



**VILLAGE OF LONG GROVE**

**2016 LIQUOR LICENSE APPLICATION**

Name of Applicant: \_\_\_\_\_

\_\_\_\_\_ Sole Proprietorship      \_\_\_\_\_ Partnership      \_\_\_\_\_ Club      \_\_\_\_\_ Corporation

License Class(es) Applied For: \_\_\_\_\_

\_\_\_\_\_ New      \_\_\_\_\_ Renewal

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**NOTICE**

**Any license issued pursuant to this application will be conditioned upon the acquisition by the applicant of a State license issued by the Illinois Liquor Control Commission. Any license so conditionally issued shall not authorize the retail sale of any alcoholic liquor until proof of acquisition of such State license is furnished to the Local Liquor Control Commissioner. In the event that the applicant is refused a State license by said Commission, the license conditionally issued pursuant to this application shall become null and void.**

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- **IN ACCORDANCE WITH THE VILLAGE CODE AND 60 DAYS PRIOR TO THE ISSUANCE OF A NEW LIQUOR LICENSE, THE APPLICANT MUST SUBMIT A LIQUOR LICENSE APPLICATION. THE APPLICATION WILL BE REVIEWED BY THE VILLAGE BOARD OF TRUSTEES AND, IF APPROVED, AN AMENDMENT TO THE VILLAGE CODE WILL BE ENACTED.**
  - **LICENSES EXPIRE ON DECEMBER 31ST OF EACH CALENDAR YEAR AND ARE NOT PRO-RATED.**
  - **MAKE CHECK OR MONEY ORDER PAYABLE TO THE VILLAGE OF LONG GROVE.**
  - **PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION FORM MUST BEAR AN ORIGINAL SIGNATURE.**
  - **PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE.**
  - **ATTACH A COPY OF PROOF OF DRAM SHOP INSURANCE IN THE AMOUNT OF \$2,000,000. PLEASE NAME THE VILLAGE OF LONG GROVE AS THE CERTIFICATE HOLDER.**

The undersigned \_\_\_\_\_ hereby makes application for a Class \_\_\_\_\_ License under the Village of Long Grove Liquor Ordinance and tenders herewith the required annual license fee of \$ \_\_\_\_\_.

Schedule of Annual Fees for Liquor Licenses:

Class A	\$2,750.00
Class B	\$2,750.00
Class C	\$2,000.00
Class D	\$800.00
Class E	\$20.00
Class F	\$900.00
Class G	\$500.00
Class H	\$1,000.00
Class I	\$1,000.00
Class J	\$1,100.00
Class V	\$ 250.00

See Section 3-2-5 of the Village of Long Grove Liquor Control Ordinance for license class requirements and restrictions.

The fee to be paid for licenses issued under section 3-2-6 of the Village of Long Grove Liquor Control Ordinance shall be reduced in proportion to the number of quarters in a calendar year that have expired in the license year prior to the issuance of the license. Accordingly, the percentage of the otherwise applicable license fee shall be as follows, based on the date of license issuance:

First Quarter (January - March)	100%
Second Quarter (April - June)	75%
Third Quarter (July - September)	50%
Fourth Quarter (October - December)	25%

**I. Background Information**

1. Name of applicant \_\_\_\_\_
2. Name of business to be licensed if different from name of applicant  
\_\_\_\_\_
3. Eight digit Illinois Department of Revenue Business Tax (Sales Tax) number  
\_\_\_\_\_
4. Telephone number of sole proprietorship, partnership, club or corporation \_\_\_\_\_
5. Telephone number at the business premise location \_\_\_\_\_
6. Permanent address of Applicant (if less than two years, provide last previous address)  
\_\_\_\_\_
7. Address of premises to be licensed \_\_\_\_\_
8. Social Security Number or Taxpayer Employer Identification Number of Applicant  
\_\_\_\_\_
9. Applicant driver's license number and issuing state \_\_\_\_\_
10. Character of Applicant's business \_\_\_\_\_

11. If Applicant is a corporation or club, purpose for which it was formed

\_\_\_\_\_

12. Length of time Applicant has been in business of type specified in response to question 10 above

\_\_\_\_\_

13. Value of goods, wares, and merchandise currently on hand (specify accounting method, and whether book value or fair market value) \_\_\_\_\_

**II. Status of Business**

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company), which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the County Clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

**NOTE: In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.**

- |    |                          |                      |  |
|----|--------------------------|----------------------|--|
| A. | <input type="checkbox"/> | Sole Proprietorship  | Date filed with County Clerk: _____              |
| B. | <input type="checkbox"/> | Partnership          | Date of formation: _____                         |
| C. | <input type="checkbox"/> | Illinois Corporation | Date of incorporation: _____                     |
| D. | <input type="checkbox"/> | Foreign Corporation  | State of incorporation: _____                    |
|    |                          |                      | Date qualified to do business in Illinois: _____ |
| E. | <input type="checkbox"/> | Ltd. Liability Co.   | Dated formed: _____                              |

**III. Ownership Information**

Provide the owner/officer/partner information in accordance with the business status described under Question II. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholders owning in the aggregate stock equal to or more than 5% (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than 5% interest. All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on separate sheet(s) in the same format as this application requires.

