

Village of Kenilworth Application for Liquor License

Date:	<input type="checkbox"/> New business <input type="checkbox"/> Change of Ownership/Corporation <input type="checkbox"/> Change of License Class	Liquor Class:	Initial License Fee:
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1. BUSINESS INFORMATION

A. Corporation name:	B. Business name:		
C. Character of business	D. Length of time in business of that character		
E. Previous business name (if changed):			
F. Business address (city, state, zip code):			
G. Business telephone:	H. Business website:	I. Business Email:	J. Illinois business tax #

2. BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address to which permit would be valid (exact street address):	Kenilworth, IL 60043
C. Full description of the location including floor layout, specific floors, rooms, etc. (attach a site plan):	

3. BUSINESS TYPE & LIQUOR SERVICE INFORMATION

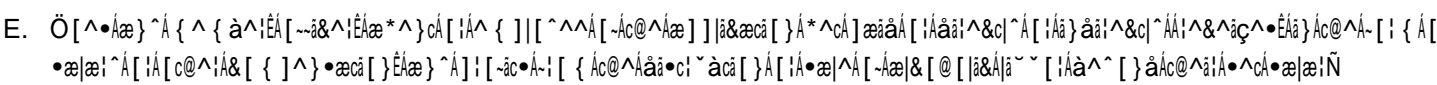
Describe the nature of the business / principal kind of business:

Liquor to be served and/or sold:	<input type="checkbox"/> Alcoholic liquor	<input type="checkbox"/> Beer and Wine only	<input type="checkbox"/> Wine only			
Days and times liquor is served:	<input type="checkbox"/> Sunday to	<input type="checkbox"/> Monday to	<input type="checkbox"/> Tuesday to			
	<input type="checkbox"/> Thursday to	<input type="checkbox"/> Friday to	<input type="checkbox"/> Saturday to			
Liquor will served or sold by:	<input type="checkbox"/> Glass	<input type="checkbox"/> Bottle	<input type="checkbox"/> Can	<input type="checkbox"/> Waitstaff	<i>and/or</i>	<input type="checkbox"/> Over the counter

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4. BUSINESS SPECIFIC INFORMATION Class A (for restaurants)	
A. Does the applicant seek to sell and/or serve liquor upon the premises of a restaurant? If your response is "No," skip this section and proceed to section 5.	<input type="checkbox"/> yes <input type="checkbox"/> no
B. Does the restaurant/premises maintain and conduct business to the public as an establishment where meals are actually and regularly served?	<input type="checkbox"/> yes <input type="checkbox"/> no
C. Does the restaurant provide adequate and sanitary kitchen and dining room equipment and capacity, with sufficient employees to prepare, cook, and serve suitable food?	<input type="checkbox"/> yes <input type="checkbox"/> no
D. How many tables will be at the restaurant? ____ What is the seating capacity? ____	
E. Is there an existing or proposed menu? If your response is "Yes," please attach the menu.	<input type="checkbox"/> yes <input type="checkbox"/> no

5. BUSINESS SPECIFIC INFORMATION Class B (for retail sales)	
A. Does the applicant seek to sell liquor upon the premises of a retail store? If your response is "No," skip this section and proceed to section 6.	<input type="checkbox"/> yes <input type="checkbox"/> no
B. Is the retail store used only for retail sale of alcoholic liquor in original packages to persons at least 21 years of age for consumption off the premises?	<input type="checkbox"/> yes <input type="checkbox"/> no
C. What items, alcoholic liquor or otherwise, are to be sold?	

6. BUSINESS SPECIFIC INFORMATION Class C (for clubs)	
A. Does the applicant seek to sell liquor upon the premises of a club? If your response is "No," skip this section and proceed to section 7.	<input type="checkbox"/> yes <input type="checkbox"/> no
B. Is the club not for pecuniary profit?	<input type="checkbox"/> yes <input type="checkbox"/> no
C. What is the amount of the annual membership fee?	
D. How long has the club been operating in the Village?	
E. 	

7. BUSINESS SPECIFIC INFORMATION Class F (for coffee shops)	
A. Does the applicant seek to sell liquor upon the premises of a coffee shop? If your response is "No," skip this section and proceed to section 8.	<input type="checkbox"/> yes <input type="checkbox"/> no
B. What is the total floor area, in square feet, of the space for which the permit will be valid?	
C. What items, alcoholic liquor or otherwise, are to be sold?	

