



VILLAGE OF ROSEMONT

HEALTH & LICENSE DEPARTMENT

9501 WEST DEVON AVE, 2ND FLOOR, ROSEMONT, ILLINOIS 60018

(847) 825-4404

LIQUOR LICENSE APPLICATION INSTRUCTIONS

THE FOLLOWING REQUIREMENTS MUST BE MET BEFORE APPLICATION IS PROCESSED AND LICENSE IS ISSUED. ALL SUPPLEMENTAL INFORMATION REQUIRED BELOW MUST BE SUBMITTED WITH THE COMPLETED APPLICATION.

<input type="checkbox"/>	A COPY OF THE CORPORATION'S ARTICLES OF INCORPORATION
<input type="checkbox"/>	A COPY OF THE TITLE OR LEASE OF THE PREMISES WHERE THE BUSINESS WILL OPERATE
<input type="checkbox"/>	A COPY OF DRAM SHOP INSURANCE, LISTING THE VILLAGE OF ROSEMONT AS ADDITIONAL INSURED
<input type="checkbox"/>	A NOTARIZED AFFIDAVIT FOR EACH APPLICANT, LOCAL MANAGER AND SHAREHOLDER (IF APPLICABLE)
<input type="checkbox"/>	A COPY OF THE FLOOR PLAN OF THE PREMISES
<input type="checkbox"/>	NON-REFUNDABLE APPLICATION FEE OF \$200.00
<input type="checkbox"/>	LIQUOR LICENSE FEE AS PROVIDED FOR BELOW

ADDITIONAL REQUIREMENTS

ANY INDIVIDUAL OWNING 5% OR MORE IN THE AGGREGATE OF STOCK IN THE CORPORATION MUST BE IDENTIFIED AND MUST UNDERGO A BASIC BACKGROUND CHECK AS EXPLAINED IN SECTION 3 OF THIS APPLICATION

EACH INDIVIDUAL HAVING SUPERVISORY OR MANAGEMENT RESPONSIBILITY OVER THE BUSINESS'S EMPLOYEES MUST COMPLETE SECTION 5 OF THIS APPLICATION

EACH MANAGER AND SERVER MUST COMPLETE THE BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING (BASSET) PROGRAM, AND MUST KEEP SUCH CERTIFICATES ON FILE AT PLACE OF BUSINESS

LICENSE APPROVAL TAKES A MINIMUM OF 2 WEEKS AND MAY TAKE LONGER

FEE SCHEDULE

PLEASE SELECT THE APPROPRIATE LIQUOR CLASSIFICATION FROM THE LIST BELOW. PLEASE REFER TO THE ATTACHED LIQUOR CLASSIFICATION SHEET FOR A DESCRIPTION OF EACH LICENSE CLASSIFICATION AND ITS REQUIREMENTS.

