



APPLICATION FOR VILLAGE OF NEW LENOX RETAILER'S LIQUOR LICENSE

**REMEMBER: YOU CANNOT PURCHASE OR SELL
ALCOHOL WITHOUT A VALID LIQUOR LICENSE!**

DEFINITION: A Retailer's Liquor License shall allow the licensee to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form; provided that any retail liquor license issued to a manufacturer shall only permit such manufacturer to sell alcoholic beverages at retail on the premises actually occupied by such manufacturer [235ILCS 5/5-1(d)], the only exception being a wine-maker's retail license—2nd location [235 ILCS 5/5-1(i)]. All applicants for licensing as a liquor "retailer" must complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a village liquor license.

NON-REFUNDABLE APPLICATION FEE: INITIAL (\$250.00 FEE) RENEWAL (\$50.00 FEE)

**THE RENEWAL OR INITIAL APPLICATION FEE IS IN ADDITION TO THE LICENSE FEE (ADDENDUM A)
THERE WILL BE AN ADDITIONAL \$50.00 FEE FOR EACH BACKGROUND CHECK CONDUCTED**

The following documents and information are **REQUIRED** prior to receiving your Village liquor license:

- Photocopy of **Certificate of Insurance** (not the "Policy Declaration") if alcohol will be consumed on-premise;
- Proof of Purchase**, ie, bill of sale or closing statement (the closing on the purchase of business **MUST** occur prior to applying for your village liquor license);
IMPORTANT: You must also present proof that the applicant (ie, Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (ie, Deed or Lease);
- Federal Employer Identification Number (FEIN)**. Call 800-829-3676 to apply for number;
- Illinois Business Tax (Sales Tax Account) Number**, if applicable, visit www.tax.illinois.gov, click on "Businesses, and then "Business Registration" to obtain this number. If you have any questions, call 217-785-3707.
- A **floor plan** of the premises or place of business which is to be operated under such license, including the portions to be used for storage of liquor, as well as the portions to be used for the sale or service of liquor;
- Check or Money Order** for the application fee plus the license fee payable to the "Village of New Lenox";
- Photocopy of \$10,000 Surety Bond payable to the Village of New Lenox.
- This application with the information requested printed or typed in the spaces provided. This form **MUST** bear an **Original Signature**.
- After the application has been returned to the Village Clerk, contact the New Lenox Police Department Investigations Division at 815-462-6100, to begin the background check process.

FOR OFFICE USE ONLY

Class: _____

Date Paid: _____

Fee: _____

Date Issued: _____

Date Received: _____

Expiration Date: _____

Application for the Village of New Lenox Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit www.tax.illinois.gov and click on the "Businesses" and then the "Business Registration." If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.
EXT.

D. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. **Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.**

NAME

E. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc.

ADDRESS

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of it becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- A. SOLE PROPRIETORSHIP DATE FILED WITH COUNTY CLERK: _____
- B. PARTNERSHIP DATE OF FORMATION: _____
- C. ILLINOIS CORPORATION DATE OF INCORPORATION: _____
- D. FOREIGN CORPORATION STATE OF INCORPORATION: _____
- E. LIMITED LIABILITY CORPORATION DATE FORMED: _____

If "C" or "D" is checked, indicate your current Secretary of State file number here _____
 (if you do not have this number available, please contact the Secretary of State's office at 312-793-3380)

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/ partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders). Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than 5% interest. All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under F.

A.

NAME (LAST, FIRST, MI)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	

B.

NAME (LAST, FIRST, MI)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	

C.

NAME (LAST, FIRST, MI)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.	% OWNED	

D.

NAME (LAST, FIRST, MI)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED

E.

NAME (LAST, FIRST, MI)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED

F. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____ %

4. MANAGER INFORMATION

Provide the full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, and home telephone number of manager. **Note! The liquor manager must be present on the licensed premise at least thirty-five (35) hours per week.**

NAME (LAST, FIRST, MI)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		

5. BUSINESS PREMISE INFORMATION

If you want your renewal application, your license certificate and other correspondence sent to your business premise address, please check the box to the left.

A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premise. **Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.**

NAME (DOING BUSINESS AS D/B/A)

B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NO.
EXT.

C. ADDRESS

In the boxes below enter the address, city, state, and Zip Code of the business premises. This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate

ADDRESS	CITY	STATE	ZIP CODE

D. BUSINESS TYPE

Check the one box which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- A. DRUG STORE/PHARMACY I. LIQUOR STORE I. CONVENIENCE & GAS
- B. RESTAURANT F. DEPARTMENT STORE J. SMALL GROCERY
- C. CONVENIENCE G. BAR/TAVERN K. GAS STATION
- D. SUPERMARKET H. HOTEL/MOTEL L. OTHER _____

E. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, and Zip Code of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE

F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, and Zip Code.

LANDLORD'S NAME	AREA CODE/TELEPHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE

YOU MUST PROVIDE A COPY OF THE LEASE

G. TOBACCO PRODUCTS

Will your business sell cigarettes or tobacco products? Yes No

- 1. If yes, what method will be used Vending Machine Over the counter

H. COIN OPERATED MACHINES

Will the business have coin operated, electronic amusement or vending machines? Yes No

- 1. If, yes how many coin operated machines will be on premise? _____
- 2. What type of machines will be used? _____
- 3. Will the machines be leased or owned? Leased Owned
- 4. If leased, provide name and address of vending company owning and servicing machines.

- 5. Will credits be allowed to be exchanged for cash value or remaining credits be allowed to be refunded?
 Yes No
- 6. Does the business have a valid license through the Village to operate a coin operated machine?
 Yes No

6. ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed in section 3 and "Manager Information" in section 4 of this form. If any questions are answered with a "Yes" attach a full written explanation to this document.