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8. BUSINESS SPECIFIC INFORMATION Class S (for sidewalk rider)	
A. Does the applicant seek a sidewalk rider for their Class A or Class F license? If your response is "No," skip this section and proceed to section 9.	<input type="checkbox"/> yes <input type="checkbox"/> no
B. Describe the nature of the rider including the layout and items to be sold.	

9. PREMISES OWNERSHIP INFORMATION	
A. Does the applicant own the premises for which this liquor license is being sought? If your response is "Yes," attach a copy of ownership and proceed to section 10.	<input type="checkbox"/> yes <input type="checkbox"/> no
B. Does the applicant possess a lease on such premises covering the full period for which such liquor license is sought?	<input type="checkbox"/> yes <input type="checkbox"/> no
C. What is the period covered by the lease? _____ to _____	
D. What is the name and phone number of the Landlord?	
Please attach a copy of the lease to this application.	

10. ELIGIBILITY QUESTIONS					
A. Has the owner or any relative had a business or liquor license revoked?	<input type="checkbox"/> yes <input type="checkbox"/> no				
B. Is the owner <i>disqualified</i> to receive a license by reason of any matter or thing contained in Chapter 116 of the Kenilworth Village Code, and/or laws of the State of Illinois or other ordinances of the village of Kenilworth?	<input type="checkbox"/> yes <input type="checkbox"/> no				
C. Does the owner <i>agree</i> not to violate any laws of the State of Illinois, or of the United States, or any ordinance of the village of Kenilworth in the conduct of his or her place of business?	<input type="checkbox"/> yes <input type="checkbox"/> no				
D. Does the owner owe any debt or unpaid tax to the village of Kenilworth? If yes, explain:	<input type="checkbox"/> yes <input type="checkbox"/> no				
E. Has the owner received assistance in preparing this application? If the response is "Yes," please provide the information below:	<input type="checkbox"/> yes <input type="checkbox"/> no				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">name</td> <td style="width: 25%;">address</td> <td style="width: 25%;">telephone</td> <td style="width: 25%;">relationship</td> </tr> </table>	name	address	telephone	relationship	
name	address	telephone	relationship		

I, the Applicant and/or duly appointed representative, have reviewed the prepared application and accept it as true and correct to the best of my knowledge. I agree to report any changes to the contents of this application, whether they occur before or after a license is issued, to the village of Kenilworth within 30 days. I agree to notify the village of Kenilworth of any and all changes in corporate stockholder shares, corporate officers and directors. **Further, I understand that the liquor license issued is not transferrable. It is understood that the acceptance and deposition of the fee herein tendered does not constitute acceptance of the liquor license application.**

Signature of Applicant

Date

Village of Kenilworth
Liquor License Application

AFFIDAVIT

State of)
) SS
County of)

The undersigned hereby makes application for a Class _____ liquor license. I / we swear (or affirm) that I / we have not received or borrowed money or anything else of value, and will not receive or borrow money or anything else of value, or accept or receive credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days, or as otherwise permitted pursuant to the Liquor Control Act), directly or indirectly from any manufacturer, importing distributor or distributor of alcoholic liquor, or from any officer, manager, agent, representative, or family member thereof. I / we have not been a party in any way, directly or indirectly, to any violation of the Liquor Control Act by a manufacturer, distributor or importing distributor. I / we are not disqualified to receive a local liquor license by reason of any provision of this Chapter, the laws of this State, or the ordinances of the Village. I / we will not violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the Village in the conduct of the applicant's place of business, including, without limitation, the responsible alcohol service training requirements set forth in Section 116.41 of this Chapter. I / we have paid all taxes due and owing to the Village as of the date of this application. I / we may be held liable for any violation of this Chapter by an officer, director, manager, or employee of the applicant, as set forth in Section 116.70(A)(2) of Chapter 116. That the Issuance of a new or renewal local liquor license pursuant to Chapter 116 will not be deemed as vesting any right to the application, or to any partner, officer, director, manager, shareholder, agent, or employee thereof, of any additional local liquor license or to future local liquor licenses and if the applicant is a club, no member, officer, agent, or employee of the applicant is paid or directly or indirectly receives, in the form of salary or other compensation, any profits from the distribution or sale of alcoholic liquor to the club or the members of the club or its guests, beyond the amount of such salary as may be fixed and voted at any annual meeting by the members or by its board of directors or other governing body out of the general revenue of the club

Signature of Applicant

Signature of Applicant

Subscribed and sworn to before me
This _____ day of _____, 20____,

(seal)

Notary Public

CORPORATE INFORMATION FORM

Applicants must file business with Secretary of State:		
Name of Corporation/Partnership:		
Corporate Address:		
Corporate Ph #:	Corporate Email:	FEIN:
Business Status:		
Date Corporation/Partnership was Organized:		
State Articles of Incorporation/Organization filed:		
Date Articles of Incorporation/Organization filed with Secretary of State:		
Date Certification of Incorporation/Organization was issued by Secretary of State:		
Are there any amendments to Articles of Incorporation? <i>(if yes, provide date filed)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Date Amendment Filed</u>
What are the total shares of stock created by this Corporation?		
H. List stockholders with 5% or more in holdings <i>(corporations with a long list, attach copy of list):</i>		
Name		Percentage of Stock
Please attach a copy of the State of Illinois Certificate of Incorporation, and, if incorporated in a state other than Illinois, a copy of State of Illinois certificate showing the date that the applicant became qualified under the Business Corporation Act 1983, 805 ILCS 5/1.01 <i>et seq</i> , to do business in Illinois		
Has the Corporation attached evidence of Good Standing with the State of Illinois? If no, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Corporation attached a file-stamped copy of Articles of Incorporation/organization ? If no, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any existing options & names of persons concerned as they pertain to purchase or acquire stock at a future date:		

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Individual Application

PERSONAL INFORMATION (to be filled out by all managers, directors, partners and shareholders)				
First Name:		Last Name:		Middle Initial:
Title: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corp Officer <input type="checkbox"/> Site Manager <input type="checkbox"/> Director <input type="checkbox"/> Other: (_____)				% of Stock Ownership:
Current Residential Address:		Suite/Apt.:	City:	State: Zip:
Home Phone:	Work Phone:	Cell Phone:	E-mail:	
Date of Birth (MM/DD/YYYY):	Place of Birth (City, State and Country):		If you are not a citizen of the United States, when were you granted permanent resident status?	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No, I am a citizen of:				
Naturalized Citizen: Yes No		Naturalization Information: Date: City: State: County:		
RESIDENCE/ADDRESS HISTORY (list your present or most recent residence first)				
1. Address:		City:	State:	Zip:
2. Address:		City:	State:	Zip:
3. Address:		City:	State:	Zip:
EMPLOYMENT HISTORY (list your present or most recent employer first)				
1. Name of Employer/Business:		Position:	Start Date:	End Date:
Address (City, State, Zip):				
Telephone:	Reason for Leaving:			
2. Name of Employer/Business:		Position:	Start Date:	End Date:
Address (City, State, Zip):				
Telephone:	Reason for Leaving:			
3. Name of Employer/Business:		Position:	Start Date:	End Date:
Address (City, State, Zip):				
Telephone:	Reason for Leaving:			
Please attached a copy of your driver's license, or other state issued identification to this form				

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ADDITIONAL INFORMATION:	
<p>A. If you are a Manager, are you BASSET (Beverage Alcohol Sellers and Servers Education and Training) certified?</p> <ul style="list-style-type: none"> • If yes, please attach a copy of your BASSET certification. • If no, when do you expect to complete BASSET certification: 	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>B. Are you, or anyone directly or indirectly involved in the business, an elected public official or law enforcement officer?</p> <ul style="list-style-type: none"> • Elected public official • Law enforcement officer 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>C. Have you completed the fingerprint/background check process with the Village of Kenilworth?</p> <ul style="list-style-type: none"> • If no, when do you expect to submit fees and fingerprints? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>D. Have you ever been convicted of a felony under the laws of the State of Illinois or United States?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>E. Have you ever been convicted of violating any Federal or State law or local ordinance concerning the manufacturing, possession or sale of alcoholic liquor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>F. Have you ever forfeited an appearance bond for any Federal, State, or Local violations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>G. Has any license previously issued to you by Federal, or State, or Local authorities been revoked?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>H. Do you possess a current Federal Wagering or Gambling Device Stamp or a current State Bingo or charitable games license?</p> <p>If yes, Please provide details of the reasons therefore:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I. Have you filed an application for a liquor license on premises other than those described in the application?</p> <p>If yes, what is the disposition of that application?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>J. Has any license previously issued to you by Federal, State, or Local authorities been revoked?</p> <p>If yes, what are the reasons therefor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>K. Do you currently, or have you ever had a liquor license in any other jurisdiction?</p> <p>If yes, Please describe the nature of the business holding the liquor license</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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WAIVER AND RELEASE STATEMENT

