



**VILLAGE OF MOUNT PROSPECT
LIQUOR LICENSE APPLICATION
INSTRUCTIONS**

Before your application can be processed, you MUST complete the following requirements. Any supplemental information indicated below must be attached to this application at the time of delivery to the Village Manager's Office.

<input type="checkbox"/>	1. Each stockholder owning an aggregate of more than (1) five percent (5%) of the stock of a closely held corporation; or (2) 25% of the stock of a publicly traded corporation; and each manager and officer must schedule, 72 hours in advance, an appointment with the Mount Prospect Police Investigation Section ((847) 870-5654) to be fingerprinted. <i>If the applicant is a publicly traded corporation, the Commissioner may accept the fingerprints from another jurisdiction for persons not residing or working within fifty (50) miles of the Village.</i>
<input type="checkbox"/>	2. Each manager AND server must schedule an appointment to complete the Beverage Alcohol Sellers and Servers Education and Training (BASSET) program. The BASSET program is the state of Illinois's seller/server training program, which is designed to educate and train sellers/servers of alcoholic beverages to serve responsibly and stay within the law. For more information, go to http://www2.state.il.us/lcc/basset .
<input type="checkbox"/>	3. Complete the entire application. <i>(Each individual who has or will have supervisory or management responsibility over the business's employees MUST complete Section I and IV separately.)</i>
<input type="checkbox"/>	4. Attach the following items to the completed application: <ul style="list-style-type: none"> a. A copy of the corporation's Articles of Incorporation. <i>(If the corporation was not incorporated in Illinois but in another state, you must also attach the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act);</i> b. Proof of ownership (title or lease) of the premises where the business will operate; c. A Management Company Affidavit (ONLY IF the business is operated by a manager or management company that is not a bona fide employee of the company); d. Notarized Affidavit (one for each applicant); e. Non-Refundable application fee of \$300.00; f. Liquor License fee as provided for in Section II of the Application.
<input type="checkbox"/>	5. Return the application, documents, and fees mentioned under Step #4 to the Village Manager's Office.

OTHER REQUIREMENTS

Before the liquor license can be issued, you must also submit the following documents to the Liquor Commissioner.

<input type="checkbox"/>	1. A copy of the corporation's Dram Shop Insurance.
<input type="checkbox"/>	2. If you are leasing, a copy of the landlord's Dram Shop Insurance or Host Liability Insurance Coverage.
<input type="checkbox"/>	3. BASSET training certificate(s) of completion.

ANSWERS MUST BE ACCURATE AND COMPLETE. FURNISHING INCORRECT OR MISLEADING INFORMATION SHALL BE CAUSE FOR LICENSE REVOCATION. IT IS YOUR SOLE RESPONSIBILITY TO ASCERTAIN THE VERACITY OF YOUR RESPONSE. A CLAIM THAT ANSWERS WERE GIVEN TO THE BEST OF THE ANSWERER'S KNOWLEDGE WILL NOT BE CONSIDERED A DEFENSE TO REVOCATION.

LICENSE APPROVAL TAKES A MINIMUM OF 45 DAYS AND MAY TAKE LONGER.

THIS PAGE IS INTENTIONALLY LEFT BLANK



VILLAGE OF MOUNT PROSPECT LIQUOR LICENSE APPLICATION

(ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND RETURNED TO THE LIQUOR CONTROL COMMISSIONER'S OFFICE IN DUPLICATE.)

	APPLICATION DATE
--	-------------------------

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): _____

Driver's License Number: _____

Height: _____ ft _____ inches Weight: _____ lbs Hair Color: _____ Eye Color: _____

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.					

II. LIQUOR SERVICE

Select the type of liquor license you are applying for from the list of liquor license classifications below. See Section 13.204 of the Liquor Code for a description of each license classification and its particular requirements.

1. PACKAGE LICENSE	2. FOOD SERVICE LICENSE	3. SPECIALTY LICENSE
<input type="checkbox"/> General (P-1) (\$2200) <input type="checkbox"/> Super Market (P-2) (\$2200) <input type="checkbox"/> Wine and Beer Only (P-3) (\$1925) <input type="checkbox"/> Wine Only (P-4) (\$1650) <input type="checkbox"/> Home Delivery (P-5) (\$2200)	<input type="checkbox"/> Restaurant Without Lounge (F-1) (\$2200) <input type="checkbox"/> Restaurant Wine and Beer Only (F-2) (\$1650) <input type="checkbox"/> Restaurant With Lounge (F-3) (\$2750) <input type="checkbox"/> Private Club (F-4) (\$750) <input type="checkbox"/> Banquet Facility (F-5) (\$2200) <input type="checkbox"/> Golf Course (F-6) (\$2500) <input type="checkbox"/> Restaurant Corkage (F-7) (750.00)	<input type="checkbox"/> Hotel (S-1) (\$2750) <input type="checkbox"/> Bowling Alley (S-2) (\$2750) <input type="checkbox"/> Tavern (S-3) (\$2200) <input type="checkbox"/> Gourmet Beverage Shop (S-4) (\$1650) <input type="checkbox"/> Movie Theater (S-5) (\$3000) <input type="checkbox"/> Cosmetic Facility (S-6) (\$250) <input type="checkbox"/> Caterer (S-7) (\$1000) <input type="checkbox"/> Special Conditions (S-8) (\$2750)

V. CORPORATE INFORMATION

Corporation Name (include any DBA name): _____

Corporate Registered Agent/Contact: _____

Corporate HQ Address: _____

Corporate Phone: _____ Corporate Contact Cell Phone: _____

State of Incorporation: _____ Date of Incorporation: _____

DIRECTORS/ OFFICERS AND MEMBERS

Identify each of the corporation's directors and officers below. If the corporate applicant is an entity publicly traded on a recognized national exchange, this section need not be completed provided that all appropriate information is supplied with respect to the managers of the premises as set forth in Sections I and III. If more space is needed use Section IX.

