

**APPLICATION FOR RETAILER'S LICENSE  
ALCOHOLIC LIQUOR**

**THE VILLAGE OF WILLOW SPRINGS  
THE LOCAL LIQUOR CONTROL COMMISSIONER  
ONE VILLAGE CIRCLE  
WILLOW SPRINGS, IL. 60480  
phone: (708) 467-3700      fax: (708) 467-3710**

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TO THE LOCAL LIQUOR CONTROL COMMISSIONER, VILLAGE OF WILLOW SPRINGS,

The undersigned hereby applies for the issuance of a Class \_\_\_\_\_ retailer's license for the sale of alcoholic liquor for the term commencing May 1, 20 \_\_\_\_ and ending April 30, 20\_\_\_\_, and hereby certifies, as follows:

1. Applicant's Name : \_\_\_\_\_
2. Applicant's Completed Address: \_\_\_\_\_
3. Business Name, if different : \_\_\_\_\_
4. Address of premises for license: \_\_\_\_\_  

(exact address by street and number)

Describe exact location within such premises if less than the entire premises is used for sale of alcoholic liquor. Applicants for a Class D License must submit a written plan pursuant to Village Code Section 4-3-25N: \_\_\_\_\_
5. Premises Phone No. (     ) \_\_\_\_\_ Business Fax (     ) \_\_\_\_\_  
Business Fax (     ) \_\_\_\_\_  
Business email \_\_\_\_\_
6. Is the proposed location for a license within 100 feet of any church, school (other than an institution of higher learning), hospital, home for aged or indigent persons or for veterans, their spouses or or children? \_\_\_\_\_  

(Note: The distance of 100 feet shall, in all cases, be measured from the property boundary of the proposed location for a license nearest to the property boundary line of the aforementioned use.)
7. If the sale of alcoholic liquor is incidental to a principal business, describe the principal business: \_\_\_\_\_
8. **Interest in premises to be licensed:**
  - A. Is Applicant the owner of record of the premises for which this license is sought? \_\_\_\_\_ if no then list the name and address of the owner: \_\_\_\_\_
  - B. Is the owner of record to the premises a land trust? \_\_\_\_\_ If yes, the attached "Affidavit of Land Trustee" is to be completed and submitted with this Application.
  - C. Does Applicant have a lease of the premises for the full period for which a license is sought? \_\_\_\_\_ If yes, state:
    1. Name and address of Lessor: \_\_\_\_\_
    2. Period covered by Lease: From: \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.
    3. **A complete and correct copy of the Lease, certified by both the Applicant and the Lessor to be a true and accurate copy, is to be submitted with this Application.**
9. Do you intend to have entertainment on the premises? \_\_\_\_\_ If yes, please describe the proposed entertainment and the frequency thereof: \_\_\_\_\_
10. State your Illinois Retailer's Occupation Tax No.: \_\_\_\_\_
11. State your Illinois Liquor License No. \_\_\_\_\_
12. State the length of time that the Applicant has been in business and the nature of the Applicant's business experience: \_\_\_\_\_
13. Has Applicant ever made application(s) for a license to sell alcoholic liquor to any other governmental entities? \_\_\_\_\_ If yes, state the name of the governmental entities, the date of application(s) and the disposition(s) of such applications(s): \_\_\_\_\_
14. Has the Applicant, either individually, or any firm or entity with which the Applicant has been connected with previously as a sole proprietor, shareholder, partner or manager, been issued any previous license for the sale or handling of alcoholic liquor, which license was revoked or suspended by the Federal Government, or by any state, county or local government? \_\_\_\_\_ If yes, please state:  
(a) the previous jurisdiction issuing such license; (b) the licensee (s) by names and addresses;  
(c) the address of the licensed premises; (d) the name of the licensed establishment; and (e) the date (s) of such revocation (s) or suspension (s): \_\_\_\_\_

**15. Penal Bond; Insurance Requirements (Village Code Section 4-3-18).**

- A. Each Applicant shall execute and submit with this Application a penal bond in the sum of \$1,000.00, said bond to name the Village of Willow Springs as Obligee, additionally:
  - In case of a new Liquor License Application, the penal bond should be purchased for the balance of said license year, including the month of such Application.
  - The bond should be purchased yearly, with effective dates of such bond coinciding with effective dates of liquor license.
- B. Applicant shall furnish with this Application evidence satisfactory to the Local Liquor Control Commissioner that such Applicant is covered by a policy of liquor liability insurance with coverage limits no less than \$1, 000,000.00 per person and per occurrence. Sufficient evidence shall be a Certificate of Insurance to be issued prior to the issuance of a license and annually, if renewed.

