



# Liquor License Application—Instructions

Village of Machesney Park | 300 Roosevelt Rd.

Machesney Park, IL 61115 | 815-877-5432

**RENEWALS AND NEW APPLICANTS: PLEASE READ THIS APPLICATION THOROUGHLY AND ANSWER THOSE QUESTIONS WHICH PERTAIN TO YOUR BUSINESS.**

**Requirements.** *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 submission to the Village Clerk's Office.*

- 1. Applications which list directors and officers must have at least one manager fingerprinted for a criminal background check. Additionally, all of the corporation directors and officers must complete the attached form labeled UNIFORM CONVICTION INFORMATION ACT NAME INQUIRY for a criminal background check. Applications which do not have directors or officers must have either an owner or a manager fingerprinted for a criminal background check. All other owners and managers must complete the attached form labeled UNIFORM CONVICTION INFORMATION ACT NAME INQUIRY. Fingerprinting cards must be picked up at Village Hall and applicant is responsible for obtaining fingerprints. A check in the amount of \$36.50, paid to the order of the Illinois State Police, must accompany the fingerprints upon return. Cash and credit cards are not accepted. Not applicable to renewals.
- 2. Complete the entire application. *Each individual who has or will have supervisory or management responsibility over the business's employees MUST complete Section I and IV separately.*
- 3. Attach the following items to the completed application:
  - a. A copy of the corporation's Articles of Incorporation. *If the corporation was not incorporated in Illinois but in another state, the applicant must also attach the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act; Renewals – applicable only if Articles of Incorporation have changed or been modified.*
  - 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. **PAYMENTS –**  
*For new applicants – At the time of application a liquor license fee, as provided for in Section II, plus an additional amount equal to the annual fee, is required. For renewals - Liquor License fee as provided for in Section II of the Application. Due at the time the application is received by the Village;*
  - f. List of employees;
  - g. Copy of dram shop (liquor) insurance.
- 4. All information on the Application Form must be completed in black ink—printed or typed— and returned. Return the application, documents, and fees mentioned under Step #3 to the Village Clerk's Office.

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

- 1. A copy of the corporation's Dram Shop Insurance.
- 2. If you are leasing, a copy of the landlord's Dram Shop Insurance or Host Liability Insurance Coverage.

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 requires a minimum of 45 days, and may take longer.



# Liquor License Application— Page 1

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All information must be in black ink, printed or typed and form duplicated.

Application Date:

## I. Applicant

Name of Applicant: (print or type)

Last

First

Middle

Primary address of Applicant: (P.O. Boxes are not acceptable)

Street (include Apt.#)

City

State

Zip Code

Home and business phone number(s):

Hours when you can be contacted:

Home Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_

Business/Work Telephone:( ) \_\_\_\_\_ Fax: \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_

Birth Date: Mo. \_\_\_/Day \_\_\_/Yr. \_\_\_

Social Security#: \_\_\_\_\_

Place of Birth (City, State) \_\_\_\_\_

U.S. Citizen?  Yes  No Sex:  M  F

Driver's License #: \_\_\_\_\_

State Issued in: \_\_\_\_\_ Exp. Date \_\_\_\_\_

What is your relationship to the business for which the license is sought?  Owner  Shareholder (5% or more)  Manager

Residence History - List any other address you resided in within the last ten (10) years: Renewals - list only if changes occurred since last application (please list additional address on the back of this form)

Street (include apt. #)	City	State	Zip Code	Date (M/Y-M-Y)
Street (include apt. #)	City	State	Zip Code	Date (M/Y-M-Y)
Street (include apt. #)	City	State	Zip Code	Date (M/Y-M-Y)
Street (include apt. #)	City	State	Zip Code	Date (M/Y-M-Y)



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**II. License Classes.** Select the type of liquor license you are applying for from the list of classifications below. See Chapter 9 of the Village Code for a complete description of each license classification and its particular requirements.

- A—on-premise consumption and retail carryout in original package, fee \$1500
- B—retail carryout in original package no onsite consumption, fee \$1500
- C—on-premise consumption of beer and wine only, fee \$700
- R—on-premise consumption only for restaurants (at least 50% of sales is food), fee \$1500
- BB—on-premise consumption which has video gaming terminals, fee \$2500
- G—video gaming; must accompany a current A, B, C, or R license; fee \$1000
- RB—bring your own bottle of wine in a sit-down restaurant; must hold a current R license, fee \$300
- P—on-premise consumption for outdoor patios to license holders, fee \$300
- SU—special use license (liquor permit) for Illinois licensed liquor retailer, fee \$100/day
- SE—special event license (liquor permit) for Illinois licensed liquor retailer, fee \$100/day



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## III. Business Information

Business Name and Address: (P.O. Boxes are not acceptable)

Name

Address

Business Phone

Business Fax

Employer Identification Number (EIN)

Website Address

Description of Business Facility: Renewals – complete only if changes occurred since last application

Total Area in Square Feet

Bar Area in Square Feet

Kitchen Area in Square Feet

Number of Tables

Type of Food Served

Number of Parking Spaces

**IV. Previous Liquor Licenses.** Starting with the most recent, list any businesses you owned or operated by the applicant within the last ten (10) years that possessed a liquor license. If more space is needed, please add to Section V.