<input type="checkbox"/> CLASS A (HOTEL) \$4,500.00	<input type="checkbox"/> CLASS G (ONE-DAY/VILLAGE PROPERTY ONLY) \$25.00
<input type="checkbox"/> CLASS B (RESTAURANT) \$3,000.00	<input type="checkbox"/> CLASS I (CATERING) \$1,500.00
<input type="checkbox"/> CLASS B1 (COCKTAIL LOUNGE) \$3,000.00	<input type="checkbox"/> CLASS J (SPECIAL CIRCUMSTANCES EXTENDED HOURS) \$100.00
<input type="checkbox"/> CLASS B2 (KIOSK AT MALL) \$3,000.00	<input type="checkbox"/> CLASS L (MOVIE THEATER) \$3,000.00
<input type="checkbox"/> CLASS C (LIQUOR STORE/PACKAGE SALES) \$1,000.00	<input type="checkbox"/> CLASS M (CATERING-HOTEL ONLY) \$500.00
<input type="checkbox"/> CLASS D (RESTAURANT-TABLE SERVICE ONLY) \$2,000.00	<input type="checkbox"/> CLASS N (ONE DAY) \$50 PER DAY
<input type="checkbox"/> CLASS E (GOVERNMENT FACILITY) \$1,500.00	<input type="checkbox"/> CLASS P (PATIO -CLASS A, B, B1, D, F, G HOLDERS) \$500.00
<input type="checkbox"/> CLASS E1 (ENTERTAINMENT DISTRICT) \$3,500.00	<input type="checkbox"/> CLASS S (WINE & LIQUOR TASTING) \$50 PER DAY
<input type="checkbox"/> CLASS E2 (ENTERTAINMENT DISTRICT SPECIAL EVENT) \$500.00	<input type="checkbox"/> CLASS W (WINE TASTING & PACKAGE SALES) \$100 PER EVENT
<input type="checkbox"/> CLASS E3 (ENTERTAINMENT DISTRICT BREW PUB) \$3,500.00	<input type="checkbox"/> BYOB \$250.00
<input type="checkbox"/> CLASS F (BEER & WINE ONLY) \$2,500.00	<input type="checkbox"/> 4 A.M. EXTENSION (CLASS A, B, B1, E, E1 HOLDERS) \$500.00



VILLAGE OF ROSEMONT

HEALTH & LICENSE DEPARTMENT

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(847) 825-4404

LIQUOR LICENSE APPLICATION

FOR OFFICE USE ONLY

<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> EXISTING BUSINESS	<input type="checkbox"/> CHANGE OF OWNERSHIP
<input type="checkbox"/> APPLICATION COMPLETE	DATE RECEIVED: _____	AMOUNT PAID: _____
<input type="checkbox"/> INSURANCE		
<input type="checkbox"/> ARTICLES OF INCORPORATION	LIQUOR CLASS: _____	CHECK NUMBER: _____
<input type="checkbox"/> LEASE OR TITLE		
<input type="checkbox"/> FEES RECEIVED	LICENSE NUMBER: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
<input type="checkbox"/> STATEMENT OF MANAGER		

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.

SECTION 1 APPLICANT INFORMATION

NAME OF APPLICANT:		
NAME OF INDIVIDUAL COMPLETING APPLICATION FOR APPLICANT:		
THE APPLICANT IS A: <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OTHER:		
STATE OF THE APPLICANT'S INCORPORATION/FORMATION:		DATE OF FORMATION:
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:		
ADDITIONAL INFORMATION FOR INDIVIDUAL APPLICANTS ONLY		
BIRTHDATE:	GENDER:	SOCIAL SECURITY #
DRIVER'S LICENSE/STATE ID #		STATE:
U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE OF BIRTH:	

APPLICANT'S BACKGROUND INFORMATION

*ALL QUESTIONS MUST BE ANSWERED.
FOR QUESTIONS ANSWERED "YES" PLEASE PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION.
ADD ADDITIONAL SHEETS AS NECESSARY.*

HAS THE APPLICANT 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:

HAS THE APPLICANT 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:

DOES THE APPLICANT OWN OR LEASE THE BUILDING OR SPACE IN WHICH THE BUSINESS IS LOCATED? OWN LEASE

IF A CORPORATION OR LLC APPLICANT WAS NOT FORMED IN ILLINOIS, IS IT AUTHORIZED TO TRANSACT BUSINESS IN ILLINOIS YES NO

IF A CORPORATION OR LLC, IS IT IN GOOD STANDING WITH THE STATE OF ILLINOIS? YES NO

IS THE APPLICANT 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

IS THE APPLICANT 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

**SECTION 2
BUSINESS INFORMATION**

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

A STATE OF ILLINOIS SALES USE TAX# IS **REQUIRED** FOR ALL (ILLINOIS AND NON-ILLINOIS BASED) LPS, LLPs, LLCs, CORPORATIONS AND NON-PROFIT CORPS.

