

Village of Lisle  
Business Office  
925 Burlington Avenue  
Lisle, Illinois 60532  
(630) 271-4100  
Mon-Fri 7 a.m. to 5 p.m.  
busienssofficedept@villageoflisle.org



Office Use Only:  
Bus. ID: \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

**LIQUOR LICENSE APPLICATION**

Please check one:  New Business     New Owner of Existing Business     Renewal

Type of Ownership:  Corporation     LLC, LLP     Sole Proprietor     Other: \_\_\_\_\_

Name of Corporation, LLC, LLP, Sole Proprietor, etc.: \_\_\_\_\_

Office Address of Corporation, LLC, LLP, Sole Proprietor: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

FEIN: \_\_\_\_\_ IL Tax No.: \_\_\_\_\_

Type of Business (Restaurant, Package Store, Hotel, etc.) \_\_\_\_\_

Liquor Class No. \_\_\_\_\_ Square Footage of Premises: \_\_\_\_\_

Local Business Name (assumed or d/b/a name): \_\_\_\_\_

Business Address (No P.O. Box): \_\_\_\_\_

Mailing Address (If different than above): \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

Are there food, beverage, or tobacco vending machines, coin-op games or musical devices onsite?  
 Yes     No

Mail renewal application to:  Local Business Address     Corp., LLC, LLP, Sole Proprietor Address

Licenses applying for or renewing (all food dealers must attach current copy of county health permit or inspection report):

**LIQUOR LICENSE CLASS** \_\_\_\_\_

\$

**TOTAL DUE \$** \_\_\_\_\_

1. If **Corporation**, please answer the following questions:

A. Date of incorporation: \_\_\_\_\_ State of incorporation: \_\_\_\_\_

B. If foreign Corporation, date qualified under Illinois Business Corporation Act to transact business in Illinois: \_\_\_\_\_

C. New applicants must provide a copy of Articles of Incorporation.

Yes, Articles of Incorporation are attached.

2. If **Limited Liability Company**, please answer the following questions:

A. Date of formation: \_\_\_\_\_ State of formation: \_\_\_\_\_

B. If foreign company, date registered to transact business in Illinois: \_\_\_\_\_

C. New applicants must provide a copy of Articles of Organization.

Yes, Articles of Organization are attached.

3. **Please provide the following for all persons having a five percent or more ownership interest, all officers and all directors. Managers need only fill out the Statement of Manager. (Copy page 3 prior to filling out if necessary):**

Name: \_\_\_\_\_  
Last First Middle

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Owner, Officer, Director) (If no ownership interest, put 0)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
(If USA, provide city and state; If not USA, provide country)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalized U.S. Citizen?  Yes  No

**If yes, please provide date and place of naturalization:**

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Current Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

**Previous Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Owner, Officer, Director) (If no ownership interest, put 0)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
(If USA, provide city and state; If not USA, provide country)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalized U.S. Citizen?  Yes  No

**If yes, please provide date and place of naturalization:**

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Current Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

**Previous Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

.....

Name: \_\_\_\_\_  
Last First Middle

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Owner, Officer, Director) (If no ownership interest, put 0)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
(If USA, provide city and state; If not USA, provide country)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalized U.S. Citizen?  Yes  No

**If yes, please provide date and place of naturalization:**

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Current Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

**Previous Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Are the licensed premises owned or leased?  Owned  Leased

A. **If leased**, date lease expires: \_\_\_\_\_

Copy of current lease is attached:  Yes, Attached  Already On File

B. **If leased**, name and address of owner(s) of premises:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

C. Are premises held in trust?  Yes  No

**If yes, provide name and address of all owners of the beneficial interest of such trust. If name and address are unavailable, list name of bank and document or trust number.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

5. Are the premises located within 100 feet of any church, school, hospital, home for the aged, indigent, or veterans, their spouses or children, or any military or naval station?  Yes  No

6. Does any person listed in question 3 have a **current** liquor license at any other location?  
 Yes  No

If **yes**, name of license holder: \_\_\_\_\_

Name of licensing authority: \_\_\_\_\_

Address of establishment: \_\_\_\_\_

**(If more than one, attach additional pages giving above information)**

7. Has any person listed in question 3 held a liquor license in the past?  Yes  No

If **yes**, name of license holder: \_\_\_\_\_

Name of licensing authority: \_\_\_\_\_

License Term – Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

**(If more than one, attach additional pages giving above information)**

8. Has any **previous** liquor license issued to applicant or any person in question 3 ever been suspended or revoked?  Yes  No

If **yes**, attach statement giving name of licensing authority and details of suspension or revocation.

9. Has any liquor license issued to any person in question 3 by any other licensing authority other than the Village of Lisle been subjected to any form of disciplinary action, including fines?  
 Yes       No  
If **yes**, provide name of licensing authority and details of disciplinary action:

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10. Does the applicant or any person listed in question 3 possess a current federal wagering or gaming device stamp?     Yes     No  
If yes, provide details: \_\_\_\_\_

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11. Is applicant or any person listed in question 3 disqualified from receiving a liquor license or renewal by reason of any matter contained in Illinois State Law or Village of Lisle ordinances?  
 Yes       No

12. Proof of liquor liability insurance must be provided. Certificate must show Village of Lisle, 925 Burlington Ave., Lisle, IL 60532 as certificate holder. (Certificates showing the Village's old address of 1040 Burlington Avenue will not be accepted.)

