



200 E. Wood Street, Palatine, Illinois 60067  
(847) 359-9050 [www.palatine.il.us/liquor](http://www.palatine.il.us/liquor)

## 2020/2021 Liquor License Renewal Application Instructions

**Renewal Application Due by Monday, May 18, 2020**

**Before your application can be processed, you MUST complete the following requirements. Any supplemental information indicated below must be attached to this application at the time of delivery to the Village Manager's Office.**

1. Complete the entire application. Applications will be returned if not complete.
2. Submit a complete list of all Employees required to receive a Palatine Alcoholic Beverage Seller and Server Permit (If not listed in Section IX and XIII)
3. Submit a complete Menu and Late Night Menu (if applicable)
4. Submit a copy of the corporation's current State of Illinois Liquor License
5. Submit a copy of the corporation's Dram Shop Insurance
6. Submit the application signed and notarized

**ANSWERS MUST BE ACCURATE AND COMPLETE. FURNISHING INCORRECT OR MISLEADING INFORMATION SHALL BE CAUSE FOR LICENSE REVOCATION. IT IS YOUR SOLE RESPONSIBILITY TO ASCERTAIN THE VERACITY OF YOUR RESPONSE. A CLAIM THAT ANSWERS WERE GIVEN TO THE BEST OF THE ANSWERER'S KNOWLEDGE WILL NOT BE CONSIDERED A DEFENSE TO REVOCATION.**

### **REQUIREMENTS AFTER ISSUANCE**

**After issuance of a liquor license, the licensee must maintain the following**

1. A complete list of all employees required to hold a Palatine Alcoholic Beverage Seller and Server Permit on the premises ready for inspections
2. A valid Dram Shop Certificate of Insurance
3. A valid State of Illinois Liquor License

**A fillable PDF form of the Liquor License Renewal Application is available at [www.palatine.il.us/liquor](http://www.palatine.il.us/liquor)**

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**

Corporation 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: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
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**

<b>Total Area (Square Feet)</b>	<b>State of Illinois Liquor License #</b>	<b>State of Illinois Liquor License Expiration Date</b>
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**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)