**16. If Applicant is a Partnership,** list the name, residence address and telephone number of all general partners:

Name	Address (include zip code)	Area Code & Phone No.

**A Partnership Applicant must submit a copy of its Partnership Agreement, certified as a true and correct copy, by a General Partner.**

**17. If Applicant is a Corporation,** provide the following information:

- A. Date of incorporation: \_\_\_\_\_. Under the laws of the State of \_\_\_\_\_. If a foreign corporation, date authorized to transact business in Illinois: \_\_\_\_\_.
- B. State the names of each Officer, Director, Shareholder and Registered Agent as indicated with their respective residence addresses (attach a separate sheet if more space is needed).

	Name	Residence Full Address (include zip code) & PHONE NO.
President	_____	_____
Phone	( ) _____	
Secretary	_____	_____
Phone	( ) _____	
Treasurer	_____	_____
Phone	( ) _____	
Director	<u>Name</u> _____	<u>Residence Full Address (include zip code)</u> _____
Director	_____	_____
Director	_____	_____
Shareholder	_____	_____
Shareholder	_____	_____
Shareholder	_____	_____
Registered Agent	_____	_____

- C. Each corporation must attach to this Application: An original copy of its Articles of Incorporation and a current (less than 30 days old) Certificate of Good Standing, both must show certification by the Secretary of State, of the State of the incorporation.

**\*\*\* ANY CHANGE IN BUSINESS ENTITY DURING THE LICENSE YEAR SHALL BE REPORTED IN WRITING TO THE LOCAL LIQUOR CONTROL COMMISSIONER WITHIN TEN (10) DAYS OF SUCH CHANGE. (Village Code Section 4-3-21)**

**18** Will the business be conducted by a manger? \_\_\_\_\_ If yes, state the name (s) and residence address (es) of any and all manager (s) :

Name of Manager	Residence Address of Manager (include zip code)	Phone No. of manager (include area code)

(Attach a separate sheet to identify all managers)

**19** EACH OF THE FOLLOWING PERSONS MUST COMPLETE AND SIGN THE "VILLAGE OF WILLOW SPRINGS LIQUOR LICENSE PERSONAL INTEREST FORM" ATTACHED TO THIS APPLICATION (PLEASE MAKE AS MANY COPIES AS ARE REQUIRED TO BE COMPLETED):

- A. In the case of a sole owner, the Applicant; or
- B. In the case of a partnership, shall be furnished as to each partner; or
- C. In the case of a corporation, for each shareholder owning more than five percent (5%) of the issued and outstanding shares of the corporation and each officer and director thereof; or
- D. In case the business of Applicant is to be managed by a person, or persons. Each of such manger (s).

\*\*\*\*\* IN THE CASE OF AN "INITIAL LICENSE APPLICATION", APPLICANT SHALL PAY A NONREFUNDABLE INITIAL LICENSE EXPENSE OF \$1,500.00. (Village Code Section 4-3-12)

\*\*\*\*\* ALL APPROPRIATE SECTIONS AND ATTACHMENTS MUST BE COMPLETED BY AN APPLICANT. THE FAILURE TO COMPLETE ALL APPROPRIATE SECTIONS WILL CAUSE A DELAY OR DENIAL IN SECURING YOUR LICENSE.

STATE OF ILLINOIS {  
                                  { SS  
COUNTY OF COOK {

The undersigned, being first duly sworn state (s) that they, and each of them, have read the provisions of Title 4, Chapter 3, entitled "Liquor Regulations" of the Village Code of the Village of Willow Springs, as amended, and that they will not violate any of said regulations of the Village of Willow Springs, or the laws of the State of Illinois, or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this Application are true and correct to the best of their knowledge and belief.