Yes, Certificate is attached.

13. Current State of Illinois Liquor License is attached:  
 Yes, copy is attached (**Renewals**)     Copy will be provided (**New**)

14. Current value of liquor inventory: \$ \_\_\_\_\_

15. Is any person listed in question 3 a public official?     Yes       No

16. **Please read and initial each of the following sections:**

A. The applicant, or person signing on behalf of the applicant, affirms that if this applicant is granted a liquor license and thereafter **the applicant acquires, hires, or appoints a new manager, that within ten (10) days of the date of the new manager commencing his/her duties, the applicant shall notify the Village of Lisle Business Office Manager and request "Statement of Manager" documents which shall be completed and returned to the Business Office Manager for further processing and approval by the appropriate authorities.**

**I have read the above paragraph.** \_\_\_\_\_

B. By attachment of his/her signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer.

**I have read the above paragraph.** \_\_\_\_\_

C. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application, will not violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the Village of Lisle controlling the retail sale of alcoholic liquor and the conduct of his/her place of business.

**I have read the above paragraph.** \_\_\_\_\_

D. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application have never been convicted of a felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any matter or thing contained in the laws of the State of Illinois or the provisions of the Liquor Control Ordinance of the Village of Lisle.

**I have read the above paragraph.** \_\_\_\_\_

E. The applicant affirms that he/she and all individuals required to be identified in this application acknowledge that the granting of a liquor license is:

- a matter of privilege, not a right
- that citizens of the Village of Lisle have traditionally and customarily enjoyed and professed a high regard for decency and morality
- that certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control ordinance of the Village of Lisle.

**I have read the above paragraph.** \_\_\_\_\_

F. The applicant acknowledges that he/she and all individuals required to be identified in this application understand and will obey the provisions of the Village of Lisle Liquor Control Regulations (Title 3, Chapter 2 of Village Code).

**I have read the above paragraph.** \_\_\_\_\_

G. By attachment of his/her signature, the applicant affirms that he/she and all persons required to be identified in this application, have not received or borrowed money or anything else of value, and that he/she will not receive or borrow money or anything else of value (other than 30-day merchandising credit in the ordinary course of business), directly or indirectly from any manufacturer or importing distributor, nor be a part in any way, directly or indirectly, to any violation by a manufacturer, distributor or importing distributor (235 ILCS 5/6-5).

**I have read the above paragraph.** \_\_\_\_\_

H. Applicant understands that he/she and all persons required to be identified in the application may be required to be finger printed. All such fingerprinting shall be done by the Village of Lisle Police Department. Said fingerprints shall be submitted to the appropriate State and/or Federal agencies for processing as available.

**I have read the above paragraph.** \_\_\_\_\_

16. In accordance with Village Code 3-2-16(C), prior to serving any liquor, all servers under the age of twenty-one (21) will complete the Beverage Alcohol Sellers and Services Education and Training (BASSET) program, or the Training for Intervention Procedures (TIPS) program, or a similar credited program.

**Yes, required training will be provided.**

**SIGNATURE PAGE**

The undersigned reaffirm(s) all of the foregoing statements to be true and correct to the best of his/her/their knowledge and belief.

The undersigned acknowledges that he/she/they have read, understand and will obey the provisions of the Liquor Control Ordinances of the Village of Lisle. The undersigned further affirms that he/she/they are familiar with the laws of the United States and the State of Illinois relating to the sale of alcoholic liquor.

The undersigned agree(s) not to violate any of the laws of the United States, State of Illinois, or any of the ordinances of the Village of Lisle in the conduct of business described herein. The undersigned hereby makes application for a retail liquor dealer's license pursuant to the provisions of the Village Code of the Village of Lisle (as amended) regulating the sale of alcoholic liquors in the Village of Lisle, County of DuPage, Illinois and all amendments thereto now in force and effect.

(NOTE: In the case of Corporations, the President and Secretary must sign. **If both offices are held by one person, sign twice.** In the case of LLC's, at least two owners and/or officers must sign. **If there is only one owner/officer, then sign twice.** Sole proprietors need only sign once.)

Printed  
Name: \_\_\_\_\_  
  
Title: \_\_\_\_\_  
  
Signature: \_\_\_\_\_  
  
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Signature: \_\_\_\_\_  
  
Date: \_\_\_\_\_

State of Illinois  
County of DuPage

Subscribed and sworn to me this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL:



**CHECK-OFF LIST  
Attachments and Signatures**

- \_\_\_\_\_ **If Corporation, copy of Corporate Charter, Articles of Incorporation, or Annual Report is attached or on file.**
- \_\_\_\_\_ **If Limited Liability Company, Articles of Organization is attached or on file.**
- \_\_\_\_\_ **If premises are leased, a copy of current lease is attached or on file.**
- \_\_\_\_\_ **Certificate of Insurance for Liquor Liability is attached.**
- \_\_\_\_\_ **“Statement of Manager” forms are completed and attached, along with waivers and fees.**
- \_\_\_\_\_ **Current State of Illinois Liquor License attached or on file.**
- \_\_\_\_\_ **Application is signed.**
- \_\_\_\_\_ **Waivers are completed, signed, and notarized by all identified in No. 3.**
- \_\_\_\_\_ **Payment is attached.**
- \_\_\_\_\_ **DuPage County Health Permit is attached if applicable (food dealers).**