



## LIQUOR LICENSE RENEWAL FORM 2021 / 2022

Please complete the **APPLICANT, BUSINESS, and ELIGIBILITY** sections.

### APPLICANT

APPLICANT'S FULL NAME \_\_\_\_\_  
(If partnership, list the names of all general and limited partners owning more than 5% of the aggregate limited partner interest in such co-partnership)

ADDRESS: \_\_\_\_\_ APT/UNIT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME/CELL NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### BUSINESS

SOLE PROPRIETORSHIP

PARTNERSHP

CORPORATION

OTHER

Specify: \_\_\_\_\_

DOING BUSINESS AS (D/B/A): \_\_\_\_\_

LOCATION OR PLACE OF BUSINESS FOR WHICH LICENSE IS SOUGHT:

ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CURRENT ZONING: \_\_\_\_\_

BUSINESS DESCRIPTION: \_\_\_\_\_

HOURS OF OPERATION: MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_

DOES APPLICANT OWN PREMISES FOR WHICH LICENSE IS SOUGHT? \_\_\_\_\_

IF LEASED, PROVIDE NAME OF LESSOR: \_\_\_\_\_ LEASE TERM: \_\_\_\_\_

ADDRESS OF LESSOR: \_\_\_\_\_

**ELIGIBILITY:**

If you reply **YES** to any of the following questions, a written explanation is required to be attached to this application.

HAVE YOU OR ANY INDIVIDUAL OWNER, PARTNER, JOINT VENTURER, OR MANAGER OR MEMBER OF AN LLC, OWNING MORE THAN A 5% INTEREST THEREIN:

- |     |                          |    |                          |   |
|-----|--------------------------|----|--------------------------|---|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER BEEN CONVICTED OF A VIOLATION OF ANY STATE OR FEDERAL LAW CONCERNING THE MANUFACTURE OR SALE OF ALCOHOLIC LIQUOR, OR EVER FORFEITED BOND TO APPEAR IN COURT TO ANSWER CHARGES FOR SUCH VIOLATIONS?   |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER BEEN CONVICTED OF A FELONY?  |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER BEEN CONVICTED OF BEING A KEEPER OR ARE CURRENTLY A KEEPER OF A HOUSE OF ILL FAME OR SIMILAR OFFENSE?  |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER BEEN CONVICTED OF PANDERING OR ANY OTHER CRIME OR MISDEMEANOR OPPOSED TO DECENCY AND MORALITY?   |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER BEEN DELINQUENT IN THE PAYMENT OF ANY ILLINOIS BUSINESS TAXES (SALES, WITHHOLDING, ETC.)?  |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?  |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER HAD ANY PREVIOUS LIQUOR LICENSE REVOKED?   |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER HAD A BUSINESS OR PROFESSIONAL LICENSE SUSPENDED OR REVOKED?   |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER BEEN CONVICTED OF A GAMBLING OFFENSE AS DEFINED UNDER SECTION 5/16-2 OF THE ACT WHICH INCLUDES OFFENSES ENUMERATED IN 720 ILCS 5/28-1(a) 1-11, "GAMBLING;" 720 ILCS 5/28-1.1(a)-(d) "SYNDICATED GAMBLING;" AND 720 ILCS 5/28-3 "KEEPING A GAMBLING PLACE"? |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER RECEIVED OR BORROWED MONEY OR ANYTHING OF VALUE DIRECTLY OR INDIRECTLY FROM ANY OTHER LICENSEES, REPRESENTATIVES OF A LICENSEE, OR SUPPLIERS OF ALCOHOLIC PRODUCTS?  |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | EVER HAD A FEDERAL WAGERING STAMP ISSUED BY THE FEDERAL GOVERNMENT?   |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | CURRENTLY A PUBLIC OFFICIAL OR LAW ENFORCEMENT OFFICIAL IN THE SAME JURISDICTION AS THE LICENSE?  |

***If there are any additions and/or corrections since your original application, please complete the following section (including a recent photograph of each individual):***



**AFFIDAVIT FOR INDIVIDUAL**

State of Illinois  
County of DuPage

I (or we) swear (or affirm) that I (or we) shall not violate any of the ordinances of the Village of Itasca 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 my (our) knowledge and belief. I (or we) further swear (or affirm) that I (or we) shall conduct my (or our) business in a manner consistent with all representations made in this application and consistent with any representations made in this application and consistent with any representations made before the Itasca Local Liquor Commissioner.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn by \_\_\_\_\_  
before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

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