



6. Business Address \_\_\_\_\_  
\_\_\_\_\_
7. Nature of Business & Description of Premises \_\_\_\_\_  
\_\_\_\_\_
8. Liquor License Applied for (Class) \_\_\_\_\_
9. Does applicant seek license to sell alcoholic liquor upon the premises as a restaurant?  
\_\_\_\_\_ If so, are premises  
(A) Maintained and held out to the public as a place where meals are actually and  
regularly served? \_\_\_\_\_  
(B) Provided with adequate and sanitary kitchen and dining room equipment and  
capacity with sufficient employees to prepare, cook and serve suitable food?  
\_\_\_\_\_
10. If applicant is a club, has it the qualifications described in the Illinois Liquor Control Act  
relating to alcoholic liquors? \_\_\_\_\_
11. Name of Corporation, L.L.C. or Partnership (if any) \_\_\_\_\_
12. Date of Incorporation or Formation \_\_\_\_\_ under the laws of the  
State of: \_\_\_\_\_
13. Objectives of Corporation as set forth in Articles of Incorporation \_\_\_\_\_  
(Attach Articles of Incorporation and Certificate of Good Standing)
14. Is applicant licensed as a food dispenser? \_\_\_\_\_ If so, give number of  
license \_\_\_\_\_
15. If intended licensee is a corporation, is the stock publicly traded? \_\_\_\_\_
16. If Applicant is a corporation, give name and address of Registered Agent  
\_\_\_\_\_
17. Telephone Number of Business Location \_\_\_\_\_
18. Does Applicant own the premises to be licensed? \_\_\_\_\_ If yes, attach proof of  
ownership.
19. Does Applicant have a lease for the premises to be licensed? \_\_\_\_\_ If yes, attach a  
copy of the executed lease or rental agreement.  
Effective Date \_\_\_\_\_ Date of Termination \_\_\_\_\_
20. If Applicant does not own or lease the premises to be licensed, describe in detail the  
Applicant's possessory interest in the property.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. If Applicant is not an Illinois corporation, is the Applicant authorized to transact business in Illinois? \_\_\_\_\_
22. If Applicant is an individual, is the Applicant a citizen of the United States? \_\_\_\_\_
23. Attach a certificate of dram shop insurance coverage.
24. Will two separate restrooms be provided with hot and cold running water together with clean towels? \_\_\_\_\_
25. Describe methods Applicant will use in cleaning the premises and of sterilizing glasses and dishes and cleaning coils used in connection with dispensing draught beer.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
26. If business is to offer food service, describe methods to be used, facilities, and all sanitation and cleanliness procedures which will be followed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
27. Has Applicant ever held or been issued a liquor license? \_\_\_\_\_  
Explain \_\_\_\_\_
28. Has Applicant, or in the case of a corporation, any person owning in the aggregate 5% or more of the shares of stock, or in the case of a partnership any of the partners, or in the case of an L.L.C., any of the managers ever had a liquor license revoked or suspended in any Village or State? \_\_\_\_\_  
Explain \_\_\_\_\_
29. Have you, or any officer, director, manager, partner or shareholder owning in the aggregate 5% or more of the shares of stock, the local manager, or in the case of a partnership, any of the partners ever been convicted of:
- |  |              |             |
|--|--------------|-------------|
| a) a gambling offense?   | _____<br>Yes | _____<br>No |
| b) a felony under any state or federal law?  | _____<br>Yes | _____<br>No |
| c) any violation under a state or federal liquor law?  | _____<br>Yes | _____<br>No |
| d) of keeping a house of ill fame, pandering or other crime or offense opposed to decency or morality? | _____<br>Yes | _____<br>No |

If yes, give a detailed explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Have you, or any officer, director, manager, partner or shareholder owning in the aggregate 5% or more of the shares of stock, the local manager, or in the case of a partnership, any of the partners ever been issued a federal gaming device stamp or a federal wagering stamp? \_\_\_\_\_. If yes, explain  
\_\_\_\_\_
31. Will the licensee familiarize yourself with all laws of the State of Illinois, and ordinances of the Village of Rosemont, pertaining to the sale of alcoholic liquor and abide by them?  
\_\_\_\_\_
32. Will the licensee attempt to prevent rowdiness, fights, and disorderly conduct of any kind and immediately notify the police department if any such events take place?  
\_\_\_\_\_
33. Will the licensee and all of its employees refuse to serve or sell alcoholic liquor to intoxicated person(s) or to person(s) under twenty-one (21) years of age? \_\_\_\_\_
34. Are/will all onsite managers, servers and bartenders be Bassett certified within sixty (60) days of issuance of Retail Local Liquor License? \_\_\_\_\_  
\_\_\_\_\_

***"I swear (or affirm) that the statements and answers in this application are true. I further state that I will not violate any of the laws or statutes of the United States of America, the statutes of the State of Illinois or the ordinances of the Village of Rosemont in the conduct of the business for which this license is issued."***

\_\_\_\_\_  
Signature of Person Completing this Form

\_\_\_\_\_  
Date



VILLAGE OF ROSEMONT LIQUOR LICENSE APPLICATION

CORPORATE STATEMENT
(Partnership, Limited Liability Corporation, or Corporation)

Partnership LLC Corporation (Check One)

The following persons, LLCs, managers or owners of five (5%) percent or more in the aggregate of the shares of stock in the corporation or partners in such partnership, as the case may be, or the stock of such corporation:

Table with columns: Name, Address, Phone, Soc.Sec. No., Date of Birth, %Interest, Title. Contains four rows of personal information fields.

(social security numbers will be used to conduct criminal background investigations) (use additional sheets if necessary)

Total 100%

Under penalty of perjury, as provided by law, the \_\_\_\_\_ swears (or affirms) that the statements contained herein are true and correct.

Signature of Person Completing this Form Date

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

Notary Public

State Of Illinois ) ) SS County of \_\_\_\_\_ )

I, the undersigned, a Notary Public in and for said County, in the State aforesaid DO HEREBY CERTIFY that \_\_\_\_\_, personally known to me to be the same person\_\_\_\_ subscribed to the foregoing instrument, appeared before me this date in person, and acknowledged that \_\_\_\_\_ signed, sealed and delivered the said instrument as \_\_\_\_\_ free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Commission expires: \_\_\_\_\_

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Notary Public

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize any Municipal, County, State or Federal Criminal Justice Agency to release information concerning the existence or non-existence of any criminal record information. I agree to hold harmless the Village of Rosemont, its employees and those Criminal Justice Agencies and their employees from any action or claim arising out of the release of such information and waive all rights to damages of any form I may suffer from the release of such information.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

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

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

(Notary Seal)