



Village of Dolton
Department of Revenue
Liquor License Application

14014 Park Avenue, Dolton, Illinois 60419
Phone: 708.849.4000 Fax: 708.201.3307



Business License Holder
Village of Dolton
Dolton, IL 60419

To: Local Liquor Control Commissioner
Village of Dolton

APPLICATION FOR LIQUOR LICENSE

Pursuant to the Dolton Liquor Control Ordinance, the undersigned hereby makes application for the issuance of a license to engage in the business of selling alcoholic beverages as indicated hereby, and as part of said application certifies the correctness of the following facts:

CHECK ONE CLASS OF LICENSE APPLIED FOR AND ANNUAL FEES

- CLASS A** (Tavern) \$1500.00
- CLASS B** (Club) \$500.00
- CLASS C** (Package) \$1200.00
- CLASS D** (Restaurant & Special Use) \$1200.00
- CLASS E** (Incidental Retail Sale) \$5000.00
- CLASS F** (Hotel & Motel) \$5000.00
- CLASS G** (Wine & Beer) \$1200
- CLASS H** (Special Event Permit) \$100.00/\$5.00

Note: All classes of license expire April 30th of the year following their issuance.

SECTION A: QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.

1. Applicant's Name : _____

Home Phone: _____ Email: _____@_____.com

Home Address: _____

Business Name: _____

Address: _____

Phone: _____ Email _____@_____.com

Type of Business: _____

Has the applicant resided in Dolton for six months or more immediately preceding the date of this application? _____

If not, List the address of your prior residence: _____

2. Check and fill out if applicable:

_____ Assumed Name Date Filed with County Clerk _____

_____ Partnership Date of Formation _____

_____ Illinois Corporation Date of Incorporation _____

_____ Foreign Corporation State of Incorporation _____

3. Are alcoholic liquors stored, but not sold, at any other location other than the plase of business listed above? Yes/ No

If yes, state the address of that location: _____

4. Date on which current business began at current location: _____

5. Date on which applicant begin selling alcoholic liquors at this location: _____

SECTION A continued: QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.

6. State the retail value of non-alcoholic goods, wares, or other merchandise on hand as of this date of application. \$ _____ .00

7. State the retail value of alcoholic liquors on hand as of the date of this application. \$ _____ .00

8. Does the applicant own the premises for which the license is sought? _____
If no, list the property owner's name, business address, and telephone number.

9. Is the location of 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 military station? _____ (If yes, answer question 9a)
 - 9a. Is the applicant's place of business a hotel offering restaurant service, a regular organized club, food shop, or other place where the sale of liquor is not the principal business? _____.(If yes, answer question 9b)

 - 9b. How long has the place of business been operating? _____

10. Is or will the applicant's place of business be located within 100 feet of any undertaking establishment or mortuary? _____

11. Has any manufacturer, importing distributor, or distributor of alcoholic liquors directly or indirectly paid or agreed to pay for this license, advance 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 90 days), or such a person directly or indirectly interested in the ownership conduct or operation of this place of business? _____. If yes, give particulars.

12. Do you possess a current Federal Wagering or Gaming Stamp? _____

13. What is your Document Locator Number as shown on your Federal Special Tax Stamp?

14. What is your Federal Employer's Identification Number? _____

SECTION A continued: QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.

15. What is your current State Liquor License Number? _____

16. What is your State Retailer's Occupation Tax (ROT) Registration Number?

17. Has the applicant ever made an application for a retail liquor license in Dolton at another location? _____

18. Are you delinquent in payment of Retailer's Occupation Tax? _____

If yes, specify dates and amount: _____

19. Are you delinquent under the cash beer law? _____

If yes, specify date and amount: _____

20. If retailer, are you delinquent under the 30-day Credit Law? _____

If yes, specify date and amount: _____

21. If distributor, are you delinquent under the 15-day Credit Law? _____

If yes, specify date and amount: _____

END OF SECTION A

SECTION B: QUESTIONS TO BE ANSWERED BY EACH PARTNER, CORPORATE OFFICER, SHAREHOLDERS, MANAGERS, OR ANY OTHER PERSON OR ORGANIZATION SHARING IN THE PROCEEDS OF THE BUSINESS. IF MORE THAN ONE, COMPLETE THE INFORMATION FOR EACH PERSON AND ATTACH TO THE THIS APPLICATION.

