

Office Use Only

Date Appl. Rec'd: _____

Appl. Fee Paid _____

Fingerprint: _____

Reviewed: _____

Appl. Complete (incl. attachments) & Signed

Class: _____

No.: _____

Fee: _____

Issued: _____

Approved Denied

VILLAGE OF NILES

1000 Civic Center Drive, Niles, Illinois 60714

847-588-8000 www.vniles.com

Application for Liquor License

Application is hereby made to the Local Liquor Control Commissioner of the Village of Niles for issuance of a Village of Niles liquor license; pursuant to the ordinance of the Village and laws of the State of Illinois. In support of said application, the following is submitted a **Nonrefundable \$250 Initial Application Fee** and:

(Please Print Below)

I. APPLICANT

Name: _____

Primary Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Social Security Number: _____ U.S. Citizen? Yes No Sex: Male Female

Date of Birth: _____ Place of Birth (city, state): _____

Drivers License Number: _____

What is your relationship to the business for which the license is sought? Owner Shareholder (5% or more) Manager

List any other address you resided in within the last ten (10) years.

Street	City	State	Zip Code	Date (mm/yy – mm/yy)
1.				
2.				
3.				
4.				

II. LIQUOR SERVICE

Select the type of liquor license you are applying for liquor license classification from the list below. See Section 6-34 of the Niles Municipal Code for description of each license classification and its particular requirements.

Class A – Full Liquor, Pouring	Class B, CB, KT, P & S	Class C – Full Package	Class D – Beer/Wine Package
<input type="checkbox"/> Bar/Tavern/Lounge (A-1) <input type="checkbox"/> Full Service Rest. (A-2) <input type="checkbox"/> Private Club (A-3) <input type="checkbox"/> Banquet Hall (A-4) <input type="checkbox"/> Bowling Alley (A-5) <input type="checkbox"/> Bar/Tavern w/Full Rest. (A-6) <input type="checkbox"/> Café (A-7)	<input type="checkbox"/> Rest. Wine & Beer (B) <input type="checkbox"/> Craft Brewery (CB) <input type="checkbox"/> Catering (KT) <input type="checkbox"/> Billiard Parlor (P) <input type="checkbox"/> Salon/Day Spa (S)	<input type="checkbox"/> Min. 20,000 Sq. ft (C-1) <input type="checkbox"/> Liquor Store (C-2) <input type="checkbox"/> Under 20,000 Sq. ft (C-3) <input type="checkbox"/> Pharmacy (C-4)	<input type="checkbox"/> Grocery (D-1) <input type="checkbox"/> Pharmacy (D-2) <input type="checkbox"/> Gas Stations (D-3)

III. BUSINESS INFORMATION

Business Name: _____

Contact Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Website _____

Employer Identification Number: _____

Description of Business Facility

Total Area (sq. ft)	Bar Area (sq. ft)	Kitchen Area (sq. ft)	Number of Tables	Type of Food Served

Please provide a copy of the floor plan.

Ownership of Premises: Owned For initial application, provide proof of ownership (e.g. title policy)

Leased If leased, provide copy of lease for full period of license.

Previous liquor licenses. Starting with the most recent, list any business you owned or operated by the applicant within the last ten (10) years that possessed a liquor license.

Business Name	Business Address	Business Phone	Date Owned (mm/yy-mm/yy)
1.			
2.			
3.			

III. CORPORATE INFORMATION

TYPE OF BUSINESS: Corporation Individual/Sole Proprietorship Limited Liability Co. Partnership

Corporate Name: _____

Corporate Registered Agent/Contact: _____

Registered Agent/Contact Email: _____

Corporate Address: _____

Corporate Phone: _____ Corporate Fax: _____

State of Incorporation: _____ Date of Incorporation: _____

Will a management company run day to day operations? Yes No

*If so, please attach information of the Management Company including contract.

For each Person, Owner, Officer, Director, Member and Stockholder holding directly or beneficially any percentage of stock in the business please provide the following information.

Name	Position Held Within Organization i.e. Owner, Managing Partner, General Partner, Shareholder, Officer (name office held)	% of stock owned or membership interest

For each individual listed please provide the following information:

Name: _____ Phone Number: _____
 Address: _____ Date of Birth: _____
 City, State, Zip: _____ Place of Birth: _____
 Drivers License Number: _____
 Position Held with above named business: _____
 Are you a citizen of the United States? Yes No

Name: _____ Phone Number: _____
 Address: _____ Date of Birth: _____
 City, State, Zip: _____ Place of Birth: _____
 Drivers License Number: _____
 Position Held with above named business: _____
 Are you a citizen of the United States? Yes No

Name: _____ Phone Number: _____
 Address: _____ Date of Birth: _____
 City, State, Zip: _____ Place of Birth: _____
 Drivers License Number: _____
 Position Held with above named business: _____
 Are you a citizen of the United States? Yes No

Name: _____ Phone Number: _____
 Address: _____ Date of Birth: _____
 City, State, Zip: _____ Place of Birth: _____
 Drivers License Number: _____
 Position Held with above named business: _____

