



100 Parkers Mill • Oswego, IL 60543
Ph: 630-554-3259
Website: <http://www.oswegoil.org>
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APPLICATION FOR ALCOHOLIC LIQUOR LICENSE

Please return completed Application and Fee to Village Clerk
Application Fee: \$ 250.00 (includes first background check)
License Period May 1 through April 30

1. Applicant Name: _____ Date: _____

2. Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Location for which the license is requested: _____

Zoning Classification: _____ Liquor Classification Sought: _____

Character of Business (Principle Business Activity) or objectives for corporation: _____

Length of time the Applicant has been in a business of this character: _____

3. Name of Building Owner: _____

Address of Building Owner: _____

Mailing Address of Building Owner (if different): _____

Phone Number: _____ Email Address: _____

***** OFFICE USE ONLY *****

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	License No.: _____	Date of Issuance: _____
<input type="checkbox"/> Background Check	<input type="checkbox"/> Copy of Lease	<input type="checkbox"/> Copy of State Issued Liquor License	_____
<input type="checkbox"/> Liquor Liability Insurance Certificate (DRAM SHOP)	<input type="checkbox"/> \$1000 Surety Bond	<input type="checkbox"/> Bassett Training	

Non-Refundable Application Fees: \$250.00 for first background check/fingerprinting plus \$100.00 for each additional background check
\$ 250.00 + (____ # of additional background checks x \$100.00 \$ _____) Total Due with Application: \$ _____
Date Received: _____

APPLICANT Information

4. Applicant Name: _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

Place of birth: _____

Mailing Address (if different): _____

Telephone number: _____ Alternate Number: _____

Are you a Sole Proprietor? Yes No **If yes, skip to Question 9**

BUSINESS OWNERSHIP Information

Please provide the following information regarding how the business was created and is owned:

Corporation Partnership Limited Liability Corporation (LLC)

5. Business Owner Name: _____

Business Owner Address: _____

Mailing address (if different): _____

Contact person: _____ Telephone number: _____

Date of Incorporation and objects for which corporation was incorporated: _____

6. If the majority interest of said corporation/partnership/membership is owned by one (1) person or his nominees, please provide the full name and address:

Name _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

7. Full name and address of all partners and list principal business activity of each partner. If a naturalized citizen, please list the date and place of naturalization.

(a) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

(b) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

(c) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

(d) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

Principle Business Activity: _____

LOCAL CONTACT Information

8. Full name and address of registered agent and local manager.

Agent _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

Manager _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

9. If applicant has ever engaged in the sale of alcoholic liquor at a retail business, list name and addresses of all the locations.

(a) _____

(b) _____

(c) _____

(d) _____

10. The amount of goods, wares, and merchandise on hand at the time this application is made: _____

11. Description of the premises or place of business which is to operate under the license: _____

12. All applicants, including individuals, partners or shareholders of corporations and member so for LLCs shall submit fingerprints as a part of the application and shall pay a one hundred-dollar (\$100) fee for processing said fingerprints. The liquor commissioner may waive fingerprints of corporate shareholders or LLC members when it would not be practical. The fingerprint fee shall apply to the second and each subsequent person named per application.

13. Attach to this application a copy of Applicant's balance sheet and operating statement for three years or, if not available, other proof of financial responsibility.

14. **Class J, Bring Your Own License only:** Documentation that sixty (60) percent of gross annual revenue is generated from the sale of food.
15. List Dram Shop insurance coverage including the name and address of the insurance company for both licensee and the owner of the building in which the alcoholic liquor will be sold for the duration of the license.
- (a) _____
- (b) _____
16. Will two separate restrooms be provided with hot and cold running water? Yes No
17. Describe the parking facilities available to the applicant's business location _____
- _____
18. Describe the method you would use in cleaning the premises, sterilizing glasses/dishes, and cleansing coils used in connection with dispensing draught beer.
- _____
- _____
19. If the applicant's business is to offer food service, describe the method that will be used in the facility for sanitation and cleanliness.
- _____
- _____
20. Will you familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the Village of Oswego, pertaining to the sale of alcoholic liquor and abide by all of them?
- Yes No
21. Will you familiarize yourself with all the laws of the United States, State of Illinois, Kendall County and ordinances of the Village of Oswego pertaining to the Human Trafficking Resource Center Notice Act? Yes: No:

Note: All on premises consumption licensees, where the sale of alcoholic beverages is the principal business and primary to the sale of food shall post a Human Trafficking notice in accordance with 775 ILCS 50/5. Notices must be visible by the public and employees.

22. Will you maintain the entire premises in a clean and sanitary manner free from conditions that might cause accidents? Yes No
23. Will you attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the police department if any such events take place? Yes No
24. 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? Yes No
25. Have you, or in the case of a corporation the local manager, or in the case of partnership any of the partners, ever been convicted of a felony? Yes No
26. Has the applicant been convicted in the past three years of: keeping a place of prostitution; pimping; pandering; soliciting for a prostitute; gambling; keeping a gambling place or any offenses involving bodily harm:
- Yes No If yes, please explain: _____

27. List (by attachment hereto) your occupation or employment with addresses thereof for the past 10 years. (If a partnership or corporation, list the same information for each partner or local manager.)
28. Have you ever been convicted of a gambling offense? Yes No
(If a partnership or a corporation, include all partners and the local manager.)
29. Have you ever been issued a federal gaming device stamp or a federal wagering stamp (if a partnership or a corporation, include all partners and the local manager in answer)?
Yes No If yes, please give details _____
-
30. Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?
Yes No
31. **Class J, Bring Your Own License only:** Will you and all your employees prohibit an intoxicated person or minor from bringing or consuming beer or wine in your establishment?
Yes No
32. Have you, or if a partnership any of the partners, or if a corporation the local manger, ever had a liquor license revoked or suspended? If so; give all details including location of the licensed property.

33. Attach to this Application a floor plan or layout of the proposed facility.
34. Does the applicant own the premises? If not, the applicant must provide a copy of a valid lease for the entire term of the license.

PENALTY: Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class IV fine, plus applicable hearing costs, as provided in subsection 1-4-3G of this code.

I understand any misrepresentations submitted may be cause for denial and revocation of the license. The undersigned does hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the person or persons applying for such license are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will review the Village of Oswego Code of Ordinances, the State of Illinois Compiled Statutes and the Laws of the United State of America and is not disqualified by reason of any matter or thing contained in this document.

Signed: _____ Date: _____
(Authorized Signature)

Title: _____

CONSENT TO CONDUCT BACKGROUND CHECK

TO WHOM IT MAY CONCERN

I authorize and empower the Village of Oswego and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, credit history, and all other information which may bear favorably or unfavorably upon my application for a _____ license made to the Village of Oswego. I further release from liability any person or persons providing or receiving any such information in connection with this pre-licensure investigation.

Upon written request I understand that said Police Department will provide me with information regarding the scope of the investigation if one was/is made.

Printed Name: _____

Address: _____

Signature: _____

Date: _____

