

VILLAGE OF NORTHFIELD
LIQUOR LICENSE APPLICATION
INSTRUCTIONS

Before your application can be processed, you MUST complete the following requirements. Any supplemental information indicated below must be attached to this application at the time of delivery to the Village Manager's Office. If this is a Renewal application, has the ownership or management changed in any manner since the prior application? If yes, explain.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. In general, each stockholder or member owning an aggregate of more than twenty percent (20%) of the company and, every manager and assistant must schedule, 72 hours in advance, an appointment with the Northfield Police Investigation Section (847-446-2131) to be fingerprinted and background checked. <i>If the applicant is a publicly traded corporation on a recognized national exchange, the Liquor Commissioner may waive the requirement for fingerprinting and background checks for corporate stockholders, directors/officers and members out of state not involved in the day to day sales/service of alcohol at the Northfield location.</i> |
| <input type="checkbox"/> | 2. Complete the entire application. <i>(Each individual who has or will have supervisory or management responsibility over the business's employees MUST complete Section I and IV separately.)</i> |
| <input type="checkbox"/> | 3. Attach the following items to the completed application: <ul style="list-style-type: none"> a. A copy of the corporation's Articles of Incorporation. <i>(If the corporation was not incorporated in Illinois but in another state, you must also attach the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act);</i> b. Proof of ownership (title or lease) of the premises where the business will operate; c. A Management Company Affidavit (ONLY IF the business is operated by a manager or management company that is not a bona fide employee of the company); d. Notarized Affidavit (one for each applicant); e. Non-Refundable one-time application fee of \$2,000.00 for a new Liquor License. |
| <input type="checkbox"/> | 4. Return the application, documents, and fees mentioned under Step #3 to the Village Manager's Office |

OTHER REQUIREMENTS

Before the liquor license is valid, you must also submit the following documents to the Village Manager's Office.

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|--------------------------|---|
| <input type="checkbox"/> | 1. Payment in full for current license year. (First time applicants in the fourth quarter of year (Oct.-Dec.) pay ¼ of annual fee.) |
| <input type="checkbox"/> | 2. A copy of the corporation's Certificate of Insurance with Dram Shop Insurance. |
| <input type="checkbox"/> | 3. If you are leasing, a copy of the landlord's Certificate of Insurance or Host Liability Insurance Coverage. |
| <input type="checkbox"/> | 4. A copy of current State of Illinois Liquor License. |

Answers must be accurate and complete. Furnishing incorrect or misleading information shall be cause for License revocation. It is your sole responsibility to ascertain the veracity of your response. A claim that answers were given to the best of the answerer's knowledge will not be considered a defense to revocation.

LICENSE APPROVAL TAKES A MINIMUM OF 45 DAYS AND MAY TAKE LONGER.

After issuance of any license, the licensee shall provide written notice to the Liquor Commissioner of any change In any information set forth in the application within seven (7) days of the change.

NOTE: Liquor Licenses are not transferrable under any circumstances. At such time as any person becomes a 20% stockholder, owner or member who was not named as such at the time of application, the Liquor License will become VOID. If you anticipate a sale of the business or a 20% change in ownership, it is your sole responsibility to assure that a reapplication process is started well ahead of the change. ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED.

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VILLAGE OF NORTHFIELD LIQUOR LICENSE APPLICATION

(ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND RETURNED TO THE LIQUOR CONTROL COMMISSIONER'S/VILLAGE MANAGER'S OFFICE.)

NEW _____ RENEWAL _____ CLASSIFICATION _____ APPLICATION DATE _____

I. APPLICANT

Name: _____ Title: _____

Primary Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Social Security Number: **Not Required** U.S. Citizen? Yes No Sex: Male Female

Date of Birth: _____ Place of Birth (city, state): _____

Driver's License Number: _____

Height: _____ ft _____ inches Weight: _____ lbs Hair Color: _____ Eye Color: _____

What is your relationship to the business for which the license is sought? Owner Shareholder (20% or more) Other
 Officer/Director Member of LLC (20% or more)

List any other address at which you resided within the last ten (10) years.

Street	City	State	Zip Code	Date (mm/yy-mm/yy)
1.				
2.				
3.				
4.				

**An owner, officer or director of the corporation must complete this application.
Each License terminates on December 31 or upon closure of the establishment licensed.**

II. LIQUOR SERVICE

Select the type of liquor license you are applying for from the list of liquor license classifications below. See Section 16-5 of the Liquor Code, Ch. 16, for a description of each license classification and its particular requirements.

