



200 E. Wood Street, Palatine, IL 60067
(847) 359-9050 www.palatine.il.us/liquor

New Liquor License Application Instructions

Liquor License Application Requirements: The following outlines the information that must be submitted in order for your Liquor License Application to be considered:

- o **Zoning regulations:** Prior to submitting a Liquor License Application you must contact the Village’s Planning & Zoning Department at (847) 359-9047 to determine if the proposed use complies with the applicable zoning regulations. If any formal zoning approvals are needed they must be pursued prior to the Village’s Liquor Commission considering your Liquor License Application.
 - ✓ **Submit completed Liquor License Application:** The Village will only consider complete Liquor License Applications. **In addition to the attached application, the following information (when applicable) must be submitted with your application:**
 - ✓ **A cover letter requesting a liquor license;**
 - ✓ **Copy of the Articles of Corporation (if the business was incorporated somewhere other than Illinois you must submit documentation confirming that the business is qualified to operate under the Illinois Business Corporation Act);**
 - ✓ **Floor plan illustrating the proposed business;**
 - ✓ **Proof of ownership/lease of the premises in which the proposed business would operate;**
 - ✓ **Draft menu for the proposed business; and**
 - ✓ **Application fee (non-refundable) of \$250 (checks must be made payable to the Village of Palatine).**

Requirements for Issuance of a Liquor License: If your Liquor License Application is approved, the following information must be submitted prior to the Village issuing your Liquor License:

- ✓ Proof of Dram Shop Insurance;
- ✓ Documentation confirming that all business Managers/Assistant Managers hold a valid Palatine Alcoholic Beverage Seller and Server Permit; and
- ✓ Menu (and late night menu) if applicable.

Requirements for Business Opening: Prior to your business opening the following information must be submitted to the Village:

- ✓ Documentation confirming that all of the employees hold a valid Palatine Alcoholic Beverage Seller and Server Permit (for those positions as required by the Village); and
- ✓ Copy of the State Liquor License issued to the business.

Requirements following Issuance of a Liquor License and the Business Opening: Any business holding a Liquor License must maintain the following at all times:

- ✓ Valid Dram Shop Insurance;
- ✓ Valid State Liquor License; and
- ✓ Documentation confirming that all of the employees hold a valid Palatine Alcoholic Beverage Seller and Server Permit (for those positions as required by the Village).

Note: All information provided to the Village must be accurate and complete. Providing false or misleading information shall be cause for revocation of a Liquor License. It is the responsibility of the applicant to ascertain the veracity of the information provided. A claim that information was given to the best of the applicant’s knowledge will not be considered a defense to revocation.

ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN INK, PRINTED, OR TYPED
AND RETURNED TO THE VILLAGE MANAGER'S OFFICE

Date of Application

SECTION 1 APPLICANT INFORMATION

Business Name: _____
 Doing Business as (Establishment Name): _____
 Business Address: _____ Zip Code: _____
 Business Phone: _____ Business Fax: _____
 Employer Identification Number (EIN): _____
 Website: _____ E-Mail: _____

SECTION II BUSINESS STRUCTURE

Sole Proprietorship Illinois Corporation
 Partnership Foreign Corporation
 Limited Liability Company

SECTION III LIQUOR CLASSIFICATION

Select the type of liquor license you are renewing from the list of liquor license classifications below.
See Section 3-35 of the Liquor Code for a description of each license classification and its particular requirements.

<input type="checkbox"/> Class A Tavern	<input type="checkbox"/> Class G Beer and Wine
<input type="checkbox"/> Class A-1 Sports & Recreation Facilities	<input type="checkbox"/> Class G-1 Seasonal (Beer and Wine)
<input type="checkbox"/> Class B Package Liquor Store	<input type="checkbox"/> Class H Banquet Hall
<input type="checkbox"/> Class B-1 Grocery Store with Package Liquor	<input type="checkbox"/> Class K Hotel
<input type="checkbox"/> Class B-2 General Merchandise Store with Package Liquor	<input type="checkbox"/> Class M Institutional Conference Center
<input type="checkbox"/> Class B-3 Drug Store with Package Liquor	<input type="checkbox"/> Class N Microbrewery
<input type="checkbox"/> Class C Club	<input type="checkbox"/> Class O Temporary Commercial Special Event
<input type="checkbox"/> Class D Restaurant	<input type="checkbox"/> Class P Caterer
<input type="checkbox"/> Class D-1 Restaurant with Extended Hours	<input type="checkbox"/> Class PS Product Sampling (Must hold a Class B or B-1 License)
<input type="checkbox"/> Class F Park District	
<input type="checkbox"/> Class LC Late Closing License (Must hold an existing valid Class LC License)	

SECTION IV CONTACT INFORMATION (Individual to contact about application and liquor license related matters)

Name: _____ Title: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____
 Alternate Phone Number: _____ E-Mail: _____