1. Yes No Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
2. Yes No Are you delinquent under the "cash beer" law?
3. Yes No Have you ever made application for a liquor license which has been denied?
4. Yes No Have you ever had any previous liquor license suspended or revoked?
5. Yes No Have you ever been convicted of a felony?
6. Yes No Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a).11 "gambling;" 720 ILCS 5/28-1.1 (a)-(d) "syndicated gambling;" and 720 ILCS 5/28-3 "keeping a gambling place"?
7. Yes No Have you ever been convicted of being the keeper of a house of ill fame ; or of pandering or other crime or misdemeanor opposed to decency or morality?
8. Yes No Do you possess a current Federal Wagering Stamp?
9. Yes No Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority?
10. Yes No Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
11. Yes No Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support order?
12. Yes No Are you in violation of the required liquor liability insurance coverage stated in 6-21 of the Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed premises?
13. Yes No If a corporate Licensee, is your corporation ineligible to be issued this license?

7. HOURS OF OPERATION

List the daily hours open for business.

MON	TUES	WED	THURS	FRI	SAT	SUN

8. LICENSE TYPE

Check the applicable boxes below of the license type(s) the business is applying for:

- | | | |
|--|---|---|
| <input type="checkbox"/> A-TAVERN | <input type="checkbox"/> A1-TAVERN-PACKAGE | <input type="checkbox"/> A2-TAVERN-ENTERTAINMENT |
| <input type="checkbox"/> A3-TAVERN-PACKAGE-ENTERTAINMENT | <input type="checkbox"/> B-PACKAGE | <input type="checkbox"/> B1-PACKAGE-GAS STATION-CONVENIENCE STORE |
| <input type="checkbox"/> C-CATERING | <input type="checkbox"/> D-RESTAURANT-BEER & WINE | <input type="checkbox"/> D1-RESTAURANT-FULL LIQUOR |
| <input type="checkbox"/> D2-RESTAURANT-FULL LIQUOR-ENTERATINMENT | <input type="checkbox"/> D3-MICROBREWERY | <input type="checkbox"/> D4-WINERY |
| <input type="checkbox"/> E-HOTEL | <input type="checkbox"/> F-RENTAL HALL | <input type="checkbox"/> G-CLUB-CIVIC-GOVERNMENTAL |
| <input type="checkbox"/> H-THEATRE-CINEMA | <input type="checkbox"/> I-BOWLING ALLEY | |

9. SUPPLEMENTAL LICENSES

Check the applicable boxes below of supplemental licenses the business will be applying for:

- Beer Garden Golf Course Mini-Bar Restaurant Catering

IF BEER GARDEN WAS SELECTED, A BEER GARDEN PERMIT APPLICATION MUST BE COMPLETED AND ATTACHED WITH THIS APPLICATION.

10. CERTIFICATE OF INSURANCE

ATTACH PHOTOCOPY OF YOUR "CERTIFICATE OF INSURANCE" (NOT THE "POLICY DECLARATION")

You MUST provide a copy of your Certificate of Insurance if alcohol is consumed on-premise (this certificate is not required for carry-out only establishments). The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) The applicant named as the insured (e.g. if the applicant is a corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed.); 2) The address of the location where the liquor license is being consumed; and 3) The dates of coverage and the coverage limits.

11. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by a owner, an officer, or partner. **The signature must be an original, rubber stamps are not accepted.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF NEW LENOX TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, THE VILLAGE OF NEW LENOX IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS LIQUOR COMMISSION WITHIN 10 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

(NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE VILLAGE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

SIGNATURE OF APPLICANT

TITLE/POSITION

DATE

Addendum A

<i>Standard Licenses</i>	<i>License Fee</i>
Class A (Tavern)_____	\$2,000
Class A1 (Tavern – Package)_____	\$2,500
Class A2 (Tavern – Entertainment)_____	\$2,500
Class A3 (Tavern – Package – Entertainment)_____	\$3,000
Class B (Package)_____	\$2,000
Class B1 (Package – Gas Station – Convenience Store)_____	\$1,500
Class C (Catering)_____	\$1,000
Class D (Restaurant – Beer and Wine Only)_____	\$1,000
Class D1 (Restaurant – Full Liquor)_____	\$1,500
Class D2 (Restaurant – Full Liquor – Entertainment)_____	\$2,000
Class D3 (Microbrewery)_____	\$2,000
Class D4 (Winery)_____	\$2,000
Class E (Hotel)_____	\$2,500
Class E1 (Hotel – Package)_____	\$3,000
Class F (Rental Hall)_____	\$2,500
Class G (Club, Civic, Governmental)_____	\$750
Class H (Theatre or Cinema)_____	\$2,000
Class I (Bowling Alley)_____	\$2,000

<i>Special Licenses</i>	<i>License Fee</i>
Class BG (Beer Garden) Supplemental License_____	\$500
Class BG1 (Beer Garden–Entertainment) Supplemental License_____	\$1,000
Class GC (Golf Course) Supplemental License_____	\$0
Class MB (Mini-Bar) Supplemental License_____	\$500
Class OA (Outdoor Amusement)_____	\$500
Class RC (Restaurant Catering) Supplemental License_____	\$0
Class SE (Special Event, for each 24 hour increment, max. 96 hours)_____	\$100
Class SM (Seasonal Market) _____	\$200
Class TE (Temporary – 24 hours) per issuance_____	\$100
 Change in location or expansion_____	 \$100
Change in license class; more than 6 months_____	\$500
Half year change in license class_____	\$300