1. PACKAGE LICENSE (P) <input type="checkbox"/> Super Market (P-1) (\$4200) <input type="checkbox"/> Wine and Beer Only (P-2) (\$3200)	2. FOOD SERVICE LICENSE (F) <input type="checkbox"/> Restaurant Without Lounge (F-1) (\$2500) <input type="checkbox"/> Restaurant w/Corkage only (F-2) (\$1500) <input type="checkbox"/> Restaurant With Lounge (F-3) (\$3200) <input type="checkbox"/> Restaurant With Bar (F-4) (\$4455) <input type="checkbox"/> Senior Center (F-5) (\$1900) <input type="checkbox"/> Golf Course (F-6) (\$3500) <input type="checkbox"/> Corp. Headquarters (F-7) (\$2000) * (*) May require Management Entity Certificate	3. SPECIALTY LICENSE (S) <input type="checkbox"/> Gourmet Beverage Shop (S-1) (\$3500) <input type="checkbox"/> Special Conditions (S-2) (\$ set by LC) <input type="checkbox"/> Special Conditions (S-3) (\$50.00) CERTIFICATIONS <input type="checkbox"/> Management Entity Certificate (\$2000)
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III. BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Employer Identification Number (EIN): _____

Website: _____

DESCRIPTION OF BUSINESS FACILITY

Total Area (square feet)	Bar Area (square feet)	Kitchen Area (square feet)	Number of Tables	Type of Food Served	Number of Parking Spaces

IV. PREVIOUS LIQUOR LICENSES

Starting with the most recent, list any business you owned or operated by the applicant within the last ten (10) years that possessed a liquor license. If more space is needed, please use Section IX.

1. Business Name: _____

Address: _____

Phone: _____ Date Owned (mm/yy-mm/yy): _____

Liquor License Number: _____

2. Business Name: _____

Address: _____

Phone: _____ Date Owned (mm/yy-mm/yy): _____

Liquor License Number: _____

3. Business Name: _____

Address: _____

Phone: _____ Date Owned (mm/yy-mm/yy): _____

Liquor License Number: _____

4. Business Name: _____

Address: _____

Phone: _____ Date Owned (mm/yy-mm/yy): _____

Liquor License Number: _____

List and describe any incident requiring police intervention at any of the aforementioned businesses.

V. CORPORATE OR LLC INFORMATION

Corporation Name (include any DBA name): _____

Corporate Registered Agent/Contact: _____

Corporate HQ Address: _____

Corporate Phone: _____ Corporate Contact Cell Phone: _____

State of Incorporation: _____ Date of Incorporation: _____

DIRECTORS/ OFFICERS AND MEMBERS

Identify each of the corporation or LLC directors and officers or members below. If the corporate applicant is an entity publicly traded on a recognized national exchange, this section need not be completed provided that all appropriate information is supplied with respect to the managers of the premises as set forth in Sections I and III. If more space is needed use Section IX.

1. Name: _____

Title: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____

Title: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____

Title: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

4. Name: _____

Title: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

5. Name: _____

Title: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

6. Name: _____

Title: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

SHAREHOLDERS OR MEMBERS

Identify each of the corporation's shareholders or LLC members owing in the aggregate more than 20% of the corporation's stock or of the LLC below. If the corporate applicant is an entity publicly traded on a recognized national exchange, this section need not be completed provided that all appropriate information is supplied with respect to the managers of the premises as set forth in Sections I and III. If more space is needed use Section IX.

1. Name: _____	% of Stock Held: _____
Date of Birth: _____	
Home Address: _____	
Home Phone: _____	Cell Phone: _____
2. Name: _____	% of Stock Held: _____
Date of Birth: _____	
Home Address: _____	
Home Phone: _____	Cell Phone: _____
3. Name: _____	% of Stock Held: _____
Date of Birth: _____	
Home Address: _____	
Home Phone: _____	Cell Phone: _____
4. Name: _____	% of Stock Held: _____
Date of Birth: _____	
Home Address: _____	
Home Phone: _____	Cell Phone: _____
5. Name: _____	% of Stock Held: _____
Date of Birth: _____	
Home Address: _____	
Home Phone: _____	Cell Phone: _____

VI. MANAGER INFORMATION**	
Name:	_____
Home Address:	_____
Home Phone:	_____
Cell Phone:	_____
Email:	_____
Date of Birth:	_____
Date of Hire:	_____

VII. ASSOCIATE/SECONDARY MANAGER INFORMATION**	
Name:	_____
Home Address:	_____
Home Phone:	_____
Cell Phone:	_____
Email:	_____
Date of Birth:	_____
Date of Hire:	_____