SECTION V PROPERTY INFORMATION

Lessor Name: _____
 Lessor Address: _____ City: _____ Zip: _____
 Lessor Phone: _____ Lessor Fax: _____
 Lease Period Start Date: _____ Lease Period End Date: _____

SECTION VI CORPORATE/LLC/SOLE PROPRIETORSHIP INFORMATION

Corporation/LLC Name: _____
Corporate/LLC Address: _____
Corporate/LLC Phone: _____ Corporate/LLC Fax: _____
State of Incorporation: _____ Date of Incorporation/Formed: _____
Corporate Registered Agent/Contact: _____
Agent/Contact Phone: _____ Agent/Contact Fax: _____

SECTION VII DIRECTORS/OFFICERS AND LLC MEMBERS

Identify each of the Corporation's Directors/Officers and LLC Members 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 Section IX. If more space is needed, copy page.

1. Name: _____
Title: _____ Percent of Shares Owned: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____
Date of Birth: _____ Citizenship: _____
Social Security #: _____ D/L State ID #: _____ State: _____

2. Name: _____
Title: _____ Percent of Shares Owned: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____
Date of Birth: _____ Citizenship: _____
Social Security #: _____ D/L State ID #: _____ State: _____

3. Name: _____
Title: _____ Percent of Shares Owned: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____
Date of Birth: _____ Citizenship: _____
Social Security #: _____ D/L State ID #: _____ State: _____

4. Name: _____
Title: _____ Percent of Shares Owned: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____
Date of Birth: _____ Citizenship: _____
Social Security #: _____ D/L State ID #: _____ State: _____

SECTION VIII SHAREHOLDERS

Identify each of the corporation's shareholders owing in the aggregate more than 5% of the corporation's stock. If the corporation 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 IX. If more space is needed copy this page.

1. Name: _____
Title: _____ Percent of Shares Owned: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____
Date of Birth: _____ Citizenship: _____
Social Security #: _____ D/L State ID #: _____ State: _____

2. Name: _____
Title: _____ Percent of Shares Owned: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____
Date of Birth: _____ Citizenship: _____
Social Security #: _____ D/L State ID #: _____ State: _____

3. Name: _____
Title: _____ Percent of Shares Owned: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____
Date of Birth: _____ Citizenship: _____
Social Security #: _____ D/L State ID #: _____ State: _____

4. Name: _____
Title: _____ Percent of Shares Owned: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____
Date of Birth: _____ Citizenship: _____
Social Security #: _____ D/L State ID #: _____ State: _____

5. Name: _____
Title: _____ Percent of Shares Owned: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____
Date of Birth: _____ Citizenship: _____
Social Security #: _____ D/L State ID #: _____ State: _____

SECTION IX MANAGER AND ASSISTANT MANAGER INFORMATION

Identify each Manager and Assistant Manager for the licensed premises. Pursuant to Section 3-27A of the Liquor Code, at all times when the premise is open, the licensee shall not have less than one Manager or Assistant Manager on duty with an Alcohol Beverage Seller and Server Permit issued by the Village.

All Managers and Assistant Managers MUST have fingerprints and background checks on file with the Liquor Commission's Office. New Managers and Assistant Managers must contact the Police Department at 847-359-9033 to schedule an appointment.

1. Name: _____
Title: _____
Home Address: _____ City _____ Zip Code _____
Home Phone: _____ Palatine Alcoholic Beverage Seller & Server Permit # _____
Date of Birth: _____ Social Security #: _____
D/L or State ID #: _____ State: _____

2. Name: _____
Title: _____
Home Address: _____ City _____ Zip Code _____
Home Phone: _____ Palatine Alcoholic Beverage Seller & Server Permit # _____
Date of Birth: _____ Social Security #: _____
D/L or State ID #: _____ State: _____

3. Name: _____
Title: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____
Date of Birth: _____ Social Security #: _____
D/L or State ID #: _____ State: _____

4. Name: _____
Title: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____
Date of Birth: _____ Social Security #: _____
D/L or State ID#: _____ State: _____

5. Name: _____
Title: _____
Home Address: _____ City _____ Zip Code _____
Phone Number: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____
Date of Birth: _____ Social Security #: _____
D/L or State ID#: _____ State: _____

SECTION X DESCRIPTION OF BUSINESS FACILITY

Total Area (Square Feet) State of Illinois Liquor License # State of Illinois Liquor License Expiration Date

SECTION XI DRAM SHOP INSURANCE INFORMATION (A copy of Certificate of Insurance must be attached)

Company Name: _____ Policy Number: _____

Policy Start Date: _____ Policy End Date: _____

SECTION XII BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED. FOR ALL QUESTIONS ANSWERED YES, PROVIDE DETAILED DOCUMENTATION

YES NO

___ ___ Do you have or intend to have a management contract with another entity or person, who is a bona fide employee to manage the licensed business for you?

___ ___ Does any director, officer, shareholder or any LLC manager hold any federal, state, county or local official office or serve as a law enforcement official?