ILLINOIS SALES USE TAX #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ASSIGNED BY THE ILLINOIS DEPARTMENT OF REVENUE AT HTTP://TAX.ILLINOIS.GOV/BUSINESSES/REGISTER.HTM
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A FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) IS **REQUIRED** FOR ALL BUSINESSES

FEDERAL TAX ID #	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ASSIGNED BY THE INTERNAL REVENUE SERVICE AT 230 S. DEARBORN ST., (312) 566-4912, OR WWW.IRS.GOV/BUSINESSES>EMPLOYER ID NUMBERS (EINs)
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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 _____

INFORMATION FOR RESTAURANTS

DOES THE APPLICANT SEEK TO SELL AND/OR SERVE LIQUOR UPON THE PREMISES OF A RESTAURANT? IF NO, SKIP TO NEXT SECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THE PREMISES MAINTAINED AND HELD OUT TO THE PUBLIC AS A PLACE WHERE MEALS ARE REGULARLY SERVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THE PREMISES PROVIDED WITH ADEQUATE AND SANITARY KITCHEN AND DINING ROOM EQUIPMENT AND CAPACITY WITH SUFFICIENT EMPLOYEES TO PREPARE, COOK AND SERVE SUITABLE FOOD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE RESTAURANT CURRENTLY HOLD A VALID BUSINESS LICENSE WITH THE VILLAGE OF ROSEMONT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT IS THE SEATING CAPACITY?	

INFORMATION FOR HOTELS

DOES THE APPLICANT SEEK TO SELL AND/OR SERVE LIQUOR UPON THE PREMISES OF A HOTEL? IF NO, SKIP TO NEXT SECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THE PREMISES MAINTAINED AND HELD OUT TO THE PUBLIC AS A PLACE WHERE MEALS ARE REGULARLY SERVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THE PREMISES PROVIDED WITH ADEQUATE AND SANITARY KITCHEN AND DINING ROOM EQUIPMENT AND CAPACITY WITH SUFFICIENT EMPLOYEES TO PREPARE, COOK AND SERVE SUITABLE FOOD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE HOTEL CURRENTLY HOLD A VALID BUSINESS LICENSE WITH THE VILLAGE OF ROSEMONT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

INFORMATION FOR LIQUOR STORES/PACKAGE SALES

DOES THE APPLICANT SEEK TO SELL AND/OR SERVE LIQUOR UPON THE PREMISES OF A PACKAGE STORE? IF NO, SKIP TO NEXT SECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE PACKAGE STORE USED ONLY FOR THE RETAIL SALE OF ALCOHOLIC LIQUOR IN ORIGINAL PACKAGES TO PERSONS AT LEAST 21 YEARS OF AGE FOR CONSUMPTION OFF THE PREMISES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE PACKAGE STORE CURRENTLY HOLD A VALID BUSINESS LICENSE WITH THE VILLAGE OF ROSEMONT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 3
DIRECTORS/OFFICERS/LLC MANAGERS/LLC MEMBERS/PARTNERS**

*CORPORATIONS MUST IDENTIFY EACH OF THE CORPORATION'S DIRECTORS AND OFFICERS BELOW; LIMITED LIABILITY COMPANIES MUST IDENTIFY ALL MANAGERS AND MEMBERS BELOW; PARTNERSHIPS MUST IDENTIFY EVERY GENERAL PARTNER BELOW.
EACH INDIVIDUAL IDENTIFIED MUST COMPLETE AND SIGN SECTION 4. ADD ADDITIONAL SHEETS AS NECESSARY.*

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"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
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"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
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"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
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"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
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"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		

SHAREHOLDERS

*IDENTIFY EACH SHAREHOLDER OWNING IN THE AGGREGATE MORE THAN 5% OF THE CORPORATION'S STOCK BELOW.
IDENTIFY EACH LIMITED PARTNER OWNING IN THE AGGREGATE MORE THAN 5% OF THE PARTNERSHIP BELOW.
EACH INDIVIDUAL IDENTIFIED MUST COMPLETE AND SIGN SECTION 4. ADD ADDITIONAL SHEETS AS NECESSARY.*

