

VILLAGE OF ROUND LAKE BEACH
LIQUOR LICENSE APPLICATION

Class _____

July 1, 2022 to June 30, 2023

The following information is required in order to process/renew your liquor license:

Applicant's Name: _____
Address: _____
Business Name: _____
Address: _____
Phone: _____
Character of Business: _____
Length of Time in Business: _____
IL Retailer's Occupation Tax No. _____



CHECKLIST *(Check off before submittal to ensure everything is included)*

- Enclose with this application a copy of your current State of Illinois Liquor License.**

- Enclose with this application the certificate of Insurance for liquor liability coverage naming Village of Round Lake Beach as certificate holder.**

- Enclose with this application a copy of the manual outlining the training policies and procedures you require your employees to following in the proper handling and sale of alcoholic liquor.**

- Enclose with this application a copy of the floor plan of your establishment, designating the square footage of the facility and the area where liquor will be sold. If you are a restaurant, indicate seating capacity and lounge area, if any.**

- Enclose with this application a copy of Bassett training certificates for all employees selling and/or serving alcoholic beverages.**

Has any previous liquor license(s) been issued to applicant? _____

A) If so, by what authority: _____

B) List each state, county, and municipal entity that issued licenses to applicant:

C) Date (s) of issuance:

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Have you ever had a liquor license revoked? If so, state reason for revocation, date of revocation, and name of revoking authority.

Have you ever had a liquor license suspended? If so, state reason for suspension, date of suspension, and name of suspending authority.

FOR PARTNERSHIPS

The following information shall be provided for each Partner:

Date of Formation: _____
Type of Partnership: _____
Partner's Name: _____
Occupation: _____
Home Address: _____
Home Phone: _____
Business Address: _____
Business Phone: _____
Date of Birth: _____
Place of Birth: _____
Citizenship: _____
Time & Place of Naturalization: _____
Driver's License No. _____
Social Security No. _____
Percent of Ownership: _____
Manager's Name: _____
Home Address: _____
Home Phone: _____
Business Address: _____
Business Phone: _____
Date of Birth: _____
Place of Birth: _____
Citizenship: _____
Time & Place of Naturalization: _____
Driver's License No: _____
Social Security No: _____

Applicant has not received or borrowed money or anything else of value, and will not receive or borrow money or anything else of value (other than merchandising credit in the

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ordinary course of business for a period not to exceed ninety days, as expressly permitted under Section 4 of Article VI hereof), directly or indirectly from any manufacturer, importing distributor or distributor, representative of any such manufacturer, importing distributor or distributor, nor a party in any way, directly or indirectly, to any violation by a manufacturer, distributor or importing distributor of Section 5 of Article VI of this Act.

In addition, please provide the Village proof of the ownership of the business and the business premises. If you do not own the premises, please provide the Village with the Landlord's name and address, proof of a valid lease for the full period for which the license is issued, and provide evidence of Dram Shop Insurance.

Landlord: _____
Address: _____

Please be advised that failure to provide the information requested or failure to provide adequate evidence of the information requested may be grounds to deny your application to renew your liquor license.

FOR CORPORATIONS

Date of Incorporation: _____
Objects for Which Corporation Formed: _____
List All Officers: _____

All Managers and Directors of the Corporation and their Positions:

Number of Shares and Type of Shares: _____
All Stockholders and Percent of Ownership: _____

The following information shall be provided for each Officer, Director or Stockholder of the Corporation:

Name: _____
Occupation: _____
Home Address: _____
Business Address: _____
E-Mail _____
Home Phone: _____ Business Phone: _____
Date of Birth: _____ Place of Birth: _____
Citizenship: _____
Time and Place of Naturalization: _____
Driver's License No: _____
Social Security No: _____

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Applicant has not received or borrowed money or anything else of value, and will not receive or borrow money or anything else of value (other than merchandising credit in the ordinary course of business for a period not to exceed ninety days, as expressly permitted

Under Section 4 of Article VI hereof), directly or indirectly from any manufacturer, importing distributor or distributor, representative of any such manufacturer, importing distributor or distributor, nor a party in any way, directly or indirectly, to any violation by a manufacturer, distributor or importing distributor of Section 5 of Article VI of this Act.

In addition, please provide the Village proof of the ownership of the business and the business premises. If you do not own the premises, please provide the Village with the Landlord's name and address, proof of a valid lease for the full period for which the license is issued, and provide evidence of Dram Shop Insurance.

Landlord: _____
Address: _____

Please be advised that failure to provide the information requested or failure to provide adequate evidence of the information requested may be grounds to deny your application to renew your liquor license.

By attachment of applicant signature, applicant affirms that he/she and all individuals required to be identified in this application:

- have not in the past and will not in the future, violate any of the laws of the United States, State of Illinois, or any ordinance of the Village of Round Lake Beach, concerning the retail sale of alcoholic liquor and the conduct of his/her place of business.
- have never sold, delivered or given away alcoholic liquor in violation of any state law or county or Village ordinance, to a person under the minimum age required to purchase or possess liquor.
- are not disqualified to receive a liquor license by reason of any law of the State of Illinois or the provisions of the liquor ordinances of the Village of Round Lake Beach
- are of good moral character and reputation in the community in which they reside.
- are citizens of the United States.
- have never been convicted of a felony under any Federal or State law, unless the Commission determines that such person has been sufficiently rehabilitated to warrant the public trust after considering matters set forth in such person's application and the Commission's investigation.

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- have never been convicted of being the keeper or is keeping a house of ill fame.
- have never been convicted of pandering or other crime or misdemeanor opposed to decency and morality.

- are residents of the Village of Round Lake Beach.
- have not had a liquor license revoked for cause.

- have never been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or has forfeited their bond to appear in court to answer charges for any such violation.

- beneficially owns the premises for which the license is sought or in the alternative, has a lease thereon for the full period for which the license is to be issued.

- have not been convicted of a gambling offense as proscribed by any of subsections (a) (3) through (a) (11) of Section 28-1 of, or as proscribed by Section 28-1.1 or 28-3 of the Criminal Code of 1961, or as proscribed by a statute replaced by any of the aforesaid statutory provisions.

The applicant and all individuals required to be identified in this application acknowledge that they have read, understand and shall obey the provisions of the liquor ordinances of the Village of Round Lake Beach.

Signature _____

Print Name _____ **Date** _____

State of _____

County of _____

Signed and Attested before me this _____ **day of** _____, **20**____ **by**

_____ **(name of person(s))**

Name **Notary Public**

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**Round Lake Beach Police
Department
Liquor License
Background Investigation Request**

**Fill out information for the person that needs
fingerprints and background completed**

***One person required per Liquor License holder**

Please fill out every field failure to do so will result in License not being issued promptly

Name & Address of Business:

Applicant's Name:

Date of Birth:

Applicant's Home Address:

City: _____ State: _____ Zip: _____

Daytime Phone Number:

Driver's License Number:
