



COUNTY OF WILL  
**LOCAL LIQUOR CONTROL COMMISSIONER**  
**RENEWAL APPLICATION FOR LIQUOR LICENSE**

<b>License No.:</b>	
<b>Class:</b>	

1. Your petitioner or petitioners \_\_\_\_\_ doing business as \_\_\_\_\_  
 \_\_\_\_\_  
 (Business Name) (Business Address)

\_\_\_\_\_  
 (Contact Phone Number)

\_\_\_\_\_  
 (Contact Email Address)

respectfully request renewal of Will County liquor license # \_\_\_\_\_, class \_\_\_\_\_ for calendar year 20\_\_\_\_\_.

2. State length of time applicant has been in business and in case of corporation, date Charter was issued: \_\_\_\_\_.

3. Has there been any changes in ownership, partnership, or in the case of a Corporation, any changes in Officers, interest, or stock in the Corporation?  Yes  No If so, state changes. \_\_\_\_\_

4. **Attach a copy of the Certificate of Approval from Health Department.**

5. Is applicant(s) disqualified to receive a liquor license under State Law?  Yes  No

If yes, please explain: \_\_\_\_\_

6. Does any fine or judgment, whatsoever, remain unpaid in any court in Will County?  Yes  No

7. If business is to be conducted by manager or agent, does such manager or agent possess the same qualifications required of applicant?  Yes  No

Will he/she be present on the premises at least forty (40) hours per week?  Yes  No

Has there been a change in manager or agent since the last application?  Yes  No

8. State name of manager or agent in charge:

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (D.O.B.)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (Phone)

\_\_\_\_\_  
 (Email)

9. Are premises for which renewal is sought owned by applicant?  Yes  No If not owned by applicant(s), attach copy of lease for the full period of time for which license is sought.

10. The undersigned being duly sworn, upon Oath, depose and say that he/she, or they have signed the above application for license, and that he, she, or they have read the questions and answers thereto, and swear that the statements therein as set forth in the above application are true in substance and in fact.

◆ **If you answered yes to questions 3,5,6 or 7, you must fill out a long form application.**

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

\_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Signature of Applicant)

(FORM TO BE USED WHEN APPLICATION IS BY A CORPORATION)

STATE OF ILLINOIS }  
 COUNTY OF WILL } ss.

I, \_\_\_\_\_, a Notary Public in and for said County of Will, in the State aforesaid, do hereby certify that \_\_\_\_\_, personally known to me to be the President of said Corporation, and \_\_\_\_\_, personally known to me to be the Secretary of said Corporation, appeared before me this day in person and acknowledged that they signed the above and foregoing application for alcoholic liquor license and that they have read the questions and answers thereto and the statements therein as set forth in the above application and that the same is true in substance and in fact.

Approved: \_\_\_\_\_

Refused: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
 LOCAL LIQUOR COMMISSIONER

\_\_\_\_\_  
 NOTARY PUBLIC