



LIQUOR LICENSE RENEWAL FORM 2022 / 2023

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)