

**VILLAGE OF MOUNT PROSPECT  
LIQUOR LICENSE RENEWAL  
2020-2021**

**NEW THIS YEAR**

*You can now **RENEW** your annual liquor license application and submit payment using our  
**ONLINE PORTAL.***

**I. BUSINESS INFORMATION**

Business Name: _____	License Classification: _____
Business Address: _____	Fee \$: _____
Business City: _____	ST: ____ Zip: _____
Business Phone: _____	Web site domain: _____
E-mail: _____	

**II. CORPORATE or LLC INFORMATION**

Corporation/LLC Name (include any DBA name): \_\_\_\_\_

Corporate Registered Agent/Contact: \_\_\_\_\_

Corporate HQ Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Corporate Phone: \_\_\_\_\_

**IDENTIFY THE BUSINESS ENTITY'S OFFICERS / MEMBERS AND THEIR TITLES BELOW.**

1. Name: _____	Title: _____
Home Address: _____	City: _____ ST: ____ Zip: _____
Cell Phone: _____	Email: _____
2. Name: _____	Title: _____
Home Address: _____	City: _____ ST: ____ Zip: _____
Cell Phone: _____	Email: _____
3. Name: _____	Title: _____
Home Address: _____	City: _____ ST: ____ Zip: _____
Cell Phone: _____	Email: _____
4. Name: _____	Title: _____
Home Address: _____	City: _____ ST: ____ Zip: _____
Cell Phone: _____	Email: _____

Since your last liquor license renewal filing, has any person acquired more than 5% ownership (if you are a closely held corporation) OR do you have any new members (if you are a limited liability corporation)?  Yes  No If YES, identify the names below.

Name: _____	Name: _____
Name: _____	Name: _____

### III. PERSON COMPLETING THIS APPLICATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to Business:  Officer/Director  Manager  Shareholder  Other \_\_\_\_\_  
E-mail: \_\_\_\_\_

### IV. MANAGER INFORMATION\*\*

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_

### V. ASSOCIATE/SECONDARY MANAGER INFORMATION\*\*

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
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 Doreen at 847/818-5300 for information.**

### VI. LIQUOR SERVICE

Indicate the types of liquor related activities conducted on premises. Check all that apply.

- Wine Only                       Table Service Only                       Catering\*\*  
 Wine and Beer Only                       Table and Lounge service                       Outdoor Service\*\*  
 Wine, Beer, and Spirits                       Retail Package                       Corkage\*\*

**\*\*May require additional permits or certifications.**

### VII. LEASE

Does the licensee of the liquor establishment lease the premises on which the business is conducted?  Yes  No  
**If YES, list the LESSOR's personal information below. Attach/upload a current copy of the lease.**

Lessor's Name: \_\_\_\_\_  
Lessor's Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Lessor's Email: \_\_\_\_\_

## VIII. LIQUOR LICENSE BACKGROUND

1. Does the licensee hold a liquor license at another premise?  Yes  No

**If YES, identify the name(s) and address(es) of other establishment(s) (not required for publicly traded company).**

2. Is any action currently pending against the business or licensee for violation of the Retailer's Occupation Tax Act of the State of Illinois?  Yes  No

3. Has any person or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense or alcohol/controlled substance related traffic offenses since the filing of the last application of your Liquor License?  Yes  No **If YES, describe the charge, the date, the city and state where the charge was brought, and the disposition.**

4. Has any action been initiated by any jurisdiction against the licensee, the business, manager, agent or employee for violation of any law with respect to the service of alcoholic beverages since the filing of the last application of your Liquor License?  Yes  No

**If YES, describe the violation and the results below.**

## IX. AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, have read this application and the statements are true, complete and correct. The statements are made for the purpose of inducing the Village of Mount Prospect to renew our liquor license. Other than as set forth by this renewal application, there has been no material change in the premises; and the answers made to questions in the original application are still true and accurate. I have reviewed Chapter 13 of the Mount Prospect Municipal Code (Liquor Code) and acknowledge and understand the requirements thereof and will not violate them. I further understand that any misrepresentation or failure to notify the Liquor Control Commissioner of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the Liquor Control Commissioner to deny this permit application and/or to revoke any permit issued pursuant to this application.

\_\_\_\_\_  
 Signature of License Holder/Authorized Agent      Title/Position      Date

I \_\_\_\_\_ a Notary Public in and for said county in the state aforesaid, do hereby certify that  
 \_\_\_\_\_ personally known to me to be the renewal applicant(s), appeared before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ that he/she/they signed the foregoing application his/her/their free in person and  
 acknowledged and voluntary act for the use and purposes therein set forth.

\_\_\_\_\_  
 Notary Public

### OFFICIAL USE ONLY

APPROVED     DENIED

Requirements

APPROVED     DENIED

Fee

Insurance

Approval Signature

Local Liquor Control Commissioner

Date