**APPLICATIONS FOR LICENSES AND RENEWALS OF LICENSE SHALL BE SIGNED BY:  
(i) the Applicant of a sole owner, (ii) by all general partners, if a partnership,  
(iii) if a corporation by its President and Secretary**

\_\_\_\_\_  
Signature of Individual Applicant

Name of Corporation: \_\_\_\_\_  
\_\_\_\_\_

Name of Partnership: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
Its President

By: \_\_\_\_\_  
Its General Partner

Attest: \_\_\_\_\_  
Its Secretary

By: \_\_\_\_\_  
Its General Partner

By: \_\_\_\_\_  
Its General Partner

**SUBSCRIBE AND SWORN TO  
BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_\_\_.**

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

\_\_\_\_\_  
(Notary Seal)

DO NOT WRITE BELOW THIS LINE, FOR VILLAGE USE ONLY.

=====

**LICENSE APPROVED:**

\_\_\_\_\_  
Local Liquor Control Commissioner

Date: \_\_\_\_\_

License Number Issued : \_\_\_\_\_

Date: \_\_\_\_\_

*Important Read Below*

The Village cannot complete this form for your establishment. If any questions do not apply to your business simply mark it N/A for non-applicable. Any questions left unanswered will delay the processing of your application and will be returned to you. Thank you for your cooperation.

2/18/09 ab  
Village Clerk's Office Only  
Initial: \_\_\_\_\_  
Renewal: \_\_\_\_\_  
Late: \_\_\_\_\_  
Fee: \_\_\_\_\_

**LIQUOR LICENSE APPLICATION PERSONAL INTEREST FORM**

VILLAGE OF WILLOW SPRINGS  
OFFICE OF THE LOCAL LIQUOR CONTROL COMMISSIONER  
ONE VILLAGE CIRCLE  
WILLOW SPRINGS, ILLINOIS 60480  
(708) 467-3700 phone (708) 467-3710 fax

STATE OF ILLINOIS )}  
                                  ) ss  
COUNTY OF COOK ) }

**To be completed by each person designated in Paragraph 19 of the Application pursuant to Village Code Section 4-3-8A (18)**

The undersigned, being first duly sworn, states:

- 1 Name of Applicant as shown on Liquor License Application:  
\_\_\_\_\_
  
- 2 Name and residence address of person having personal interest:  
name \_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_
  
- 3 Home and business telephone no. : ( home ) ( ) ( work ) ( ) \_\_\_\_\_
  
- 4 Sex: \_\_\_\_\_ EMAIL: \_\_\_\_\_
  
- 5 Date and place of birth ( attach copy of birth certificate if born in the United States ) ;  
Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
  
- 6 Social Security Number: \_\_\_\_\_
  
- 7 Position in in the business of Applicant; i.e., partner, shareholder, director, officer or manager:  
\_\_\_\_\_
  
- 8 Percent of ownership, if any: \_\_\_\_\_
  
- 9 Driver's license number and state of issuance (attach a copy of current driver's license):  
No. \_\_\_\_\_ State of Issuance: \_\_\_\_\_
  
- 10 Citizenship: \_\_\_\_\_  
if naturalized, date and place of naturalization and certificate of naturalization number:  
date: \_\_\_\_\_ place: \_\_\_\_\_ no. : \_\_\_\_\_
  
- 11 Have you ever been convicted of a felony under any federal or state law? \_\_\_\_\_  
If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 12 Have you ever been convicted of being the keeper of a house of ill fame or are you keeping a house of ill fame? \_\_\_\_\_ If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_
  