___ ___ Does any director, officer, shareholder or LLC manager possess a current Federal Wagering or Gambling Device stamp?

___ ___ Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors?

___ ___ Is any director, officer, shareholder, or any LLC manager ineligible to hold a liquor license?

___ ___ Has any director, officer, shareholder, or any LLC manager ever held a liquor license in the United States?

___ ___ Has any director, officer, shareholder, or any LLC manager ever held a liquor license (wholesale or retail) that was suspended or revoked by any federal, state, county or local government?

___ ___ Has any director, officer, shareholder, or any LLC manager ever been denied a liquor license from any jurisdiction?

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

___ ___ Does any director, officer, shareholder, or any LLC manager have outstanding, past due financial obligations owed to the Village, including but not limited to fines, fees, utility charges and property taxes?

___ ___ Has any director, officer, shareholder, or any LLC manager ever been found guilty of a felony including but not limited to any gambling offense and/or any alcohol related traffic offense?

___ ___ Has any corporate officer, stockholder/partner or LLC manager/member ever been convicted of any Federal, State or local liquor law since February 1, 1934?

___ ___ Has any corporate officer, stockholder/partner or LLC manager/member ever been convicted of keeping a house of ill fame, pandering or other crime or misdemeanor opposed to decency and morality?

___ ___ Has any corporate officer, stockholder/partner or LLC manager/member ever permitted an appearance bond forfeiture for any of the violations listed or mentioned above?

___ ___ Is the owner of the property or any person from whom you derive the right of possession for which your liquor license is issued ineligible to hold a liquor license?

SECTION XIII EMPLOYEE BACKGROUND INFORMATION

Identify all bartenders, servers, bouncers, identification checkers, and cashiers. Managers and Assistant Managers should be listed in Section IX. Establishments may submit or substitute an employee list that contains the required information listed below.

1. Name: _____
Home Address: _____ City _____ Zip Code _____
Job/Position: ___ Server ___ Bartender ___ Cashier ___ Bouncer/I.D. Checker ___ Other: _____
Date of Hire: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____

2. Name: _____
Home Address: _____ City _____ Zip Code _____
Job/Position: ___ Server ___ Bartender ___ Cashier ___ Bouncer/I.D. Checker ___ Other: _____
Date of Hire: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____

3. Name: _____
Home Address: _____ City _____ Zip Code _____
Job/Position: ___ Server ___ Bartender ___ Cashier ___ Bouncer/I.D. Checker ___ Other: _____
Date of Hire: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____

4. Name: _____
Home Address: _____ City _____ Zip Code _____
Job/Position: ___ Server ___ Bartender ___ Cashier ___ Bouncer/I.D. Checker ___ Other: _____
Date of Hire: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____

5. Name: _____
Home Address: _____ City _____ Zip Code _____
Job/Position: ___ Server ___ Bartender ___ Cashier ___ Bouncer/I.D. Checker ___ Other: _____
Date of Hire: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____

6. Name: _____
Home Address: _____ City _____ Zip Code _____
Job/Position: ___ Server ___ Bartender ___ Cashier ___ Bouncer/I.D. Checker ___ Other: _____
Date of Hire: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____

7. Name: _____
Home Address: _____ City _____ Zip Code _____
Job/Position: ___ Server ___ Bartender ___ Cashier ___ Bouncer/I.D. Checker ___ Other: _____
Date of Hire: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____

8. Name: _____
Home Address: _____ City _____ Zip Code _____
Job/Position: ___ Server ___ Bartender ___ Cashier ___ Bouncer/I.D. Checker ___ Other: _____
Date of Hire: _____ Palatine Alcoholic Beverage Seller & Server Permit #: _____

IMPORTANT INFORMATION

All individuals listed on this application may be subject to fingerprinting by the Palatine Police Department upon the request of the Liquor Commission, the Village Manager, the Mayor or the Palatine Police Department.

If any person listed on this application is a naturalized citizen of the United States of America, they must attach to this application all copies of their citizenship naturalization papers showing the place, date and court of naturalization.

If the person(s) listed on this application is not a citizen or naturalized citizen of the United States of America, they must submit documentation that they are eligible to work in the United States.

If any individual listed on this application has moved or changed residences within the last two years, the individual's name and previous address should be listed on a separate sheet and attached to this application.

The Village of Palatine has the right to enter at any time upon the premises to determine whether any of the provisions of the Alcoholic Beverage Code have been or are being violated.

AFFIDAVIT

I, first being duly sworn (or affirm), 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 Village of Palatine Code of Ordinances 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 Palatine in the conduct of my place of business.

I ALSO UNDERSTAND THAT ANY 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 Palatine 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

Printed Name of Applicant

Title/Position

Date

State of _____

County of _____

Signed (or subscribed or attested) before me on _____ (date)

by _____ (name/s of person/s).

Signature of Notary Public

(Seal)