

OFFICE USE ONLY: NEW APPL. FEE _____
DATE APPLICATION RECEIVED _____
DATE APPL. FEE SUBMITTED _____
DATE INS. BOND SUBMITTED _____
OF BASSET ____ DATE SUBMITTED _____ FEES\$ _____
LICENSE TYPE ____ ASSIGNED NO. _____

APPLICATION FOR LIQUOR LICENSE

1. THE FOLLOWING INFORMATION IS REQUIRED FOR EACH APPLICANT AND SOLE OWNER, PARTNER, CORPORATE OFFICER, DIRECTOR, MANAGER, AND ANY PERSON WHO OWNS FIVE PERCENT (5%) OR MORE OF THE APPLICANT ENTITY (ATTACH ADDITIONAL SHEETS IF NECESSARY).

NAME _____
LAST FIRST MIDDLE

SEX _____ DATE OF BIRTH ____ - ____ - ____ SOCIAL SECURITY # ____ - ____ - ____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

POSITION _____ PERCENTAGE OF OWNERSHIP _____

PHONE NUMBER(S): BUSINESS# _____ HOME# _____
CELL # _____ OTHER# _____

2. THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK, PAYABLE TO THE VILLAGE OF EAST DUNDEE, ACCORDING TO THE FOLLOWING FEE SCHEDULE.

<u>CLASS</u>		<u>AMOUNT PER YEAR</u>
CLASS A	TAVERN	\$ 2000
CLASS A-1	TAVERN WITH BEER GARDEN	\$ 3000
CLASS B	PACKAGE LIQUOR	\$ 2000
CLASS B-1	SUPERMARKETS/DRUG STORE	\$ 2000
CLASS B-2	PACKAGE LIQUOR	\$ 1200
CLASS B-3	MAIL ORDER LICENSE	\$ 300
CLASS B-4	BEER, WINE & LIQUOR	\$ 1500
CLASS C	NOT FOR PROFIT CLUBS INCORPORATED	\$ 750
CLASS C-1	PUBLIC GOLF COURSE/RESTAURANT	\$ 2500
CLASS D	OUTDOOR AMUSEMENT PARKS	\$ 2500
	EACH ADDITIONAL POINT OF DISTRIBUTION	\$ 750
CLASS E	RESTAURANTS	\$ 2500
CLASS E-1	RESTAURANTS WITHOUT BAR	\$ 1500
CLASS E-2	WINE & LIQUOR	\$ 1000
CLASS F	SPECIAL EVENT	\$ 100/day
CLASS G	BANQUET	\$ 2500
	EACH ADDITIONAL POINT OF DISTRIBUTION	\$ 750
CLASS H	ENTERTAINMENT VENUE	\$3000
CLASS I	SPECIALTY FOOD & BEVERAGE ESTABLISHMENT	\$1000
CLASS J	VILLAGE CATERER	\$ 500
CLASS J-1	CATERER WITH BUSINESS OUTSIDE OF VILLAGE	\$ 300

FEE FOR SECOND LICENSE (WITH PAYMENT OF FEE FOR MORE EXPENSIVE OF THE TWO)

- \$1000

CLASS OF LICENSE FOR WHICH APPLICATION IS BEING MADE FOR _____

NEW LICENSE APPLICATION FEE: \$ 500

ANY LICENSE APPLICATION WHICH IS NOT THE RENEWAL OF AN EXISTING LICENSE BY THE SAME LICENSEE SHALL BE CHARGED AN APPLICATION FEE TO COVER VILLAGE COSTS FOR FINGERPRINTING, BACKGROUND CHECKS AND PROCESSING.

3. THE BOND IN THE AMOUNT OF \$5,000 TO BE PAYABLE TO THE VILLAGE OF EAST DUNDEE IN THE EVENT OF DEFAULT IN PAYMENT OF FINE LEVIED AGAINST LIQUOR LICENSE HOLDER OR OTHERWISE PROVIDED BY STATUTE.

4. IF APPLICATION IS BEING MADE ON BEHALF OF THE PARTNERSHIP ASSOCIATION, CLUB OR CORPORATION, THEN IT SHALL BE SIGNED AND ATTESTED TO BY AT LEAST TWO MEMBERS, PARTNERS OR THE CORPORATE PRESIDENT AND SECRETARY, AS THE CASE MAY BE. IN THE CASE OF A CORPORATION TRADED ON ANY PUBLIC STOCK EXCHANGE AND SUBJECT TO THE REPORTING REQUIREMENTS OF THE SECURITIES EXCHANGE COMMISSION, THE APPLICATION MAY BE MADE BY THE STORE MANAGER.

