



**Village President Gary L'Heureux, Local Liquor Control Commissioner**

VILLAGE OF MIDLOTHIAN, COOK COUNTY, ILLINOIS LOCAL LIQUOR CONTROL COMMISSION

APPLICATION FOR **20** \_\_\_\_\_ LOCAL LIQUOR LICENSE NO. \_\_\_\_\_

NEW	RENEWAL	REVISION

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER. ANNUAL LICENSES EXPIRE ON THE 30th DAY OF APRIL.**

Each new application shall be accompanied by a nonrefundable application fee of \$250.00 and each renewal application with the applicable license fee(s) as set forth in section 5-6-6 of the Village Code. If a new application is made after April 30, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month. Any renewal application received after the set due date will be assessed a \$100 late penalty.

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is the applicant's responsibility to ascertain the accuracy of their response. If more room is required to answer a question, please attach a separate addendum.

**APPLICANT INFORMATION (PLEASE PRINT LEGIBLY)**

Business Name (D/B/A): \_\_\_\_\_

Located at: \_\_\_\_\_

Date of Application: \_\_\_\_\_ IL Liquor License Number (required if renewal): \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicants Home Address: \_\_\_\_\_

Title, Relationship to Business: \_\_\_\_\_

Corporate Name of License Holder: \_\_\_\_\_

(Sole proprietor must be a Midlothian resident)

Corporate Address: \_\_\_\_\_

Agent/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **BUSINESS DESCRIPTION AND PREMISES**

Description of Business activities: \_\_\_\_\_

What is the maximum number of guests the business intends to serve on the premises? \_\_\_\_\_

Total Square feet of premises; \_\_\_\_\_ Bar area: \_\_\_\_\_ Kitchen area: \_\_\_\_\_

Type, number of Food menu items: \_\_\_\_\_

Total number of off-street parking spaces: \_\_\_\_\_ Location of all off-street parking: \_\_\_\_\_

Do you own the business premises or rent? \_\_\_\_\_ If renting, provide the name and address, phone number, and email address of the landlord below.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please provide proof of ownership (deed) or a copy of the lease agreement**

## **MANAGEMENT/CORPORATE OFFICERS**

Do you have or intend to have a management contract with another person or entity that is not an owner or employee of the business? \_\_\_\_\_ Please, provide the name and address, phone number, and email address of the on-site manager of the business below.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please provide proof of Beverage Alcohol Sellers and Servers Education and Training (BASSET) certification for the above named manager.**

Has any person listed on this application or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense, any alcohol related traffic

offense or offense involving violence? \_\_\_\_\_ If yes please explain and include dates, city and state where the charges were brought on separate addendum section.

Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local

government? \_\_\_\_\_ If yes please explain and include dates, city, state and the reason for the revocation on separate addendum section.

Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction? \_\_\_\_\_ If yes please explain and include dates, city, state and the reason for the denial on separate addendum section.

Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? \_\_\_\_\_ If yes please explain and include dates, city, state, the reason for the investigation and disposition of charges on separate addendum section.

Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? \_\_\_\_\_ If yes please explain and include dates, city, state, the reason for the investigation and disposition of charges on separate addendum section.

Does any person listed on this application or any of your managers possess a current Federal? Wagering or Gambling Device Stamp? \_\_\_\_\_

Has any person listed on this application worked for or on the premises of another liquor establishment in the Village of Midlothian? If yes, please list the name, place and dates below.

Name: \_\_\_\_\_ Place: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Place: \_\_\_\_\_ Dates: \_\_\_\_\_

### **DRAM SHOP INSURANCE**

Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises? \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If this is a renewal application, has the ownership or management changed in any manner since the prior application? \_\_\_\_\_ If yes please explain below

\_\_\_\_\_  
\_\_\_\_\_

**Please note, if your insurance expires during the term of your license, you are required to provide your renewed certificate of coverage to the Village on or before the expiration date.**

**A copy of your certificate/proof of insurance must be attached to this application.**

**SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF LIQUOR LICENSES**

(The eligibility of the applicant for a particular classification is strictly based on business activities)

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
	Class A	Alcoholic Liquor Full Bar License	\$1,800
	Class B	Beer and Wine License	\$1,200
	Class C	Country Club	\$1,800
	Class D	Dine in Restaurant License	\$1,400
	Class E	Entertainment Large Venue License	\$1,800
	Class F	Fraternal or Veteran's Club License	\$1,400
	Class G	Government License	\$250
	Class H	Home Delivery Sales License	\$250
	Class I	Invited guest/Banquet	\$1,400
	Class P	Package	\$800

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD – ON COST
	Outdoor Service	\$250
	Sampling (P Class holders only)	\$250

Application Fee (If applicable) = \_\_\_\_\_

Classification Fee = \_\_\_\_\_

Endorsement Fee (If applicable) = \_\_\_\_\_

Late Fee (If applicable) = \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

### Officers and Directors Information

List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors include all aliases and names the persons are known by:

<b>1. Name</b>	<b>Address</b>	<b>Office Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>2. Name</b>	<b>Address</b>	<b>Office Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>3. Name</b>	<b>Address</b>	<b>Office Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>4. Name</b>	<b>Address</b>	<b>Office Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>5. Name</b>	<b>Address</b>	<b>Office Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>

### SEPARATE ADDENDUM MANAGERS, OFFICERS AND DIRECTORS


List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation include all aliases and names the persons are known by:

<b>1. Name</b>	<b>Address</b>	<b>% of Stock Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>2. Name</b>	<b>Address</b>	<b>% of Stock Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>3. Name</b>	<b>Address</b>	<b>% of Stock Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>4. Name</b>	<b>Address</b>	<b>% of Stock Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>5. Name</b>	<b>Address</b>	<b>% of Stock Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>

**SEPARATE ADDENDUM OWNERS, SHAREHOLDERS**


## APPLICANT CERTIFICATION

I the undersigned, who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail.

I further state that I have read and understand the provisions of the Village of Midlothian Municipal Code Liquor Ordinance (5-6) which addresses the sale and delivery and use of alcoholic beverages. I agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the Village of Midlothian in the conduct of my place of business.

I further state that I understand it is my responsibility to make sure that the Village has an active insurance certificate on file at all times. I also understand that my Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If I anticipate a sale of the business, or a 5% change in ownership, it is my responsibility to initiate the re-application process before a change of ownership is made. I agree to allow at least 45-days processing time for the issuance of a Liquor License.

**I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.**

I further state there is no reason why I, or any person listed on this application would be disqualified to receive a license because of any State, Federal law or the Ordinances of the Village. I hereby give my permission to the Village of Midlothian or any enforcement officer or legal counsel of the Village to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

\_\_\_\_\_  
Signature of applicant (owner)

\_\_\_\_\_  
Print name here

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public (SEAL)

Received and Approved by Police Chief

\_\_\_\_\_  
Police Chief Daniel Delaney

Date: \_\_\_\_\_

Approved by Liquor Commissioner, Village of Midlothian

\_\_\_\_\_  
President Gary L'Heureux

Date: \_\_\_\_\_