NAME:			% OF STOCK HELD:		
STATUS: <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
NAME:			% OF STOCK HELD:		
STATUS: <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
NAME:			% OF STOCK HELD:		
STATUS: <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> OTHER:					
TITLE:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
NAME:			% OF STOCK HELD:		
STATUS: <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
NAME:			% OF STOCK HELD:		
STATUS: <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		

**SECTION 4
ELIGIBILITY QUESTIONS FOR INDIVIDUALS IDENTIFIED IN SECTION 3**

APPLICANT:

NAME OF INDIVIDUAL RESPONDING:

HAS THE RESPONDING INDIVIDUAL 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:

HAS THE RESPONDING INDIVIDUAL EVER HAD ANY LIQUOR LICENSE SUSPENDED OR REVOKED? YES NO
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION:

HAS THE REponding INDIVIDUAL EVER BEEN ISSUED A FEDERAL WAGERING STAMP? YES NO
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION:

IS THE RESPONDING INDIVIDUAL 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

IS THE RESPONDING INDIVIDUAL 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

AFFIDAVIT FOR SECTION 3 & 4

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 IN THIS SECTION 4 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 OR MAY NOT 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]

**SECTION 5
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.

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?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. KEEPING A PLACE OF PROSTITUTION OR PROMOTING PROSTITUTION?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. KEEPING A PLACE OF JUVENILE PROSTITUTION OR PROMOTING JUVENILE PROSTITUTION?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. PANDERING OR ANY CRIME OR MISDEMEANOR OPPOSED TO DECENCY AND MORALITY?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION UNDER A STATE OR FEDERAL LIQUOR LAW?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. ANY GAMBLING OFFENSE?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDE A DETAILED EXPLANATION AND DETAILED DOCUMENTATION FOR ALL "YES" ANSWERS:	
HAVE YOU EVER HAD ANY LIQUOR LICENSE SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION:	
HAS THE APPLICANT EVER BEEN ISSUED A FEDERAL WAGERING STAMP? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL INFORMATION

ARE YOU BASSET (BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING) CERTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU COMPLETED A FINGERPRINT CHECK WITH THE VLLAGE OF ROSEMONT WITHIN THE PAST YEAR? <i>IF YES, PLEASE CONTACT THE HEALTH & LICENSE DEPT. TO ENSURE A COPY IS ON FILE.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 6
AFFIDAVIT OF APPLICANT**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

I, _____ THE UNDERSIGNED, AFTER FIRST BEING DULY SWORN AND UNDER OATH DO HEREBY SWEAR/AFFIRM THAT I AM THE _____ OF THE APPLICANT FOR THE LICENSE REQUESTED IN THE FOREGOING APPLICATION; THAT I HAVE THE AUTHORITY TO ACT ON BEHALF OF THE APPLICANT; THAT I AM OF GOOD REPUTE, CHARACTER AND STANDING, AND THAT THE ANSWERS TO THE QUESTIONS ASKED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE NOT TO VIOLATE ANY OF THE ORDINANCES OF THE VILLAGE OF ROSEMONT, ANY LAWS OF THE STATE OF ILLINOIS OR THE UNITED STATES OF AMERICA IN THE CONDUCT OF BUSINESS ON THE PREMISES IDENTIFIED HEREIN.

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

I FURTHER GIVE MY PERMISSION TO THE VILLAGE OF ROSEMONT TO CONDUCT A BACKGROUND INVESTIGATION, OF THE APPLICANT WHICH MAY OR MAY NOT INCLUDE FINGERPRINTING, AS REQUIRED BY THE FOREGOING APPLICATION.

SIGNATURE

TITLE/POSITION

DATE

SUBSCRIBED TO AND SWORN TO BEFORE ME

NOTARY SIGNATURE

THIS ____ DAY OF _____ 20____.

STATE OF _____; COUNTY OF _____

[NOTARY SEAL]