

**CITY OF WEST CHICAGO
LIQUOR LICENSE APPLICATION**

(Fill Out Completely – Attach Additional Sheets as Necessary
to Provide Complete Answers to Each Question)

1. TYPE OF APPLICATION:

New License (If Applicant holds a current State Liquor License, attach a copy. If not, provide a Copy to the City within ten (10) days of the issuance of the State Liquor License).

Renewal License
Current City License Number: _____
(Attach a copy of current State Liquor License)

2. CLASS OF LICENSE APPLIED FOR: _____

3. APPLICANT'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER:
(Applicant shall be the natural person (s) or legal entity which will be shown as the licensee on any license issued):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

4. A. LEGAL STATUS OF APPLICANT:

Sole Owner

Co-Partnership

For Profit Corporation

Not-For-Profit Corporation

Other (Describe in detail):

B. EIN OR SSN OF APPLICANT:

C. ROT NUMBER OF APPLICANT: Retailers' Occupation Tax

5. A. NAME, ADDRESS AND TELEPHONE NUMBER OF BUSINESS TO BE LICENSED:

Business Name: _____

Address of Business: _____

Phone No. of Business: _____

B. DOES APPLICANT HOLD LEGAL TITLE TO OR BENEFICIALLY OWN THE PREMISES FOR WHICH A LICENSE IS SOUGHT?

Yes (If yes, attach a copy of the Deed, if ownership is in a Bank Trust, attach a copy of a Trust Disclosure).

No (If No, attach a copy of a Lease for the premises In favor of the Applicant for the full period for which the license is to be issued).

6. NATURE OF THE BUSINESS (Provide information sufficient to establish eligibility for the class of license applied for):

7. IF APPLICABLE, THE DATE OF FILING OF THE “ASSUMED NAME” of BUSINESS WITH THE COUNTY CLERK:

8. IN THE CASE OF A CO-PARTNERSHIP, THE DATE OF THE FORMATION OF THE PARTNERSHIP:

9. IN THE CASE OF AN ILLINOIS CORPORATION, THE DATE OF INCORPORATION:

10. IN THE CASE OF A FOREIGN CORPORATION, THE STATE WHERE IT WAS INCORPORATED AND THE DATE OF ITS BECOMING QUALIFIED UNDER THE “BUSINESS CORPORATION ACT OF 1983” TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS:

11. HAS THE APPLICANT EVER BEEN CONVICTED OF A FELONY UNDER ANY FEDERAL OR STATE LAW? IF YES, GIVE DETAILED PARTICULARS:

12. HAS THE APPLICANT EVER BEEN CONVICTED OF BEING THE KEEPER OF A HOUSE OF ILL FAME OR IS THE APPLICANT KEEPING A HOUSE OF ILL FAME? IF YES, GIVE DETAILED PARTICULARS:

13. HAS THE APPLICANT EVER BEEN CONVICTED OF PANDERING OR OTHER CRIME OR MISDEMEANOR OPPOSED TO DECENCY AND MORALITY? IF YES, GIVE DETAILED PARTICULARS:

14. HAS THE APPLICANT EVER BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL OR STATE LAW CONCERNING THE MANUFACTURE, POSSESSION OR SALE OF ALCOHOLIC LIQUOR AND/OR HAS THE APPLICANT EVER FORFEITED A BOND TO APPEAR IN COURT TO ANSWER CHARGES FOR ANY SUCH VIOLATION? IF YES, GIVE DETAILED PARTICULARS:

15. HAS THE APPLICANT EVER BEEN CONVICTED OF A GAMBLING OFFENSE AS PROSCRIBED BY ANY OF SUBSECTIONS (a) (3) THROUGH (a) (10) OF SECTION 28-1 OF, OR AS PROSCRIBED BY SECTION 28-3 OF, THE "CRIMINAL CODE OF 1961", AS HERETOFORE OR HEREAFTER AMENDED, OR AS PROSCRIBED BY ANY STATUTE REPLACED BY ANY OF THE AFORESAID STATUTORY PROVISIONS? IF YES, GIVE DETAILED PARTICULARS:

16. HAS THE APPLICANT EVER MADE AN APPLICATION FOR A LIQUOR LICENSE WHICH HAS BEEN DENIED? IF YES, GIVE DETAILED PARTICULARS:

17. HAS THE APPLICANT EVER HAD ANY PREVIOUS LIQUOR LICENSE REVOKED? IF YES, GIVE DETAILED PARTICULARS:

18. IS THE APPLICANT A LAW ENFORCING PUBLIC OFFICIAL, A MEMBER OF A LOCAL LIQUOR CONTROL COMMISSION, A MAYOR, ALDERMAN, OR MEMBER OF ANY CITY COUNCIL OR COMMISSION, A PRESIDENT, TRUSTEE OR MEMBER OF ANY VILLAGE BOARD OF TRUSTEES, OR ANY PRESIDENT OR MEMBER OF A COUNTY BOARD? IF YES, GIVE DETAILED PARTICULARS:

19. DOES THE APPLICANT HOLD A FEDERAL WAGERING STAMP OR FEDERAL GAMING DEVICE STAMP ISSUED FOR THE CURRENT TAX PERIOD?

20. HAS A FEDERAL WAGERING STAMP OR FEDERAL GAMING DEVICE STAMP BEEN ISSUED FOR THE CURRENT TAX YEAR FOR THE PREMISES IDENTIFIED IN QUESTION 5 ABOVE?

21. LIST THE NAME, SEX, DATE OF BIRTH, SOCIAL SECURITY NUMBER, POSITION AND PERCENTAGE OF OWNERSHIP IN THE BUSINESS OF ANY SOLE OWNER, PARTNER, CORPORATE OFFICER, DIRECTOR, MANAGER OR OPERATING AGENT AND ANY PERSON WHO OWNS 5% OR MORE OF THE SHARES OF THE APPLICANT OR ANY PARENT CORPORATION OF THE APPLICANT:

22. EACH PERSON SIGNING THIS APPLICATION AND EACH MANAGER EMPLOYED OR TO BE EMPLOYED AT THE LICENSED PREMISES SHALL SUBMIT A COMPLETED LICENSE PERSONAL INTEREST FORM.

DATED: _____

NAME OF APPLICANT: _____

By: _____
Title

By: _____
Title

STATE OF ILLINOIS)
)
COUNTY OF DUPAGE) SS.

Subscribed and Sworn to before me this
_____ day of _____, 20____.

Notary Public

(SEAL)

APPLICATION MUST BE SIGNED BY:

APPLICANT:	SIGNED BY:
Sole Owner	Sole Owner
Partnership	At least two (2) Partners or an Authorized Agent
Corporation	Corporate President and Secretary Or two (2) Authorized Agents
All Others	At least two (2) Authorized Agents

CITY OF WEST CHICAGO
LIQUOR LICENSE PERSONAL INTEREST FORM
(To be attached to Liquor License Application)

1. NAME OF APPLICANT AS SHOWN ON LIQUOR LICENSE APPLICATION:

2. NAME AND HOME RESIDENCE ADDRESS OF PERSON HAVING
PERSONAL INTEREST: _____

3. HOME AND BUSINESS TELEPHONE NUMBERS:

HOME PHONE: _____

BUSINESS PHONE: _____

4. SEX: MALE _____ FEMALE _____

5. DATE AND PLACE OF BIRTH (ATTACH A COPY OF A BIRTH
CERTIFICATE IF BORN IN THE UNITED STATES): _____

6. SOCIAL SECURITY NUMBER: _____

7. POSITION IN THE BUSINESS: _____

8. PERCENT OF OWNERSHIP: _____

9. DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE (ATTACH A
COPY OF CURRENT DRIVER'S LICENSE): _____

10. CITIZENSHIP: YES _____ NO _____

If naturalized, date and place of naturalization and certificate of naturalization
number: _____

11. HAVE YOU EVER BEEN CONVICTED OF A FELONY UNDER ANY FEDERAL OR STATE LAW? IF YES, GIVE DETAILED PARTICULARS:

12. HAVE YOU EVER BEEN CONVICTED OF BEING THE KEEPER OF A HOUSE OF ILL FAME OR ARE YOU KEEPING A HOUSE OF ILL FAME? IF YES, GIVE DETAILED PARTICULARS:_____

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19. DO YOU HOLD A FEDERAL WAGERING STAMP OR FEDERAL GAMING DEVICE STAMP ISSUED FOR THE CURRENT TAX PERIOD?_____

20. YOU MUST BE PHOTOGRAPHED AND FINGERPRINTED BY THE WEST CHICAGO POLICE DEPARTMENT OR OTHER POLICE AGENCY AS APPROVED BY THE WEST CHICAGO CHIEF OF POLICE.

DATED:_____

Signature

STATE OF ILLINOIS)
) SS.
COUNTY OF DU PAGE)

Subscribed and Sworn to before me

this ____ day of _____, 20____.

Notary Public

(SEAL)