1. Business Name:

Address

Phone

Date Owned (M/Y-M/Y)

Liquor License Number

2. Business Name:

Address

Phone

Date Owned (M/Y-M/Y)

Liquor License Number

3. Business Name:

Address

Phone

Date Owned (M/Y-M/Y)

Liquor License Number

List and describe any incident requiring police intervention at any of the aforementioned business: \_\_\_\_\_

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



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## V. Business Plan

Please provide a detailed business plan setting forth the nature and use of the prospective licensed premises. Information which should be contained in the business plan includes but is not limited to:

Days and hours of operation

Food service hours

Proposed entertainment

Where applicable, a proposed menu, including a drink list

Target audience

Anticipated ratio of food v. alcohol sales



# Liquor License Application— Page 5

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## VI. Corporate Information

Corporation Name: (Include any DBA name) \_\_\_\_\_

Corporation Registered Agent/Contact: \_\_\_\_\_

Corporation HQ Address: \_\_\_\_\_

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

Corporate Contact Cell Phone: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

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 X.

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



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## VI. Corporate Information (continued)

### Shareholders

Identify each of the corporation's shareholders owning 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 X.

1. Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Percentage of Stock Held: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Percentage of Stock Held: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Percentage of Stock Held: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Percentage of Stock Held: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

## VII. Manager Information

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Date of Hire

## VIII. Associate /Secondary Manager Information

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Date of Hire



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## IX. List of Employees Responsible for the Sale of Alcohol

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_ Position Held \_\_\_\_\_ Length of Residence in Winnebago County \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_ Position Held \_\_\_\_\_ Length of Residence in Winnebago County \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_ Position Held \_\_\_\_\_ Length of Residence in Winnebago County \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_ Position Held \_\_\_\_\_ Length of Residence in Winnebago County \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_ Position Held \_\_\_\_\_ Length of Residence in Winnebago County \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_ Position Held \_\_\_\_\_ Length of Residence in Winnebago County \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_ Position Held \_\_\_\_\_ Length of Residence in Winnebago County \_\_\_\_\_

*To add to this list – please copy and attached to the completed application.*





## X. Questions

1. Is the corporation incorporated in another state other than the State of Illinois?  Yes  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.**

2. Has the corporation ever been dissolved either voluntarily or involuntarily?  Yes  No **If Yes, state the date of reinstatement:**

3. Is the corporation a subsidiary of a parent corporation?  Yes  No **If Yes, state the parent corporation's name:**

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?  Yes  No **If Yes, explain:**

5. How long has the corporation been in the business of the retail sale of alcohol? (years/months):

6. Does the corporation own or lease the building or the space in which the business is located?  Own  Lease **If you lease, a copy of the landlord's Dram Shop Insurance or Host Liability Insurance Coverage must be attached to this application.**

7. If the building is not owned, what is the expiration date of the lease?

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?  Yes  No **If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.**

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?

10. State the estimated value of goods, wares and merchandise to be used in the course of business:

11. Has any director, officer, shareholder, or any managers ever been found guilty of a felony or misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense?  Yes  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.**

12. Does any director, officer, shareholder, or any managers hold any law enforcement office?  Yes  No **If Yes, state the person's name, title and agency:**

13. In the past two years has any director, officer, shareholder, or any of your managers made any political contribution to the Village President or any member of the Village Board of Trustees or to any member of the Illinois State Liquor Commission?  Yes  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:**



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## X. Questions (continued)

14. Has any director, officer, shareholder, or any manager ever held a liquor license in the United States not previously listed under Section IV?  Yes  No **If Yes, state the person's name, the date of the license, city and state:**

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15. 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?  Yes  No **If Yes, state the person's name, date of revocation, and reason why:**

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16. Has any director, officer, shareholder, or any of your managers ever been denied a liquor license from any jurisdiction?  Yes  No **If Yes, state the person's name and reasons why.**

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17. Other than when making an initial application for a license, has any director, officer, shareholder, or any manager ever been subject to charges, a hearing or an investigation by any jurisdiction with respect to a liquor license?  Yes  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.**

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18. Other than when making an initial application for a license, has the corporation or any predecessor to or subsidiary or parent of the corporation ever been subject to charges, hearing, or investigation by any jurisdiction with respect to a liquor license?  Yes  No **If Yes, list each and every charge, the date and 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.**

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## XI. Additional Information

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**XII. Affidavit** Please sign and attach permit fee payment

I, first being duly sworn, under oath deposes and say that I am an applicant for the license requested in the foregoing Application; that I am of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the Code provisions of the Machesney Park Village Code which address the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the Village of Machesney Park in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the Village of Machesney Park or any agency thereof to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

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

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date, Year

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 as his/her/their free in person and acknowledged and voluntary act for the use and purposes therein set forth.

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

\_\_\_\_\_  
My Commission Expires

(SEAL)

**Requirements**

- Articles of Incorporation
- Fee—Application
- Fee—License
- Fingerprints
- Insurance
- Lease
- Mgt Co Affidavit
- \_\_\_\_\_
- \_\_\_\_\_

OFFICIAL USE ONLY	<b>Issue of License</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
License# _____	Date Issued: _____, 20 _____	
By (Clerk): _____		
License Expires: _____, 20 _____		
Notes:		
_____		
_____		
_____		
_____		