



VILLAGE OF ROSEMONT

HEALTH & LICENSE DEPARTMENT  
9501 WEST DEVON AVE, 2<sup>ND</sup> FLOOR, ROSEMONT, ILLINOIS 60018  
(847) 825-4404

## LIQUOR LICENSE RENEWAL

### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_  
 LICENSE NUMBER: \_\_\_\_\_ LIQUOR CLASS: \_\_\_\_\_  APPROVED  DENIED

### DOCUMENTS TO INCLUDE:

COMPLETED RENEWAL APPLICATION  INSURANCE  MANAGER BASSET CERTIFICATE

*ALL INFORMATION IN THIS FORM MUST BE COMPLETED IN BLACK INK OR MAY BE TYPEWRITTEN. EVERY QUESTION MUST BE ANSWERED. ILLEGIBLE ANSWERS WILL BE CONSIDERED INCOMPLETE AND WILL DELAY ISSUANCE OF LICENSE. FALSE OR MISLEADING ANSWERS MAY RESULT IN REFUSAL OF ISSUANCE OF THIS LICENSE.*

### BUSINESS INFORMATION

BUSINESS NAME:		
CORPORATE NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
WEBSITE:	BUSINESS EMAIL:	

### APPLICANT INFORMATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
RELATIONSHIP TO THE BUSINESS FOR WHICH THE LICENSE IS SOUGHT: <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER:		

DESCRIPTION/NATURE OF BUSINESS: \_\_\_\_\_

LIQUOR TO BE SERVED AND SOLD :  ALCOHOLIC LIQUOR  BEER & WINE ONLY  WINE ONLY

HOURS OF OPERATION: MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ TH \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

**DIRECTORS/OFFICERS/LLC MANAGERS/LLC MEMBERS/PARTNERS/SHAREHOLDERS**  
**ANY SHAREHOLDER OWNING MORE THAN 5% OF THE AGGREGATE STOCK MUST BE IDENTIFIED BELOW**

NAME:		TITLE:	
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:			
ADDRESS:			
PHONE:		% OF OWNERSHIP:	
DATE OF BIRTH:	PLACE OF BIRTH:	SOCIAL SECURITY #	
NAME:		TITLE:	
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:			
ADDRESS:			
PHONE:		% OF OWNERSHIP:	
DATE OF BIRTH:	PLACE OF BIRTH:	SOCIAL SECURITY #	
NAME:		TITLE:	
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:			
ADDRESS:			
PHONE:		% OF OWNERSHIP:	
DATE OF BIRTH:	PLACE OF BIRTH:	SOCIAL SECURITY #	
NAME:		TITLE:	
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:			
ADDRESS:			
PHONE:		% OF OWNERSHIP:	
DATE OF BIRTH:	PLACE OF BIRTH:	SOCIAL SECURITY #	
NAME:		TITLE:	
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:			
ADDRESS:			
PHONE:		% OF OWNERSHIP:	
DATE OF BIRTH:	PLACE OF BIRTH:	SOCIAL SECURITY #	

**LOCAL MANAGER INFORMATION**

THIS SECTION MUST BE COMPLETED BY EACH INDIVIDUAL HAVING SUPERVISORY OR MANAGEMENT RESPONSIBILITY OVER THE CONDUCT OF BUSINESS AT THE PREMISES FOR WHICH A LIQUOR LICENSE IS BEING SOUGHT. ADD ADDITIONAL SHEETS AS NECESSARY.

**\*BASSET CERTIFICATE AND FINGERPRINTS MUST BE ON FILE WITH LICENSING DEPARTMENT.**

NAME:		TITLE:	
DATE OF HIRE:			
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		
BIRTHDATE:	PLACE OF BIRTH:	SOCIAL SECURITY #	
<input type="checkbox"/> FINGERPRINTS ON FILE		<input type="checkbox"/> BASSET CERTIFICATE ON FILE	

**NEW MANAGERS MUST COMPLETE THE MANAGER FORM ON THE FOLLOWING PAGE AND BE FINGERPRINTED AT ACCURATE BIOMETRICS**

**AFFADAVIT**

I, \_\_\_\_\_, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, HAVE COMPLETED THIS APPLICATION AND ENSURE THAT THE STATEMENTS MADE THEREIN ARE TRUE, COMPLETE AND CORRECT. THE INTENT FOR COMPLETING THIS APPLICATION IS FOR THE PURPOSE OF RENEWING OUR LIQUOR LICENSE WITH THE VILLAGE OF ROSEMONT. OTHER THAN SET FORTH IN THIS RENEWAL APPLICATION, THERE HAS BEEN NO MATERIAL CHANGE IN THE PREMISES; AND THE ANSWERS MADE TO QUESTIONS IN THE ORIGINAL APPLICATION ARE STILL TRUE AND ACCURATE. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO NOTIFY THE LIQUOR CONTROL COMMISSIONER OF ANY FACT REQUESTED IN THIS APPLICATION OR OMISSION OF ANY FACT PERTINENT TO THIS APPLICATION SHALL CONSTITUTE GOOD CAUSE FOR THE LIQUOR CONTROL COMMISSIONER TO DENY THIS APPLICATION AND/OR REVOKE ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION

I FURTHER GIVE MY PERMISSION TO THE VILLAGE OF ROSEMONT TO CONDUCT A BACKGROUND INVESTIGATION, WHICH MAY INCLUDE FINGERPRINTING, AS REQUIRED BY THE FOREGOING APPLICATION.

_____	_____	_____
SIGNATURE	TITLE/POSITION	DATE
_____		
[PRINTED NAME]		

SUBSCRIBED TO AND SWORN TO BEFORE ME: \_\_\_\_\_  
NOTARY SIGNATURE

THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_.

STATE OF \_\_\_\_\_; COUNTY OF \_\_\_\_\_

[NOTARY SEAL]

**LOCAL MANAGER INFORMATION**

THIS SECTION MUST BE COMPLETED BY EACH INDIVIDUAL HAVING SUPERVISORY OR MANAGEMENT RESPONSIBILITY OVER THE CONDUCT OF BUSINESS AT THE PREMISES FOR WHICH A LIQUOR LICENSE IS BEING SOUGHT. ADD ADDITIONAL SHEETS AS NECESSARY.

**\*PLEASE SUBMIT COPY OF BASSET CERTIFICATE AND FINGERPRINT RECEIPT FROM ACCURATE BIOMETRICS**

APPLICANT:

NAME OF LOCAL MANAGER:

TITLE:

DATE OF HIRE BY APPLICANT:

HOME ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

BIRTHDATE:

PLACE OF BIRTH:

SOCIAL SECURITY #

DRIVER'S LICENSE/STATE ID #

STATE ISSUED:

**BACKGROUND INFORMATION**

ALL QUESTIONS MUST BE ANSWERED. FOR QUESTIONS ANSWERED "YES" PLEASE PROVIDE DETAILED DOCUMENTATION. INDIVIDUALS COMPLETING THIS FORM MUST BE FINGERPRINTED BY ACCURATE BIOMETRICS. PLEASE SEE ATTACHED FORM.

HAVE YOU EVER BEEN CONVICTED OF:

- 1. A FELONY UNDER ANY STATE OR FEDERAL LAW?.....  YES  NO
- 2. KEEPING A PLACE OF PROSTITUTION OR PROMOTING PROSTITUTION?.....  YES  NO
- 3. KEEPING A PLACE OF JUVENILE PROSTITUTION OR PROMOTING JUVENILE PROSTITUTION?.....  YES  NO
- 4. PANDERING OR ANY CRIME OR MISDEMEANOR OPPOSED TO DECENCY AND MORALITY?.....  YES  NO
- 5. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION UNDER A STATE OR FEDERAL LIQUOR LAW?.....  YES  NO
- 6. ANY GAMBLING OFFENSE?.....  YES  NO

PROVIDE A DETAILED EXPLANATION AND DETAILED DOCUMENTATION FOR ALL "YES" ANSWERS:

HAVE YOU EVER HAD ANY LIQUOR LICENSE SUSPENDED OR REVOKED? .....  YES  NO

IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION:

HAS THE APPLICANT EVER BEEN ISSUED A FEDERAL WAGERING STAMP? .....  YES  NO

IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION:

ARE YOU LICENSED AS A MANUFACTURER OF BEER BY ANY AUTHORITY AND HAVE ANY DIRECT OR INDIRECT INTEREST IN A PERSON/ENTITY LICENSED IN ILLINOIS AS A DISTRIBUTOR OR IMPORTING DISTRIBUTOR?  YES  NO

ARE YOU LICENSED AS A DISTRIBUTOR OR IMPORTING DISTRIBUTOR IN ILLINOIS AND HAVE ANY DIRECT OR INDIRECT INTEREST IN A PERSON/ENTITY LICENSED AS A MANUFACTURER OF BEER BY ANY AUTHORITY?  YES  NO

**ADDITIONAL INFORMATION**

ARE YOU BASSET (BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING) CERTIFIED?  YES  NO

HAVE YOU COMPLETED A FINGERPRINT CHECK WITH THE VLLAGE OF ROSEMONT WITHIN THE PAST YEAR?  YES  NO  
IF YES, PLEASE CONTACT THE HEALTH & LICENSE DEPT. TO ENSURE A COPY IS ON FILE.

WILL YOU FAMILIARIZE YOURSELF WITH ALL THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE VILLAGE OF ROSEMONT, PERTAINING TO THE SALE OF ALCOHOLIC LIQUOR AND ABIDE BY THEM?  YES  NO

**AFFADAVIT FOR SECTION 5**

I, \_\_\_\_\_, THE UNDERSIGNED, AFTER FIRST BEING DULY SWORN AND UNDER OATH DO HEREBY SWEAR/AFFIRM UNDER THE PENALTY OF PERJURY THAT I AM OF GOOD REPUTE, CHARACTER AND STANDING, THAT I HAVE REVIEWED AND COMPLETED THE ANSWERS TO THE QUESTIONS ASKED AND THAT MY ANSWERS INDICATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT ANY UNTRUE, MISLEADING OR INCORRECT ANSWER GIVEN IS SUFFICIENT CAUSE FOR REFUSAL TO GRANT, OR THE REVOCATION OF, ANY LIQUOR LICENSE GRANTED PURSUANT TO SUCH APPLICATION.

I FURTHER GIVE MY PERMISSION TO THE VILLAGE OF ROSEMONT TO CONDUCT A BACKGROUND INVESTIGATION, WHICH MAY INCLUDE FINGERPRINTING, AS REQUIRED BY THE FOREGOING APPLICATION.

_____	_____	_____
SIGNATURE	TITLE/POSITION	DATE
_____		
[PRINTED NAME]		

SUBSCRIBED TO AND SWORN TO BEFORE ME:

\_\_\_\_\_

NOTARY SIGNATURE

THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

STATE OF \_\_\_\_\_;COUNTY OF \_\_\_\_\_

[NOTARY SEAL]



Phone: 773-685-5699  
Fax: 773-685-5433  
www.accuratebiometrics.com

## Village of Rosemont Liquor License Fingerprint Applicant Form

Please Provide The Following Information (Please Print Clearly).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: ( State or Country if outside USA): \_\_\_\_\_

ORI-IL016990L

\_\_\_\_\_  
(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN# \_\_\_\_\_ Date Printed \_\_\_\_\_