****All managers MUST have fingerprints and background checks on file with the Liquor Commissioner's Office. New managers must contact the Liquor Control Commissioner's Office at 847/446-9200 x2231 to schedule an appointment.**

VIII. QUESTIONS

<p>1. Is the corporation incorporated in another state other than the State of Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a copy of the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act must be attached to the completed application. (For purposes of this section, all LLC's shall be deemed a corporation.)</p>	
<p>2. Has the corporation ever been dissolved either voluntarily or involuntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the date of reinstatement.</p>	
<p>3. Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the parent corporation's name.</p>	
<p>4. Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not named in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.</p>	
<p>5. How long has the corporation been in the business of the retail sale of alcohol? (years/months)</p>	
<p>6. Does the corporation own or lease the building or the space in which the business is located? <input type="checkbox"/> Own <input type="checkbox"/> Lease If you lease, a copy of the landlord's Dram Shop Insurance or Host Liability Insurance Coverage must be attached to this application. If you are a new applicant or a new lease has been executed, attach a copy of the lease.</p>	
<p>7. If the building is not owned, what is the expiration date of the lease?</p>	
<p>8. Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.</p>	
<p>9. If this is a new license application, what kind of business was previously conducted in the space in which you intend to operate your business?</p>	
<p>10. Has any director, officer, shareholder, member or any of your managers ever been found guilty of a felony or misdemeanor, including but not limited to any gambling offense or alcohol/substance related traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not, whether expunged or not, and SHALL SPECIFICALLY INCLUDE ANY ORDERS OF COURT SUPERVISION, WHETHER SATISFACTORILY COMPLETED OR NOT.</p>	
<p>11. Does any director, officer, shareholder, member or any of your managers hold any law enforcement office? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name, title and agency.</p>	

<p>12. In the past two years has any director, officer, shareholder, member or any of your managers given any gifts or gratuities or made any political contribution to any member of the Northfield Board of Trustees or to any member of the Illinois State Liquor Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the contributor's name, the total contribution, and the name of the elected official that received the contribution, and the date of the contribution.</p>	
<p>13. Does any director, officer, shareholder, member or manager posses a current Federal Wagering or Gambling Device Stamp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name and reason.</p>	
<p>14. Has any director, officer, shareholder, member or any of your managers ever held a liquor license in the United States not previously listed under Section III? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name, the date of the license, city and state of each license:</p>	
<p>15. Has any director, officer, shareholder, member or any of your managers ever held a liquor license (wholesale or retail) that was revoked by the federal, state, county or local government? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name, date of revocation, and reason why.</p>	
<p>16. Has any director, officer, shareholder, member or any of your managers ever been denied a liquor license from any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name and reasons why.</p>	
<p>17. Other than when making an initial application for a license, has any director, officer, shareholder, member, any of your managers or your corporation, parent, subsidiary or predecessor ever been subject to charges, a hearing or an investigation by any jurisdiction with respect to a liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason for the investigation or hearing.</p>	
<p>18. Is any person listed in V, VI, VII or any of your managers, directors, officers directly or indirectly connected with the office of an elected public official? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person, office and unit of government.</p>	

IX. ADDITIONAL INFORMATION

X. AFFIDAVIT

I, the undersigned, being duly sworn, under oath depose and say that I am an the applicant or authorized agent thereof for the license requested in the foregoing Application; that I am of good repute, character and standing and that answers to the questions asked in the foregoing Application are true, complete and correct. I further state that I have read and understand Chapter 16 (Alcoholic Liquors) provisions of the Northfield Village Municipal Code which address the sale and delivery of alcoholic beverages and acknowledge and understand the requirements. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the Village of Northfield in the conduct of my/this place of business.

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

I further give my permission to the Village of Northfield or any agency thereof to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

Signature of Applicant/License Holder/
Authorized Agent

Title/Position

Date

I _____ a Notary Public in and for said county in the state aforesaid, do hereby certify that _____ personally known to me to be the applicant(s)/license holder, appeared before me this _____ day of _____, 20 _____ that he/she/they signed the foregoing application as his/her/their free in person and acknowledged and voluntary act for the use and purposes therein set forth.

Notary Public

(Seal)

OFFICIAL USE ONLY

APPROVED **DENIED**

Requirements

- Articles of Inc.
- Basset Training
- Fee - Application
- Fee - License
- Fingerprints
- Insurance
- Lease
- Mgt Co Affidavit
- Copy of State Liquor License
-
-

NOTES

Signature of Local Liquor Control Commissioner

Local Liquor Control Commissioner

Date