

APPLICATION FOR LIQUOR LICENSE



10 S. Municipal Drive
Sugar Grove, IL 60554
www.sugar-grove.il.us
phone 630-466-4507
fax 630-466-4521

All information on this form must be completed in black ink, printed or typed and submitted to:
Sugar Grove Village Clerk, 10 S. Municipal Drive, Sugar Grove, IL 60554

License Year ____/____/____ to
____/____/____

1. Applicant Information:

Applicant / Corporate Name _____

D/B/A Name _____

Business Location Address _____

Business Phone _____ Cell _____ Fax: _____

Website: _____

Applicant's Representative _____

Representatives Phone _____ Cell _____

Email address for Contacting Business _____

2. Official Use Only

Requirements – New Applications Only

- Application Fee
- Business Information Sheet
- Copy of Certificate of State Registration
- Copy of Certificate of Occupancy
- Copy of Certificate of Incorporation

Requirements – New & Renewal Applications

- Copy of Lease / Proof of Ownership
- Copy of Dram Shop (Liquor Liability Insurance)
- Copy of County Health Dept. Certificate
- Copy of Menu, if applicable
- Copy of State Liquor License
- Copy of State Certified Beverage Alcohol Sellers / Servers Training Certificate
- License Fee
- Personal Information Forms

Approved
 Denied
Date of Approval / Denial _____

Date received _____
Date issued _____

License Number _____

President / Liquor Control Commissioner

3. Business Information

Business Name _____
 Business Location Address _____
 Employer Identification Number (EIN) _____
 Website _____

Description of Business Facility

Total Area (square feet)	Entertain Area (square feet)	Kitchen Area (square feet)	Number of Seats	Number of Parking Spaces

4. Liquor License Classification

Select the classification of liquor license(s) you applying / re-applying for from the listing of classifications below. See Section 3-2-6 of the Sugar Grove Code for a description of each license classification and its particular requirements.

<input type="checkbox"/>	Class - A	Tavern.....	\$1900.00
<input type="checkbox"/>	Class - B	Package.....	\$1,250.00
<input type="checkbox"/>	Class - C	Temporary.....	\$ 50.00
<input type="checkbox"/>	Class - D	Club.....	\$ 750.00
<input type="checkbox"/>	Class - E	Restaurant.....	\$,1450.00
<input type="checkbox"/>	Class - F	Beer and Wine.....	\$1,950.00
<input type="checkbox"/>	Class - G	Golf Course.....	\$ 900.00
<input type="checkbox"/>	Class - H	Hotel.....	\$2,200.00
<input type="checkbox"/>	Class - J	Specialty Basket.....	\$ 575.00
<input type="checkbox"/>	Class - K	Catering.....	\$1,150.00
<input type="checkbox"/>	Class - L	Restaurant and Tavern.....	\$1,850.00
<input type="checkbox"/>	Class - M	Temporary Farmers' Market.....	\$ 200.00
<input type="checkbox"/>	Class - P	Private Club.....	\$2,400.00
<input type="checkbox"/>	Class - O	Special Governmental Event.....	\$ 50.00
<input type="checkbox"/>	Class - TP	Tasting Permit (must hold a B, D, J, or P license).....	\$ 200.00

5. Owner / Manager Information

Please provide the below requested information as follows:

Sole Proprietor or Partnership – ALL owners(s) and partners

Corporations – ALL Directors and officers

If more space is need, please attach a separate sheet

Name _____

Position with business _____ % of Ownership _____

Driver's License Number _____ State of Issuance _____

(provide copy of License)

Date of Birth _____ Place of Birth _____

Home Address _____

Home Phone _____ Cell _____

Email address _____

Name _____

Position with business _____ % of Ownership _____

Driver's License Number _____ State of Issuance _____

(provide copy of License)

Date of Birth _____ Place of Birth _____

Home Address _____

Home Phone _____ Cell _____

Email address _____

Name _____

Position with business _____ % of Ownership _____

Driver's License Number _____ State of Issuance _____

(provide copy of License)

Date of Birth _____ Place of Birth _____

Home Address _____

Home Phone _____ Cell _____

Email address _____

Name _____

Position with business _____ % of Ownership _____

Driver's License Number _____ State of Issuance _____

(provide copy of License)

Date of Birth _____ Place of Birth _____

Home Address _____

Home Phone _____ Cell _____

Email address _____

6. Manager, Assistant / Secondary Manager / Cook Information

All Managers and Assistant or Secondary Manager MUST submit to a background check.

