that applicant has been in the type of business being applied for, years and months: \_\_\_\_\_
4. Value of goods, wares or merchandise on hand: \$ \_\_\_\_\_
5. Can applicant provide a Surety Bond? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Description of the premises or place of business which is to be operated under such license. List square footage and attach a drawing of the premises to be licensed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Has applicant made applications for similar licenses at other locations?  
Yes \_\_\_\_ No \_\_\_\_ Disposition of Application: \_\_\_\_\_
8. Has any previous license by any State or subdivision thereof or by the Federal Government been revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Has applicant or any person entitled to receive profits, ever been convicted of a felony, gambling offense, being the keeper of a house of ill fame, pandering, or other crimes or misdemeanors opposed to decency or morality? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Has applicant ever been convicted of a violation of any Federal, State or local law concerning the manufacture, possession or sale of alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Has applicant ever forfeited bond to appear in court to answer charges for any such violation? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Does applicant beneficially own the premises for which a license is sought?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, does the applicant have a lease thereon for the full period for which the license is to be issued: Yes \_\_\_\_\_ No \_\_\_\_\_

13. If other than applicant, list name and address of the owner of the premises.

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

14. Is the applicant a law enforcing public official, mayor, alderman, trustee, president or member of a County Board? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Does any such official mentioned in No. 13 have any interest in any way, either directly or indirectly, in the sale or distribution of alcoholic liquor for which this license is sought? Yes \_\_\_

16. Does the applicant have a Federal gaming device stamp or a Federal wagering stamp issued by the Federal Government for the current tax period? Yes\_\_\_ No \_\_\_

17. Does the premises to be licensed have a Federal gaming device stamp or a Federal wagering stamp issued by the Federal Government for the current tax period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

18. Is the applicant eligible for a State retail liquor dealer's license? Yes\_ No \_\_\_\_\_

19. If a manager or agent is to conduct the business under this application, would said manager or agent be qualified to receive a license as an individual applicant?  
Yes \_\_\_\_\_ No \_\_\_\_\_

20. Name of manager or agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_

21. Does the applicant directly or indirectly publish, circulate or display any written communication, the intent and effect of which is to deny any person the full and equal enjoyment of the proposed licensed facilities and/or services because of race, color, religion, sex or national origin? Yes \_\_\_\_\_ No \_\_\_\_\_

22. Does the applicant have liquor liability (dram shop) insurance for the full period for which the license is to be issued? Yes \_\_\_\_\_ No \_\_\_\_\_

23. STATEMENT:

The undersigned, being duly sworn, hereby states that the information contained in this application is true of my own knowledge and that the statements set forth are of my own free will.

I solemnly swear that I will not violate any of the laws of the United States, the State of Illinois or the ordinances of the Village of Carpentersville.

Signed: \_\_\_\_\_ S.S. # \_\_\_\_\_

Signed: \_\_\_\_\_ S.S. # \_\_\_\_\_

STATE OF ILLINOIS     )  
                                  ) ss  
COUNTY OF KANE     )

Subscribed and sworn to before me this \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_.

(seal)

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