

# *City of Palos Heights*

## **Liquor License Application Requirements**

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1. Personal identification: driver's license, voter's card, birth certificate (photo copies).
2. 3 ½ color or black and white photo.
3. Copy of last six months utility bill, either gas, electric, water, or telephone.
4. Citizenship papers, if applicable.
5. Death certificate, if applicable.
6. Maiden name of applicant or wife.
7. Divorce decree, if applicable.
8. If applicant is female, husband's fingerprints are required.
9. Residence, past ten years, dates and addresses.
10. Employment past ten years, name of companies, supervisors, and phone numbers.
11. Three personal references, names, addresses, occupations, not related.
12. Lease for premises and beneficiary owner of property, name and address.
13. Real estate tax bill or other identification if applicant owns property.
14. Mortgage agreement, if any.
15. Purchase agreement.
16. Dram Shop Insurance Co., agent, his or her address and phone number.
17. Licenses held by applicant, past and present.
18. Vending machines, type and property.
19. Sources of finances.
  - A. If savings accounts, date of account, bank book, letter from bank verifying account, date of account, number and current balance.
  - B. Checking account, must provide last six month's statements.
  - C. Loans, copy of loan papers.
  - D. Other sources of finances must be identified and documented.
20. Articles of Incorporation, corporate minutes, minutes up-to-date, and corporate seal.
21. Corporate registered agent, name and address.
22. Corporate minutes must show current officers, their position number and date, document number and date. Original directors must provide personal date for application.
23. Corporation must show the amount of shares created and amount of shares issues.
24. All persons owning more than 5% of shares issued in this corporation must be identified.
25. A non-refundable application fee of \$2,500.00 is required before processing of application.

Failure to supply necessary information may result in the ***disapproval*** of your ***license*** application. To help expedite the processing of your application, please cooperate.

NAME (Last)		(First)	(M.I.)	Male Female	HOME PHONE NUMBER ( )
ADDRESS		CITY	STATE	BUSINESS PHONE NUMBER ( )	
DATE OF BIRTH	AGE	PLACE OF BIRTH	ARE YOU A CITIZEN yes no	NATURALIZED yes no	NATURALIZATION NUMBER
PLACE OF NATURALIZATION			DATE OF NATURALIZATION		SOCIAL SECURITY NUMBER
MARITAL STATUS single married separated divorced widowed			If presently married-have you ever been divorced yes no		DRIVER'S LICENSE NUMBER
NAME AND ADDRESS OF PREVIOUS SPOUSE			SPOUSE'S EMPLOYMENT (name of company)		(Address)
WIFE'S MAIDEN NAME (Last)		(First)	(M.I.)	DRIVER'S LICENSE NUMBER	
LIST RESIDENCES FOR PAST TEN YEARS		CITY	STATE OR COUNTY	From (Mo.) (Year)	To (Mo.) (Year)
List present and previous places Employment for the past ten years	PLACE OF EMPLOYMENT	LENGTH OF EMPLOYMENT From (mo.) (yr.)		TYPE OF WORK	
	ADDRESS	To (mo.)	(yr.)	IMMEDIATE SUPERVISOR	
	PLACE OF EMPLOYMENT	From (mo.) (yr.)		EMPLOYER'S PHONE NUMBER	
	ADDRESS	To (mo.)	(yr.)	IMMEDIATE SUPERVISOR	
	PLACE OF EMPLOYMENT	From (mo.) (yr.)		EMPLOYER'S PHONE NUMBER	
	ADDRESS	To (mo.)	(yr.)	IMMEDIATE SUPERVISOR	
List three non-relative references who have known you for not less than five years	NAME (Last)	(First)	(M.I.)	OCCUPATION	
	ADDRESS	CITY	STATE	PHONE NUMBER	
	NAME (Last)	(First)	(M.I.)	OCCUPATION	
	ADDRESS	CITY	STATE	PHONE NUMBER	
NAME OF PREMISES FOR WHICH LICENSE WILL APPLY	NAME (Last)	(First)	(M.I.)	OCCUPATION	
	ADDRESS	CITY	STATE	PHONE NUMBER	
ADDRESS OF PREMISES		NAME AND ADDRESSES OF LESSOR OR PROOF OF OWNERSHIP			
AGENT'S NAME AND ADDRESS			RENTAL AGREEMENT	LENGTH OF LEASE	
DRAM SHOP INSURANCE COMPANY			AGENT'S NAME TELEPHONE #		
LIST OF EXISTING RETAIL LIQUOR LICENSES HELD BY APPLICANT (name of premises)		(Address)	City	State	
LIST PAST RETAIL LIQUOR LICENSES HELD BY APPLICANT (name of premises)		(Address)	City	State	

