

VILLAGE OF JOHNSBURG

LIQUOR LICENSE APPLICATION



| APPLICANT INFORMATION | | | | |
|---|------------------------------|-----------------------------|---|------------|
| Last Name | First | M.I. | Date | |
| Applicant's Title (owner, partner, etc) | | | | |
| Street Address | | | Apartment/Unit # | |
| City | State | | ZIP | |
| Phone | Cell | | FAX | |
| E-mail Address | | | Social Security No. | |
| Date of Birth | | | Place of Birth | |
| <p>If a corporation: <i>(please attach separate sheet of paper)</i></p> <ul style="list-style-type: none"> List full name, address and date of birth of all officers and directors. If a majority interest of stock in said corporation is owned by one person or his nominee, list name, address and date of birth of such person. The name, address and date of birth of the two largest shareholders of each class of stock. The name, address and date of birth of person(s) owning controlling interest in said corporation. The name, address and date of birth of the manager or person(s) in daily charge and control of the business operation. The name, address and date of birth of the party to be manager of the corporate facility for which the license is sought. A certified copy of the corporate charter and a copy of by-laws, including the objects for which organized must all be submitted. | | | | |
| Name of Business | | | Premises Square Footage | |
| General Description of Premises | | | Type of License Sought A-1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> B.Y.O.B (Type: _____) <input type="checkbox"/> | |
| Address of Premises | | | Phone No. | |
| Do you own the premises | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If No, Landlord's Name (Attach copy of Lease) | |
| Landlord's Address | | | Phone No. | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Value of Inventory goods, wares and merchandise on hand at the time of application? | \$ |
| Are you a naturalized citizen? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when? | Where? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |
| What is the length of time you have been in business of that character; or if a corporation, whether the corporation is either a continuation or successor of a prior entity and if so, the character of the prior entity's business. | | | | No. of yrs |

| | | | |
|--|------------------------------|-----------------------------|--------------|
| Have you ever applied for a Liquor License? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Disposition? |
| Have you ever been issued a Liquor License? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you ever been refused a Liquor License? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

| | | | |
|--|--|---|--|
| Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? If so, please explain | | | |
| Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? If so, please describe | | | |
| No. of years with a Liquor License? | | Value of Inventory goods, wares and merchandise on hand at the time of application? | \$ |
| If this application is for a new license or a transferred license, attach to this Application a copy of Applicant's balance sheet and operating statement for the past three years, or, if not available, other proof of financial responsibility. | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If "yes", what was the date of issuance, name and address of the governmental entity and the disposition of said application or license and the reasons therefore? | | | |
| Is any individual who is directly or indirectly interested in applicant's place of business, a law-enforcing official, or elected public official, president, trustee, member of any Village commission, committee or board? If so, state name and address of such person. | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever engaged in the business of sale of alcoholic liquor at retail, list address of all locations? (If yes, use a separate page) | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| State name and address of dram shop insurance company for both the licensee and owner of the premises or attach a copy of the declaration page showing the insured parties and amounts of coverage | | | |
| Will you familiarize yourself with all laws of the United States, State of Illinois and ordinances of the Village of Johnsburg, pertaining to the sale of alcoholic liquor and abide by them? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Will you allow either gambling or gambling devices on the premises except licensed raffles and "Las Vegas" type events, for which all necessary permits have been obtained? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever been convicted of a gambling offense (if a partnership or corporation, include all partners and the local manager)? If so, give all details | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | | |
| Will you attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the Johnsburg Police Department if any such events take place? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Will you maintain the entire premises in a safe, clean and sanitary manner free from conditions which might cause accidents? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Premises Information

| | | |
|--|------------------------------|-----------------------------|
| Include a Scaled Drawing of Premises showing all ingress and egress points, windows and location of the bar. | OK <input type="checkbox"/> | |
| Include Photographs of Premises showing all ingress and egress points, windows, ADA Ramps, restrooms, bars and service areas | OK <input type="checkbox"/> | |
| Describe parking facilities available to the business: | | |
| Are premises within one hundred feet of any church, school (except institutions of higher education), hospital, home for aged or indigent persons or for veterans and their families or any military or naval station? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If "yes", is the applicant's place of business a hotel, offering restaurant service, a regularly organized club, a food shop, or other place where the sale of liquor is not the principal business? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If "yes", how long has place of business been in operation? | | |
| Will you maintain the entire premises in a safe, clean and sanitary manner free from conditions which might cause accidents? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

AFFIDAVIT

STATE OF ILLINOIS)
 COUNTY OF MCHENRY)SS.

I, (we), _____, being first duly sworn, deposes and says that I, (we) have read the above and foregoing Application, caused the answers to be provided thereto, and all the information given on said Application is true and correct.

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

 Signature of Applicant

 Notary Public

 Signature of Applicant

 Signature of Local Manager if Corporation

NOTE: If applicant is partnership, application shall be signed and sworn to in the same manner by all partners. If the applicant is a corporation, application shall be signed and sworn to by two officers and the local manager.

Please be advised that all applications for a liquor license may take a minimum of 4 weeks to process.