1. Name: _____

2. Address: _____

3. Phone: _____ Email: _____

4. SSN: _____

5. Title: _____

6. Percentage of Ownership: _____

7. Are you a United States Citizen? YES / NO
If yes, state your date of birth or naturalization? _____
PLEASE INCLUDE A COPY OF YOUR BIRTH CERTIFICATE OR CITIZENSHIP PAPERS.

8. Have you ever been convicted of any criminal offense (excluding traffic violations) under any federal, state, or local law? _____ If yes, give the date(s) and offense(s);

9. Have you ever been convicted of being the keeper of a house of ill fame, pandering or any other crime or misdemeanor opposed to decency and morality? _____
If yes, give the date(s) and offense(s):

10. Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____ If yes, give the date(s) and offense(s):

SECTION B: QUESTIONS TO BE ANSWERED BY EACH PARTNER, CORPORATE OFFICER, SHAREHOLDERS, MANAGERS, OR ANY OTHER PERSON OR ORGANIZATION SHARING IN THE PROCEEDS OF THE BUSINESS. IF MORE THAN ONE, COMPLETE THE INFORMATION FOR EACH PERSON AND ATTACH TO THE THIS APPLICATION.

1. Name: _____

2. Address: _____

3. Phone: _____ Email: _____

4. SSN: _____

5. Title: _____

6. Percentage of Ownership: _____

7. Are you a United States Citizen? YES / NO
If yes, state your date of birth or naturalization? _____
PLEASE INCLUDE A COPY OF YOUR BIRTH CERTIFICATE OR CITIZENSHIP PAPERS.

8. Have you ever been convicted of any criminal offense (excluding traffic violations) under any federal, state, or local law? _____ If yes, give the date(s) and offense(s);

9. Have you ever been convicted of being the keeper of a house of ill fame, pandering or any other crime or misdemeanor opposed to decency and morality? _____
If yes, give the date(s) and offense(s):

10. Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____ If yes, give the date(s) and offense(s):

SECTION B: QUESTIONS TO BE ANSWERED BY EACH PARTNER, CORPORATE OFFICER, SHAREHOLDERS, MANAGERS, OR ANY OTHER PERSON OR ORGANIZATION SHARING IN THE PROCEEDS OF THE BUSINESS. IF MORE THAN ONE, COMPLETE THE INFORMATION FOR EACH PERSON AND ATTACH TO THE THIS APPLICATION.

11. Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in questions 8 through 10? _____

12. Have you ever made an application for a retail liquor license for premises other than the property described in this application? _____ If yes, state the date, location of premises, and disposition of application:

13. State the following information for EACH current city, village, town, or county retail liquor license issued to you for this or any other business:

- a) Name of city, village or town that issues the license _____
- b) Date of Issue _____
- c) Date of Expiration _____
- d) License Number _____

14. Has any retail liquor license previously issues to you by the State, Federal, or local authorities been revoked? _____ If yes, state the reason and date of revocation:

15. Do you possess a Federal Wagering or Gaming Device Stamp? _____

16. Are you, or any other person, directly or indirectly involved in this piece of business, a public official? _____

17. Are you, or any other person, directly or indirectly involved in this piece of the business, ever used an assumed name? _____

18. Are you, or any other person, directly or indirectly involved in this piece of business, ever declared bankruptcy? _____

19. Will the applicant or other members of the Corporation or partnership actively manage this business? _____

SECTION C: QUESTIONS TO BE ANSWERED ONLY IF THE APPLICANT IS A CORPORATION (ATTACH A COPY OF THE ARTICLES OF INCORPORATION)