For each owners/officers/partners/5% shareholder, provide full name, home address, city, state, zip code, social security number, date of birth, sex, title/position, home telephone number and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

**Ownership Information**

**A.**

Name (Last, First, Middle Initial)		Home address		City	State	Zip
Social Security #	Date of Birth	Sex	Title/Position	Area code/telephone #		% owned

**B.**

Name (Last, First, Middle Initial)		Home address		City	State	Zip
Social Security #	Date of Birth	Sex	Title/Position	Area code/telephone #		% owned

**C.**

Name (Last, First, Middle Initial)		Home address		City	State	Zip
Social Security #	Date of Birth	Sex	Title/Position	Area code/telephone #		% owned

**D.**

Name (Last, First, Middle Initial)		Home address		City	State	Zip
Social Security #	Date of Birth	Sex	Title/Position	Area code/telephone #		% owned

**E.** Total percentage of all stock held by all persons with less than 5% interest \_\_\_\_\_

#### IV. Statements Required

These questions apply to the applicant and any other person listed under Section III. These questions must be answered. If the response to any question requires further explanation, the Applicant may provide an explanation, typewritten and attached to this application. The Liquor Control Commissioner has discretion to investigate all responses made on this application and to examine the Applicant or its directors, officers and agents with respect to these responses.

	<b>Yes</b>	<b>No</b>
1. Does the Applicant have a current license issued by the Illinois State Liquor Commission?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the Applicant ever been convicted of a felony under any federal or state law?	<input type="checkbox"/>	<input type="checkbox"/>
3. If so, give details: _____		
4. Has the Applicant ever been convicted of a violation of any federal or state law or local ordinance concerning the manufacture, possession or sale of alcoholic liquor or has the Applicant ever forfeited bond to appear in court to answer charges for any such violation?	<input type="checkbox"/>	<input type="checkbox"/>
5. If so, give details: _____		
6. Has the Applicant ever been convicted of a gambling offense as proscribed by any federal or state law or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
7. If so, give details: _____		
8. Has the Applicant ever had a similar license issued under state or federal law or under any local ordinance revoked within ten (10) years of the date of the present application?	<input type="checkbox"/>	<input type="checkbox"/>
9. If so, give details: _____		
10. Has the Applicant had a similar license issued under state or federal law or under local ordinance suspended more than once within one (1) year of the present application?	<input type="checkbox"/>	<input type="checkbox"/>
11. If so, give details: _____		
12. Is the Applicant a Village employee, or law-enforcing official?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the Applicant been issued a federal gaming device stamp or a federal wagering stamp for the current taxable year?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a federal gaming device stamp been issued for the current taxable year with respect to the premises for which the license is sought?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do the premises for which a license is sought comprise a store or other place of business where the majority of customers are minors or school age or where the principal business transacted consists of schoolbooks, school supplies, food, lunches or drinks for such minors?	<input type="checkbox"/>	<input type="checkbox"/>
16. Will the retail sale of alcohol on the premises for which a license is sought violate any provision of the Village of Long Grove Zoning Ordinance?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are the premises for which a license is sought located within one hundred feet of any property serving any school, hospital, home for the aged, children or indigent persons, or any military or naval station or the nearest part of any church building used for worship or education purposes?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the Applicant a permanent resident of the Village of Long Grove?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the Applicant beneficially own the premises for which a license is being sought, or has a lease thereon for the full period for which a license is being sought?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the Applicant the beneficial owner of the business to be licensed?	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the manufacturer, wholesaler, distributor or importing distributor of alcoholic liquor or any person connected with or in any way representing such manufacturer, distributor, wholesaler, or importing distributor directly or indirectly paid or agreed to pay for this license, advance 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 or corporation directly or indirectly interested in the ownership, conduct or operation of this place of business?	<input type="checkbox"/>	<input type="checkbox"/>
22. Will the Applicant be personally, actively involved in the operation of the business to be licensed?	<input type="checkbox"/>	<input type="checkbox"/>
23. Is or will the Applicant be managed by a manager or agent?	<input type="checkbox"/>	<input type="checkbox"/>

- 24. Is the Applicant disqualified from receiving a license by reason of any matter of item contained in the laws of this State, this Ordinance, or other ordinances of the Village?
- 25. If operating as a sole proprietorship or partnership, and the Applicant is qualified and eligible to obtain the license applied for, are you and your partner(s) currently citizens of the United States or resident aliens with legal status?
- 26. Does the Applicant have a current liquor license issued by the Village of Long Grove for the premises for which a license is sought? If so, give details and attach a copy of the current liquor license: \_\_\_\_\_

**V. Signature and Oath**

This application shall not be deemed complete unless signed and dated by an owner, an officer, a partner or an officially authorized agent of the business. **The signature must be an original, rubber stamps are not accepted.** By placing his, her or their signature(s) as provided below, the signatory(s) is (are) affirming and swearing that the statements contained in this application are true and correct to the best of the signatory's (signatories') knowledge and belief and the applicant is qualified and eligible to obtain the license applied for. Such signature shall also represent the Applicant's agreement not to violate any of the ordinances or regulations of the Village of Long Grove or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the licensed premises described herein. Further, the signer agrees to notify the Village of Long Grove within thirty (30) working days of changes in any of the above information.

\_\_\_\_\_  
Signature of applicant/authorized agent

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date