DOES APPLICANT OR ANY RELATIVE OF APPLICANT NOW HOLD (or ever held) ANY BUSINESS LICENSE-IF SO, LIST

(Name of Licensee)

(Relationship)

(Type)

IF APPLICANT OR ANY RELATIVE OF APPLICANT HAS EVER HAD A LICENSE REVOKED—EXPLAIN

List all individuals, companies, amusement or machines vendors and beverage houses who have loaned or hold mortgages for this business.

(Name)

(Address)

(Account Number)

(Amount)

Important: A corporation must include as employees all officers or directors who receive compensation. This includes an individual licensee whether or not he draws a salary.

Will Licensee employ more than four persons  
yes      no

Are there any agreements for the sharing or profits  
yes      no

Do you maintain a listing of all stockholders  
yes      no

Do you contemplate sharing profits with others later  
yes      no

Have all interested parties in this application been fingerprinted  
yes      no

LIST ALL EXISTING AND/OR CONTEMPLATED AGREEMENTS FOR SHARING PROFITS EITHER ON THE BASIS OF SHARES OF STOCK OWNED OR SHARES OF PROFITS SET FORTH IN ARTICLES OF PARTNERSHIP.

1.

2.

3.

4.

5.

LIST BELOW ALL ARREST RECORDS OF APPLICANTS AND STOCKHOLDERS/PROFIT SHARERS

ARRESTEE	CHARGE	DISPOSITION	DATE OF ARREST

LIST BELOW YOUR INVESTMENT AS WELL AS ALL LENDING PERSONS AND/OR AGENCIES, SUCH AS BANKS, AMUSEMENT DEVICE OR MACHINE VENDORS BEVERAGE HOUSES, ETC, WHO HAVE GIVEN FINANCIAL AID TO THIS VENTURE.

Source of Finances	NAME	ADDRESS	ACCOUNT NUMBER	AMOUNT LOANED

I \_\_\_\_\_ on \_\_\_\_\_ do hereby state that the information furnished by me on this questionnaire is correct to the best of my knowledge and belief. I am aware that any falsification makes me liable under penalty and can result in the denial of my application or revocation of any license issued as a consequence of my misstatements. Furthermore, I am familiar with the laws governing the retail sale of alcohol.

THE FOLLOWING INFORMATION TO BE FILLED BY CORPORATE APPLICANTS

NAME OF CORPORATION

DATE CORPORATION ORGANIZED

ORIGINAL SUBSCRIBERS TO CORPORATION

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

DATE ARTICLES OF INCORPORATION WERE FILED WITH SECRETARY OF STATE _____, 19__	DATE CERTIFICATE OF INCORPORATION WAS ISSUED BY THE SECRETARY OF STATE _____, 19__	DATE ARTICLES OF INCORPORATION WERE FILED WITH COUNTY RECORDER _____, 19__
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LIST ANY AMENDMENTS TO ARTICLES OF INCORPORATION	DATE FILED WITH SECRETARY OF STATE
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

LIST ALL OFFICERS AND DIRECTORS OF CORPORATION (Name) (Address)	TITLE	SHARES	TELEPHONE NUMBER

DESCRIBE ANY EXISTING OPTIONS AND NAMES OF PERSONS CONCERNED AS THEY PERTAIN TO OPTIONS TO PURCHASE OR ACQUIRE STOCK AT A FUTURE DATE

