

COUNTY OF WILL

- New
- Renewal

Local Liquor Control Commissioner

Application for Alcoholic Liquor License

- Class A – Package, Premises \$2,000.00
- Class A1 – Package, Premises, Entertainment \$2,500.00
- Class B – Premises \$2,000.00
- Class B1 Premises, Entertainment \$2,500.00
- Class C – Package \$2,000.00
- Class C1 – Gas Station \$2,000.00



- Class D – Beer and Wine, Premises \$1,300.00
- Class E – Restaurant, Hotel \$2,000.00
- Class F – Club 251 – 500 members \$1,000.00
250 members of less \$ 750.00
over 500 members \$2,000.00
- Class G – Beer Garden \$ 500.00

TO THE LOCAL LIQUOR CONTROL COMMISSIONER OF THE COUNTY OF WILL

Your petitioner or petitioners _____
 doing business as _____
 Business Telephone No. _____ respectfully petition you to grant him, her, them, or it a license for the sale of alcoholic liquors at retail located at _____ in Will County, Illinois, for calendar year 20____.

1. List the name, age, date of birth, social security number, and the last three (3) residences of applicant or applicants:
(Insert additional sheets if necessary)

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	LAST THREE (3) RESIDENCES (Insert additional sheets if necessary)
				()	
				()	

2. If a partnership, give partnership name or name of proposed partnership: _____

3. If a co-partnership, in addition to the above, give the names, ages, date of birth, Social Security Number and last three (3) residences of all persons who share in the profits: *(Insert additional sheets if necessary)*

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	LAST THREE (3) RESIDENCES (Insert additional sheets if necessary)
				()	
				()	

4. If a corporation, give full corporate name: _____

5. If a club or corporation, give the names, Social Security Numbers, and addresses of all officers and directors. *(Insert additional sheets if necessary)*

NAME	SOCIAL SECURITY NUMBER	ADDRESS	OFFICE HELD	% OF STOCK HELD

6. If a club or corporation, state the objects for which it was organized, as provided for in the Articles of Incorporation.
 Date of Incorporation: _____ Attach Articles of Incorporation

7. Is applicant a citizen of the United States? Yes No Give Place of Birth: _____
 If naturalized, state the date and place of naturalization: _____ (Date) _____ (Place)

29. Are premises for which license is sought owned by applicant? Yes No
 If not owned by applicant, state whether lease is for full period of time for which license is to be issued: _____ Attach a copy of the lease.
30. Give names and addresses of two or more reputable citizens of Will County who will vouch for the moral character of the applicant.

NAME	ADDRESS	CITY	STATE	ZIP CODE

 (Signature of Applicant)

 (Signature of Applicant)

 (Signature of Co-Partnership or Corporation)

By _____
 (Co-Partner or President)

By _____
 (Co-Partner or Secretary)

STATE OF ILLINOIS }
 COUNTY OF WILL } ss.

_____ being duly sworn,
 upon oath, depose__ and say__ that he, she or they ha__ signed the above and foregoing application for a license and that he, she or they ha__ 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.

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

 NOTARY PUBLIC

(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.

 NOTARY PUBLIC

Approved _____
 Refused _____ this _____ day of
 _____, _____ A.D.

LOCAL LIQUOR CONTROL COMMISSIONER

 Member of the Local Liquor Control Commission

Before license is granted, a bond in the penal sum of One Thousand Dollars (\$1,000.00), executed according to the form attached hereto, must be filed with application and approved by the Local Liquor Commissioner.

Note: 1. If application is made in behalf of a partnership, firm, club or corporation, then same must be signed and sworn to by at least two (2) members or by the President and Secretary of such corporation.

2. Insert additional sheets where necessary to supply additional information required.

Applicant states that he will not violate, allow or permit any of his employees to violate any of the laws of the State of Illinois or the United States or the rules and regulations of the County of Will relating to alcoholic liquor in the conduct of his place of business.

Applicant states that he has not received or borrowed money or anything else of value and that he will not receive or borrow money or anything else of value other than merchandising credit in the ordinary course of business for a period not to exceed 90 days, as expressly permitted under Section 4 of Article 6 of "An Act Relating to Alcoholic Liquors" passed by the Second Special Session of the 58th General Assembly, directly or indirectly from any manufacturer, importing distributor or distributor, representative of any such manufacturer, importing distributor or distributor, nor be a party in any way, directly or indirectly, to any violation by a manufacturer, importing distributor or distributor, as set forth in Section 5 of Article 6 of the State law.

INFORMATIONAL ATTACHMENT FOR LIQUOR LICENSE APPLICATION

LAST NAME	FIRST	MIDDLE INITIAL	ALIAS(ES)/NICKNAMES/MAIDEN NAME
ADDRESS		CITY	STATE ZIP CODE
TELEPHONE		AGE	DATE OF BIRTH PLACE OF BIRTH
() -			
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	U.S. CITIZEN	NATURALIZATION CERTIFICATE NUMBER
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR ADDRESS IF ABOVE ADDRESS IS LESS THAN SIX (6) YEARS:

ADDRESS	CITY	STATE	ZIP CODE

PRESENT EMPLOYMENT/BUSINESS:

	NAME	TELEPHONE	ADDRESS	CITY	STATE	ZIP CODE
1						
2						

PARTNERS/ASSOCIATES:

	LAST NAME	FIRST	MIDDLE INITIAL	TELEPHONE
1				() -
	ADDRESS		CITY	STATE ZIP CODE
	LAST NAME		FIRST	MIDDLE INITIAL TELEPHONE
2				() -
	ADDRESS		CITY	STATE ZIP CODE

PRIOR BUSINESS:

NAME	ADDRESS	CITY	STATE	ZIP CODE

REFERENCES OTHER THAN RELATIVES/ASSOCIATES/EMPLOYEES:

	LAST NAME	FIRST	MIDDLE INITIAL	TELEPHONE
1				() -
	ADDRESS		CITY	STATE ZIP CODE
	LAST NAME		FIRST	MIDDLE INITIAL TELEPHONE
2				() -
	ADDRESS		CITY	STATE ZIP CODE
	LAST NAME		FIRST	MIDDLE INITIAL TELEPHONE
3				() -
	ADDRESS		CITY	STATE ZIP CODE

Signature: X _____

Date: _____