For all establishments that apply for an A, E, L, and F License cook information must be provided.

Managers Name _____
Position with business _____ % of Ownership _____
Driver's License Number _____ State of Issuance _____
(provide copy of License)
Date of Birth _____ Place of Birth _____
Home Address _____
Home Phone _____ Cell _____
Email address _____

Managers Name _____
Position with business _____ % of Ownership _____
Driver's License Number _____ State of Issuance _____
(provide copy of License)
Date of Birth _____ Place of Birth _____
Home Address _____
Home Phone _____ Cell _____
Email address _____

Managers Name _____
Position with business _____ % of Ownership _____
Driver's License Number _____ State of Issuance _____
(provide copy of License)
Date of Birth _____ Place of Birth _____
Home Address _____
Home Phone _____ Cell _____
Email address _____

Cooks Name _____
Home Address _____

7. Corporation / Premises Questions

1. Have you attached a copy of your corporations Certificate of Incorporation? Yes No
If your corporation is incorporated in another state other than the State of Illinois, please attach a copy of the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act.
2. Has the corporation ever been dissolved either voluntary or involuntary? Yes No
If yes, state the date of reinstatement _____
3. Is the corporation as subsidiary of a parent corporation? Yes No
If yes, state the parent corporation's name _____
4. Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not listed as a shareholder? Yes No If yes explain
5. How long has the corporation been in the business of the retail sale of alcohol (years / months)? _____
6. Does the corporation own or lease the building or space in which the business is located?
 Own Lease
If you lease the premises, a copy of the lease must be attached to this application
7. Has any director, officer, shareholder, or any of your managers ever been found guilty of a felony or misdemeanor including but not limited to gambling or any alcohol related traffic offense: Yes No
8. Does the director, officer, shareholder or any of your managers hold any law enforcement office: Yes No If yes state person's name, title, and agency.
9. Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? Yes No
If yes, list each and every charge, the date of the charge, and the eventual disposition of the charge. If no charges we filed, state the reason(s) for the investigation or hearing

Is the premises with 100 feet of a church, school, hospital or home for the indigent?

10. Yes No

11. If the applicant is apply for a Class – D Club license: Yes No

How many dues paying members do you have _____

Does your club have the qualifications described in the Illinois Act? Yes No

12. Does your establishment have entertainment? Yes No
If yes, list each form of entertainment (i.e. bands, solo acts, DJ's etc.)

13. Do you employ security? Yes No Only when entertainment is held
If yes, do you:

Use on staff employees

Combination of above

Hire Private Company

If you hire a private company please provide the company name
and a contact person:

14. For Classes A, E, L, and F provide a copy of the menu with the application

15. Proof of Dram Shop (liquor Liability) insurance is mandatory and required to be on file
with the Liquor License Application. Please attach a copy of the policy to the
application.

16. Proof satisfactory completion of a state certified beverage alcohol sellers and service
education and training program (BASSET) for ALL persons who serve or sell alcoholic
beverages pursuant to your license is mandatory and required to be on file with the
Liquor License Application. Please attach a copy of all employees' current certificates, if
you have not already submitted same to the clerk's office.

17. Copy of County Health Department Certificate must be attached to application.

8. Affidavit

I, _____, certify that I am the applicant for the license requested in the foregoing application, that I am of good repute, character, and standing, and that the answers to the questions in the foregoing application are true and correct in every detail. I further state that I have read and understand the Village of Sugar Grove Liquor Code. I further agree not to violate any of the laws of the United States, the State of Illinois, or any of the code of ordinances of the Village of Sugar Grove, in the conduct of business.

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

I further give my permission to the Village of Sugar Grove or any agency thereof to check with any agency or individual name of referred in this application to verify or clarify any answer that I have given.

Corporate / LLC

Individual / Partnership

Printed Name

Printed Name

President Signature

Signature

Printed Name

Printed Name

Secretary Signature

Signature

Date

Date

Signed and sworn to before me this _____ day of _____, 20_____.

(seal)

Notary Public