IS ANY LAW ENFORCING OFFICIAL DIRECTLY OR INDIRECTLY INTERESTED IN THE BUSINESS OR CORPORATION SEEKING THIS LICENSE YES                      NO	HAS A PERSONAL HISTORY SHEET BEEN COMPLETED FOR EACH PERSON HOLDING 5% OR MORE OF THE STOCK IN THIS CORPORATION YES                      NO	WERE ALL PERSONS WHO OWN IN THE AGREEGATE MORE THAN 5% OF THE STOCK IN THIS CORPORATION FINGERPRINTED YES                      NO	IF OFFICERS ARE FEMALES, HAVE THEIR HUSBANDS BEEN FINGERPRINTED YES                      NO
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IF ANY LAW ENFORCING OFFICIAL IS DIRECTLY OR INDIRECTLY INTERESTED IN THIS BUSINESS OR CORPORATION SEEKING THIS LICENSE, EXPLAIN FULLY THE INVOLVEMENT

AS DULY APPOINTED REPRESENTATIVE OF THE ABOVE MENTIONED CORPORATION, I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF KNOWLEDGE \_\_\_\_\_ (Signature)



***City of Palos Heights***  
**Applicant's Acknowledgement**

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***To the applicant:***

**READ THE FOLLOWING ITEMS CAREFULLY AND INDICATE YOUR AWARENESS OF THEM BY SIGNING BELOW.**

Article XXVI, Rule 26 of the Illinois Liquor Control Rules and Regulations, pertains to uniform record keeping and employees of a retail liquor dealer. All retail liquor dealers must conduct their business within the provisions of this rule. Failure to comply with these rules may result in revocation of license.

Chapter 96, Article 4 of the Illinois Revised Statutes states that no person or persons shall conduct or transact business in this state under an assumed name(s), corporate or otherwise, unless such person shall file in the office of the County clerk a certificate setting forth the name(s) under which said business is to be conducted.

Article 1, Paragraph 12, (6) of the Liquor Control Act states that premises where liquor is manufactured, distributed or sold must be open for inspection by the Illinois Liquor Control Commission and/or "any Administrative department of the state county and municipal governments, county and city police departments, etc."

No retail liquor dispenser may employ a manager without first filing a "Statement of Manager" with City Hall. The length of time a person may act as manager has no bearing on this requirement. The manager must possess the same qualification as the licensee.

**REFUSAL TO COOPERATE WITH ANY INVESTIGATION PERTAINING TO THE LICENSED PREMISES COULD RESULT IN SUSPENSION OR REVOCATION OF THE LICENSE ISSUED FOR OPERATION OF SUBJECT LOCATION.**

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**I HAVE READ THE FOREGOING**

Signature of Applicant

Date

***City of Palos Heights***  
**Applicant's Acknowledgement**

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Date:

To the Applicant:

(Name)

(Location)

READ THE FOLLOWING ITEMS CAREFULLY AND INDICATE YOUR AWARENESS OF THEM BY SIGNING BELOW.

I realize that I am responsible to produce the necessary books, records, papers, lease, bank accounts, checking accounts, loan papers, divorce decree, alien card, naturalization papers, dram shop insurance or any other necessary documents that the investigator may deem necessary to complete a thorough and comprehensive investigation;

I further realize that any attempt by me to stall, hinder, circumvent, or in any way deceive the investigator from the truth is sufficient to disapprove the said license application;

I further realize that any attempt by me to sway or influence the investigators decision in performing his sworn duties, by means of gratuities, or any other form or bribery, will result in an arrest and prosecution, and denial of the application.

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I, the undersigned, have read and understand the aforementioned article and do hereby affix my signature to said document.

Applicant:

Applicant:

Witnessed by:

**Authorization For Release of Personal Information  
For Use by Authorized Personnel of the  
*City of Palos Heights***

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I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to a duly authorized agent of the City of Palos Heights whether the said records are of a public, private or confidential matter.

The intent of this authorization is to give consent for full and complete disclosure of criminal arrest records, employment records, and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining by suitability to a ct as an owner/manager for a liquor by the City of Palos Heights. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this liability which may be incurred as a result of the release or collection of such information.

I also understand this authorization to furnish information is executed in consideration of the processing of my application pending before the Liquor Commission.

A photocopy of this release will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

I have read and fully understood the contents of the "Authorization for Release of Personal Information".

\_\_\_\_\_  
Witness

Signature (Include Maiden Name)

Address

\_\_\_\_\_  
Date

Date of Birth

Social Security Number