Are you a citizen of the United States? Yes No

IV. QUESTIONS - QUALIFICATIONS

- Yes No **Has any liquor license issued to the applicant ever been revoked or suspended?**
(If yes, please provide date, reason, and jurisdiction on Addendum page)
- Yes No **Is the corporation a subsidiary of a parent corporation?**
(If answer is "yes", state the parent corporation's name)
-
- Yes No **Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not listed as a Officer, Shareholder, Member, Manager or Partner?**
(If answer is "yes", please explain)
-
- Yes No **Does the applicant, the manager or any person or entity listed as Officer, Shareholder, Member, Manager or Partner ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or forfeited their bond for failure to appear in court to answer charges for any such violations?**
235 ILCS 5/6-2(12)
(If yes, please provide date, offense, jurisdiction and case number on Addendum page)
- Yes No **Has applicant, the manager or any other person or entity listed as Officer, Shareholder, Member, Manager or Partner ever been convicted of a felony?** *235 ILCS 5/6-2(4)*
- Yes No **Has applicant, the manager or any other person or entity listed as Officer, Shareholder, Member, Manager or Partner ever been convicted of being the keeper of, or is a keeping, a house of ill fame?** *235 ILCS 5/6-2(5)*
- Yes No **Has applicant, the manager or any other person or entity listed as Officer, Shareholder, Member, Manager or Partner ever been convicted of pandering or other crime or misdemeanor opposed to public decency and morality?** *235 ILCS 5/6-2(6)*
- Yes No **Is any law enforcing official, president, trustee, member of a Village Commission or Board or any president or member of a county board directly or indirectly interested in the business for which license is sought?** *235 ILCS 5/6-2(14)*
(If answer is "yes", give particulars)
-

Yes No

In the past 5 years has any Officer, Shareholder, Member, Manager or Partner made a political contribution to any member of the corporate authorities of the Village of Niles or to any member of the Illinois State Liquor Commission?

(If answer is "yes", state the contributors name, the total contribution and name of the elected official that received the contribution and date)

Yes No

Has any manufacturer, distributor, importing distributor or wholesaler directly or indirectly furnished, loaned or rented any interior decorations other than signs for inside or outside use (except signs existing prior to July 1, 1945) costing in the aggregate more than \$100.00 in anyone calendar year for use in or about premises for which license is sought? 235 ILCS 5/6-5

(If answer is yes, give particulars)

Yes No

Has any manufacture, wholesaler, distributor or importing distributor of alcoholic liquor or any person connected with or in any way representing, or has any member of the family of, such manufacture, distributor wholesaler or importing distributor, or any stockholder in any corporation engaged in manufacturing, distributing or wholesaling of such liquor, or any officer manager, agent or representative of said manufacture, wholesale, importing distributor, or distributor, directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit, (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days); or is such person or corporation directly or indirectly interested in the ownership, conduct or operation of this place of business? 235 ILCS 5/6-5

(If answer is yes, give particulars)

Yes No

Is the location of the applicant's business for which license is sought within one hundred (100) feet of any church, school, hospital, home for aged or indigent persons or for veterans, their wives or children, or any naval or military station as defined by the Zoning Ordinance of this Village? 235 ILCS 5/6-11

a) **If the answer to the above is "yes", is the applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop or other place where the sale of alcoholic liquors is not the principal business? _____**

b) **If answer to "a" is yes, how long has the place been in operation? _____**

V. ADDITIONAL INFORMATION

VI. AFFIDAVIT

SIGNATURES

Signed this _____ day of _____, 20____, by:

Individual Applicant

Partnership (two general partners must sign)

By: _____
Applicant

By: _____
Partner/Applicant

By: _____
Partner/Applicant

Corporation

By: _____
(Affix Seal)

Attest: _____
Secretary

AFFIDAVIT OF APPLICANT

STATE OF ILLINOIS)
) ss
COUNTY OF COOK)

I/We, the undersigned applicant(s), or authorized agent thereof, swear or affirm that: the matters stated in this 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 Niles 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 ordinances of the Village of Niles, any laws of the State of Illinois or the United States of America in the conduct of the place of business described herein.

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

Further, I/We agree to notify the Village of Niles within 30 days of changes in any of the information contained in this application.

Signature of Applicant(s)

Signature of Applicant(s)

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

Notary Public

(Seal)

VII. DISCLOSURE

Disclosure and Release of Information Authorization

I authorize the Village of Niles, to retrieve information from references and from law enforcement agencies at the federal, county, and state levels relating to my past activities, and to supply any and all information concerning my background. I release the same (Village of Niles) from any liability resulting in providing such information. The information received may include, but is not limited to, litigation, personal history, driving history, and criminal history records.

I understand that a consumer report may be prepared summarizing this information. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the Village of Niles. I understand that proper identification will be required, and that I should direct my request to Village of Niles Police Department, 7000 W. Touhy Ave., Niles IL 60714.

I hereby certify that all the statements and answers set forth on the application form are true and complete to the best of my knowledge, and I understand that if subsequent to approval of my application for a liquor license any such statements and/or answers are found to be false or that information has been omitted, such false statements or omissions will be just cause for the denial of the liquor license.

I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if approved for a liquor license by the Village of Niles, this release will remain in effect throughout such time approved on the license.

Signature

Social Security Number

Date

PLEASE PRINT CLEARLY:

Last Name

First Name

Middle Name

Street Address

City

State

Zip

Driver's License No.

State of License

Expiration Date

Date of Birth

List any other LAST NAMES you have used during the previous 7 years.

List any other CITIES AND STATES in which you have lived during the previous 7 years.

NOTARY

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

Notary Public

(Seal)