1. Name: _____

Title: _____

Social Security #: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____

Title: _____

Social Security #: _____ Date of Birth _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____

Title: _____

Social Security #: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

4. Name: _____

Title: _____

Social Security #: _____ Date of Birth _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

5. Name: _____

Title: _____

Social Security #: _____ Date of Birth _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

6. Name: _____

Title: _____

Social Security #: _____ Date of Birth _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

SHAREHOLDERS

Identify each of the corporation's shareholders owing in the aggregate more than 5% of the corporation's stock below. If the corporate applicant is an entity publicly traded on a recognized national exchange, this section need not be completed provided that all appropriate information is supplied with respect to the managers of the premises as set forth in Sections I and III. If more space is needed use Section IX.

1. Name: _____	% of Stock Held: _____
Social Security #: _____	Date of Birth: _____
Home Address: _____	
Home Phone: _____	Cell Phone: _____
2. Name: _____	% of Stock Held: _____
Social Security #: _____	Date of Birth: _____
Home Address: _____	
Home Phone: _____	Cell Phone: _____
3. Name: _____	% of Stock Held: _____
Social Security #: _____	Date of Birth: _____
Home Address: _____	
Home Phone: _____	Cell Phone: _____
4. Name: _____	% of Stock Held: _____
Social Security #: _____	Date of Birth: _____
Home Address: _____	
Home Phone: _____	Cell Phone: _____
5. Name: _____	% of Stock Held: _____
Social Security #: _____	Date of Birth: _____
Home Address: _____	
Home Phone: _____	Cell Phone: _____

VI. MANAGER INFORMATION**	
Name:	_____
Home Address:	_____
Home Phone:	_____
Cell Phone:	_____
Email:	_____
Social Security #:	_____
Date of Birth:	_____
Date of Hire:	_____

VII. ASSOCIATE/SECONDARY MANAGER INFORMATION**	
Name:	_____
Home Address:	_____
Home Phone:	_____
Cell Phone:	_____
Email:	_____
Social Security #:	_____
Date of Birth:	_____
Date of Hire:	_____

****All managers MUST have fingerprints and background checks on file with the Liquor Commissioner's Office. New managers must contact the Police Department at 847/870-5654 to schedule an appointment.**

VIII. QUESTIONS

<p>1. Is the corporation incorporated in another state other than the State of Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a copy of the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act must be attached to the completed application.</p>	
<p>2. Has the corporation ever been dissolved either voluntarily or involuntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the date of reinstatement.</p>	
<p>3. Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the parent corporation's name.</p>	
<p>4. Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not listed as a shareholder above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.</p>	
<p>5. How long has the corporation been in the business of the retail sale of alcohol? (years/months)</p>	
<p>6. Does the corporation own or lease the building or the space in which the business is located? <input type="checkbox"/> Own <input type="checkbox"/> Lease If you lease, a copy of the landlord's Dram Shop Insurance or Host Liability Insurance Coverage must be attached to this application.</p>	
<p>7. If the building is not owned, what is the expiration date of the lease?</p>	
<p>8. Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.</p>	
<p>9. If this is a new license application, what kind of business was previously conducted in the space in which you intend to operate your business?</p>	
<p>10. State the estimated value of goods, wares and merchandise to be used in the course of business.</p>	
<p>11. Has any director, officer, shareholder, or any of your managers ever been found guilty of a felony or misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.</p>	
<p>12. Does any director, officer, shareholder, or any of your managers hold any law enforcement office? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name, title and agency.</p>	

<p>13. In the past two years has any director, officer, shareholder, or any of your managers made any political contribution to any member of the Mount Prospect Board of Trustees or to any member of the Illinois State Liquor Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the contributor's name, the total contribution, and the name of the elected official that received the contribution, and the date of the contribution.</p>	
<p>14. Does any director, officer, shareholder or manager possess a current Federal Wagering or Gambling Device Stamp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name and reason.</p>	
<p>15. Has any director, officer, shareholder, or any of your managers ever held a liquor license in the United States not previously listed under Section III. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name, the date of the license, city and state:</p>	
<p>16. Has any director, officer, shareholder, or any of your managers ever held a liquor license (wholesale or retail) that was revoked by the federal, state, county or local government? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name, date of revocation, and reason why.</p>	
<p>17. Has any director, officer, shareholder, or any of your managers ever been denied a liquor license from any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the person's name and reasons why.</p>	
<p>18. Other than when making an initial application for a license, has any director, officer, shareholder, or any of your managers ever been subject to charges, a hearing or an investigation by any jurisdiction with respect to a liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason for the investigation or hearing.</p>	
<p>19. Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason for the investigation or hearing.</p>	

IX. ADDITIONAL INFORMATION

OFFICIAL USE ONLY

APPROVED **DENIED**

Requirements

- Articles of Inc.
- Basset Training
- Fee - Application
- Fee - License
- Fingerprints
- Insurance
- Lease
- Mgt Co Affidavit

NOTES

-
-
-

Signature of Approval

Local Liquor Control Commissioner

Date