5. ADDRESS OF LOCATION FOR WHICH LICENSE IS SOUGHT

6. NAME & TELEPHONE NUMBER OF ESTABLISHMENT FOR WHICH LICENSE IS SOUGHT

7. DATE OF FILING OF THE ASSUMED NAME OF THE BUSINESS WITH THE COUNTY CLERK

_____.

8. IF A CO PARTNERSHIP, STATE THE DATE OF THE FORMATION OF THE PARTNERSHIP

_____.

9. IF AN ILLINOIS CORPORATION: DATE OF INCORPORATION _____.

MAILING ADDRESS FOR CORPORATION _____

AGENT FOR CORPORATION _____

AGENT'S BUSINESS ADDRESS _____

SECRETARY OF CORPORATION _____

SECRETARY'S BUSINESS ADDRESS AND TELEPHONE NUMBER _____

10. IF A FOREIGN CORPORATION, STATE:

WHERE INCORPORATED _____

DATE OF QUALIFICATION UNDER THE ILLINOIS BUSINESS CORPORATION ACT _____

11. IF THE PREMISES ARE LEASED, STATE:

NAME OF LANDLORD _____

ADDRESS AND TELEPHONE NUMBER OF LANDLORD _____

12. IF APPLICANT HAS EVER ENGAGED IN THE BUSINESS OF SALE OF ALCOHOLIC LIQUOR AT WHOLESALE OR RETAIL, LIST DATES AND ADDRESSES OF ALL LOCATIONS AND THEIR RESPECTIVE DESCRIPTIONS.

DATES _____ TO _____

NAME OF BUSINESS _____

TYPE OF BUSINESS _____

LOCATION OF BUSINESS _____

APPLICANT'S POSITION _____

DATES _____ TO _____

NAME OF BUSINESS _____

TYPE OF BUSINESS _____

LOCATION OF BUSINESS _____

APPLICANT'S POSITION _____

DATES _____ TO _____

NAME OF BUSINESS _____

TYPE OF BUSINESS _____

LOCATION OF BUSINESS _____

APPLICANT'S POSITION _____

13. APPLICANT'S CURRENT ILLINOIS LIQUOR LICENSE NUMBER, IF APPLICABLE

14. APPLICANT'S RETAILER'S OCCUPATION TAX REGISTRATION NUMBER

15. IF APPLICANT IS OR WAS DELINQUENT IN THE PAYMENT OF RETAILER'S OCCUPATION TAX (SALES TAX) STATE THE REASONS.

16. IF APPLICANT IS DELINQUENT UNDER THE CASH BEER LAW, STATE THE REASON.

17. IF APPLICANT IS DELINQUENT UNDER THE 30-DAY CREDIT LAW, STATE THE REASON

18. HAVE ANY OF THE APPLICANTS MADE AN APPLICATION FOR A LOCAL OR STATE LIQUOR LICENSE, WHICH HAS BEEN DENIED? _____

19. LIST DRAM SHOP INSURANCE COVERAGE, INCLUDING NAME, ADDRESS, AND POLICY NUMBERS FOR BOTH THE LICENSEE AND OWNER OF THE BUILDING IN WHICH THE ALCOHOLIC LIQUOR WILL BE SOLD FOR THE DURATION OF THE LICENSE.

20. HAVE ANY OF THE APPLICANTS EVER HAD A PREVIOUS LIQUOR LICENSE REVOKED?

_____. IF YES EXPLAIN FULLY _____

21. HAVE ANY OF THE APPLICANTS EVER BEEN CONVICTED OF A FELONY OR A GAMBLING OFFENSE? _____ IF YES, EXPLAIN FULLY _____

22. DO ANY OF THE APPLICANTS POSSESS A CURRENT FEDERAL WAGERING OR GAME DEVICE STAMP? _____

23. ARE ANY OF THE APPLICANTS PUBLIC OFFICIALS, OR IS ANY OTHER PERSON, DIRECTLY OR INDIRECTLY RELATED IN ANY WAY TO THE BUSINESS ENTITY, A PUBLIC OFFICIAL? _____.

24. DESCRIBE THE OFF STREET PARKING FACILITIES OWNED BY THE BUSINESS.

25. DESCRIBE THE OFF STREET PARKING FACILITIES BY ANOTHER BUT AVAILABLE BY WRITTEN AGREEMENT BETWEEN THE BUSINESSES.

DO YOU ATTEST, BY YOUR NOTARIZED SIGNATURE BELOW, THAT YOU WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES, OF THE STATE OF ILLINOIS, OR OF THE VILLAGE OF EAST DUNDEE? _____

DO YOU ATTEST, BY YOUR NOTARIZED SIGNATURE BELOW, THAT YOU HAVE NOT RECEIVED OR BORROWED MONEY OR ANYTHING ELSE OF VALUE, OR WILL NOT RECEIVE OR BORROW MONEY OR ANYTHING ELSE OF VALUE DIRECTLY OR INDIRECTLY FROM ANY MANUFACTURER, IMPORTING DISTRIBUTOR OR DISTRIBUTOR, NOR BE A PARTY IN ANY WAY, DIRECTLY OR INDIRECTLY, TO ANY VIOLATION BY A MANUFACTURER, DISTRIBUTOR OR IMPORTING DISTRIBUTOR, IN VIOLATION OF ILLINOIS REVISED STATUTES, CHAPTER 43, DRAM SHOPS? _____

STATE OF ILLINOIS)
) SS.
COUNTY OF KANE)

I hereby swear by my signature here affixed that all of the foregoing facts are true and correct and that I have given these answers to induce the Village of East Dundee to grant the Liquor License mentioned aforesaid.

I am signing in my capacity as _____
(Individual, Owner, or Partner)

or as _____, Officer of
(President, Secretary or Treasurer)

(Corporation)

Signature of Applicant

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

Notary Public

APPLICATION FOR LIQUOR LICENSE – SUPPLEMENT/EACH APPLICANT