- 13 Have you ever been convicted of pandering or other crime or misdemeanor opposed to decency and and morality? \_\_\_\_\_ If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 14 Have you ever been convicted of a violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor and/or have you ever forfeited a bond to appear in court to answer charges for any such violation? \_\_\_\_\_ If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 15 Have you ever been convicted of a gambling offense as proscribed by any of subsection (a) (3) through (a) (11) of Section 28-1 of, or as proscribed by Section 28-1.0 or 28-3 of the Illinois "Criminal Code of 1961," as heretofore or hereafter amended, or as proscribed by any statute replaced by any of the aforesaid statutory provisions? \_\_\_\_\_ If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16 Has Applicant ever made application (s) for a license to sell alcoholic liquor to any other governmental entities? \_\_\_\_\_ If yes, state the name of the governmental entities, the date of application (s) and the disposition (s) of such application (s): You may use a separate sheet if necessary:  
\_\_\_\_\_  
\_\_\_\_\_

17 Has the Applicant, either individually. Or any firm or entity with which the Applicant has been connected with previously as a sole proprietor, shareholder, partner or manager, been issued any previous license for the sale or handling of alcoholic liquor, which license was revoked or suspended by the Federal Government, or by any state, county or local government? \_\_\_\_ If yes, please state: (a) the previous jurisdiction issuing such license; (b) the licensee (s) by names and addresses: ( c ) the address of the licensed premises: ( d ) the name of the licensed establishment: and ( e ) the date (s) of such revocation (s) or suspension (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18 Are you a law enforcing public official, a member of a local liquor control commission, a mayor, alderman, or member of any village board of trustees, or the president or member of a county board? \_\_\_\_\_ If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19 Do you hold a federal wagering stamp of federal gaming device stamp issued for the current tax period? \_\_\_\_\_

Dated: \_\_\_\_\_ signature: \_\_\_\_\_

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public ( SEAL )



16 Has Applicant ever made application (s) for a license to sell alcoholic liquor to any other governmental entities? \_\_\_\_\_ If yes, state the name of the governmental entities, the date of application (s) and the disposition (s) of such application (s): You may use a separate sheet if necessary:  
\_\_\_\_\_  
\_\_\_\_\_

17 Has the Applicant, either individually. Or any firm or entity with which the Applicant has been connected with previously as a sole proprietor, shareholder, partner or manager, been issued any previous license for the sale or handling of alcoholic liquor, which license was revoked or suspended by the Federal Government, or by any state, county or local government? \_\_\_\_ If yes, please state: (a) the previous jurisdiction issuing such license; (b) the licensee (s) by names and addresses: ( c ) the address of the licensed premises: ( d ) the name of the licensed establishment: and ( e ) the date (s) of such revocation (s) or suspension (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

19 Do you hold a federal wagering stamp or federal gaming device stamp issued for the current tax period? \_\_\_\_\_

Dated: \_\_\_\_\_ signature: \_\_\_\_\_

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public ( SEAL )

VILLAGE OF WILLOW SPRINGS  
OFFICE OF THE LOCAL LIQUOR CONTROL COMMISSIONER  
ONE VILLAGE CIRCLE  
WILLOW SPRINGS, ILLINOIS 60480  
Phone (708) 467-3700 Fax (708) 467-3710

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

AFFIDAVIT OF LAND TRUSTEE IN CONNECTION WITH APPLICATION FOR  
RETAILER'S LICENSE - ALCOHOLIC LIQUOR

The undersigned, one of the corporate officers of the Land Trustee thereof, being first duly sworn, states:

1. The full and complete name of the Trust and Trust No. are:

\_\_\_\_\_

2. The exact address by street and number of the property is:

\_\_\_\_\_

3. The following are the names of the beneficiaries, their residence addresses, and the percentage of beneficial ownership held by each in said Trust. If you need to you continue on a separate sheet and please attach.

<u>Name of Beneficiary</u>	<u>Residence Complete Address</u>	<u>% of Beneficial Interest</u>
_____	_____	_____
_____	_____	_____
City	State	Zip Code
_____	_____	_____
City	State	Zip Code
_____	_____	_____
City	State	Zip Code

4. Affidavit is made for the purpose of inducing the Village of Willow Springs Local Liquor Control Commissioner to issue a retailer's license for alcoholic liquor for the above premises.

TRUSTEE \_\_\_\_\_

BY \_\_\_\_\_

ATTEST \_\_\_\_\_

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 2007.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE  
REVISED /ADENA: WORD LIQUOR LICENSE LAND TRUST  
DOC. 2-18-09

(NOTARY SEAL)