1. Corporate Name: _____

2. Date of Incorporation: ____/____/____ 3. State of Incorporation: _____

4. If this is a foreign corporation, date qualified to do business in Illinois: _____

5. Registered Agent's Name, Address, and Telephone Number:

6. Business Address of Corporation as stated in Certificate of Incorporation:

7. Name and address of EACH officer, director, and shareholder (larger than 5% interest) must be filled in below (attach extra page of necessary):

Name _____ Title _____

Address _____

Name _____ Title _____

Address _____

Name _____ Title _____

Address _____

8. Are there any of the persons listed in the above question ineligible to receive a liquor license in this state or any other state or municipality? _____ If yes, specify the person(s) and reason(s) for ineligibility:

9. Has any person listed in question 7 had a federal, state, or local liquor license revoked? _____ If yes, specify the person(s) and reason(s) for revocation:

AFFIDAVIT

(Please read carefully before signing)

We, the undersigned, president and secretary of the above named corporation, each first being duly sworn sat that each of us has read the above and foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose of inducing the Village of Dolton to issue the license herein applied for.

We further swear tat the applicant will not violate any of the laws of the State of Illinois or the United States of America or of the Ordinance of the Village of Dolton in the conduct of applicant’s place of business.

We further swear that we are duly constituted and elected officers of the said applicant and as such are authorized and empowered to execute this application for and on behalf of said applicant.

PRESIDENT

SECRETARY

Subscribed and sworn before me this _____ day of _____, A.D. 20_____.

NOTARY PUBLIC

SECTION D: TO BE ANSWERED BY ALL APPLICANTS, AND SIGNED AND SWORN BY THE AGENT OR MANAGER.

The following questions concern the Agent or Manager who will conduct the business on the premises for which the license is sought.

- A. Name:** _____

- B. Current Address** _____
Has said Agent or Manager resided in Dolton for six months or more immediately preceding this application? _____

- C. Date of Birth** _____ **D. Place of Birth** _____

- E. Has said Agent or Manager ever been convicted of a felony under the criminal code of any State or the United States?** _____ **If yes, briefly describe the nature and circumstances of the incident:**

- F. Has said Agent or Manager ever had a liquor license issued by any State, Federal, or local Authorities revoked?** _____ **If yes, state by whom, the date, and reasons:**

- G. Has said Agent or Manager ever been convicted of being a keeper of a house of ill frame, pandering, or other crime or misdemeanor opposed to decency or morality?** _____ **If yes, state the date, place of conviction and nature of the offense for which convicted:**

- H. Has said Agent or Manager ever been convicted of a violation of any Federal or State Law concerning the manufacture, possession, or sale of alcoholic liquor, or forfeited his bond to appear in court to answer charge for any such violation?** _____ **If yes, state the date and place of conviction and nature of the offense for which convicted.**

SECTION D: TO BE ANSWERED BY ALL APPLICANTS, AND SIGNED AND SWORN BY THE AGENT OR MANAGER.

The following questions concern the Agent or Manager who will conduct the business on the premises for which the license is sought.

I. Is said Agent or Manager a law enforcement official of the State of Illinois or of any municipality in the State of Illinois? _____ If yes, state the position held and the name of the agency involved:

J. Is said Agent or Manager an officer of any municipality? _____ If yes, state the title and municipality involved:

K. State the length of time that said Agent or Manager has engaged in the Tavern Business:

END OF SECTION D

AFFIDAVIT

(Please read carefully before signing)

I, _____, being first duly sworn on oath depose and say that I am the Agent or Manager of the above applicant, that there will be no violation of any of the laws of the State of Illinois or of the United States of America or of the ordinances of the Village of Dolton in the conduct of the business described herein, and the statements contained in Section D are true and correct.

SIGNATURE

Subscribed and sworn before me this _____ day of _____, A.D. 20_____.

NOTARY PUBLIC