Please read these statement carefully and be aware by agreeing to allow the village of Kenilworth to investigate your residential, employment, and criminal background, you will be waiving and releasing all claims for damage you might sustain arising out of the criminal background check and review, which include fingerprinting.

I AUTHORIZE an investigator or other duly accredited representative of the village of Kenilworth or its agent to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my residential, achievement, performance, attendance, disciplinary, and employment history. I specifically authorize an investigation regarding my criminal history.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the village of Kenilworth or its agents authorized above, regardless of any previous agreements to the contrary.

I WAIVE and relinquish all claims I may have against the village of Kenilworth and its officers, agents, servants, and employees, as a result of participating in this background check.

I had my legal counsel review this application prior to submission YES NO

I SWEAR (OR AFFIRM) that the statements contained herein are true and correct. I understand that a liquor license is a personal privilege, not a right. I shall not violate any of the ordinances of the village of Kenilworth or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein; and that I have read, understand, and shall abide by Chapter 116: Intoxicating Liquors, of the Kenilworth Village Code. I understand and agree that if I violate any local or state ordinance regarding alcohol sales, consumption, or possession, while I have am Kenilworth liquor dealer's license that said license may be revoked or suspended. I understand and agree that pursuant to Chapter 116, that I am strictly liable for every act or omission of violation of Chapter 116 or the Illinois Liquor Control Act. If any information submitted on this application is found to be untruthful, I understand and agree that my license application may be rejected. I understand and agree that I am responsible for the payment of court reporter fees if a license suspension/revocation hearing is convened relative to my license, and that if I fail to pay such fees (if any), my license (if granted) shall not be renewed. I understand that if my license is granted, that the renewal privilege granted in Chapter 116 of the Kenilworth Village Code shall not be construed as a vested right.

Shareholder/Site Manager Signature

Date

State of _____)
County of _____) SS.

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

Notary Signature

(seal)

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**Village of Kenilworth
Liquor License Application Checklist**

This checklist will assist you in submitting a complete application packet:

<i>(Check items to confirm they are attached)</i>	√	For Office Use Only
• Application	<input type="checkbox"/>	
• Application Fee	<input type="checkbox"/>	
• Fingerprinting Processing Fee(s)	<input type="checkbox"/>	
• Corporate Information Form	<input type="checkbox"/>	
• Corporate Officers Listing	<input type="checkbox"/>	
• Lease Agreement or Proof of Property Ownership	<input type="checkbox"/>	
• Articles of Incorporation/Organization	<input type="checkbox"/>	
• Evidence of Good Standing with State of Illinois	<input type="checkbox"/>	
• Shareholder and/or Site Manager Background Form and Reference Sheet	<input type="checkbox"/>	
• BASSET Certification Acquired or Pending	<input type="checkbox"/>	
• Certificate of insurance, demonstrating proof of dram shop insurance covering the period for which the requested local license will be effective	<input type="checkbox"/>	
• Menu	<input type="checkbox"/>	
• Floor Plan of Establishment	<input type="checkbox"/>	
• Listing of goods, wares and merchandise currently on hand (if applicable)	<input type="checkbox"/>	
• Current business/food establishment license issued by the village of Kenilworth (if applicable)	<input type="checkbox"/>	
• List of existing Illinois State and Local retail liquor license (<i>include license type, business name, address, City, and State</i>) (if applicable)	<input type="checkbox"/>	
• Lease Agreement or Proof of Property Ownership	<input type="checkbox"/>	