

Village of Lisle
Village Clerk's Office
925 Burlington Avenue
Lisle, Illinois 60532
(630) 271-4162
Mon-Fri 7:30 a.m. to 4 p.m.
Fax: 630-271-4104



Office Use Only:
Bus. ID:

LIQUOR LICENSE APPLICATION

Please check one: New Business New Owner of Existing Business Renewal
 Existing Business; Number of Years in Operation in Lisle _____

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: _____ FEIN: _____

Office Contact Email: _____ IL Tax No.: _____

Type of Business (Restaurant, Package Store, Hotel, etc.): _____

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: _____

Local Contact Email Address: _____

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

LIQUOR LICENSE CLASS: _____

TOTAL DUE \$ _____

If New Application, \$1000 Fee Paid On: _____

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. (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:

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:

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.** Yes, certificate is attached.

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

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 either an owner or Village approved manager will be on the licensed premises continuously during all hours of operation, and also affirms that if 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 request "Statement of Manager" documents which shall be completed and returned with the applicable fee 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. _____

17. All on-premise alcohol servers and those required to check identification for alcohol service are mandated to complete BASSET (Beverage Alcohol Sellers and Services Education and Training) every three years.

Current BASSET certificates are attached.

For New Applicants Only:

18. Please attach a written summary of your overall business plan and previous experience. Your plan should provide a clear and accurate summary of your business concept and goals and include an Executive Summary, Company Description, Products and Services, Financial Plan and Projections, Market Analysis, Marketing Strategy, and Sales Strategy.

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: _____
Date: _____

Printed Name: _____
Title: _____
Signature: _____
Date: _____

Printed Name: _____
Title: _____
Signature: _____
Date: _____

Printed Name: _____
Title: _____
Signature: _____
Date: _____

**State of Illinois
County of DuPage**

**Subscribed and sworn to me this _____
day of _____, 20 _____.**

Notary Public

SEAL:

**WAIVER
VILLAGE OF LISLE
RETAIL LIQUOR DEALER'S LICENSE APPLICATION**

I hereby authorize the Village of Lisle or any consumer reporting agency, or other outside service companies engaged by the Village of Lisle, now or subsequently, to obtain, prepare, use and furnish information concerning my background. I understand that this investigation may include information concerning my driving record, civil and criminal court records, credit, education, credentials, identity, current and previous employment and references. Pursuant to the provisions of the Illinois Personnel Record Review Act, I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past four years. I hereby release the Village of Lisle and its agents, officials, representatives, employees, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, and responsibilities with regards to the information obtained from any and all of the reference sources used.

PLEASE PRINT

Name in full; spell out completely:	First	Middle	Last
Nicknames Used; N/A if none:			
Current Home Address:			
Current Home Phone Number:	()		
Cell Phone Number:	()		
Date of Birth:			
Social Security Number:			
Driver's License No. & Issuing State:	No.		State:

Applicant's Signature

Date

State of Illinois)
County of DuPage)

Subscribed and Sworn to before me this _____ day of _____, 20__.

Notary Public

SEAL:

For Village of Lisle Office Use Only:

**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.

A Statement of Manager Application must be submitted yearly by any and all EXISTING managers. Pages one and two of the application need be completed and notarized.

If Manager is new and has not completed the State of Manager application in the past, all three pages must be completed and a \$75 fee must accompany the application.

_____ 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.

_____ **BASSET Training Certificates for all servers are attached (Certificates must be less than 3 years old)**

_____ Payment is attached.

_____ DuPage County Health Permit is attached if applicable (food dealers).

_____ Experience & Business Plan (New Applications Only)



**VILLAGE OF LISLE
STATEMENT OF MANAGER
Supplement to Liquor License Application
(Owners acting as managers need not complete this application)**

This application is to be filed by all managers of liquor establishments on a yearly basis with the liquor license renewal application. Additionally, this application along with a \$75 fee must be submitted by new managers within 10 days of promotion or hiring. **First time applicants must make appointments with the Lisle Police Department to be fingerprinted. Lisle Police Department phone number: 630-271-4200**

MANAGER, ASSISTANT MANAGER, PART-TIME OR TEMPORARY MANAGER: Any person whose full-time, part-time or temporary activities include any of the following: (1) overseeing the operation of a liquor establishment, (2) ordering, receiving or managing liquor inventory; (3) hiring, training or supervising bartenders, servers or sellers of liquor products; (4) paying employees or suppliers; (5) responding to customer complaints related to liquor establishment operations; (6) communicating on behalf of the liquor license holder with the Local Liquor Commissioner, Deputy Village Clerk, Village police department or other Village agencies and departments. If more than one person performs all or any of the above functions, each such person shall be deemed a manager, assistant manager or temporary manager. **As a reminder, an owner or Village approved manager must be on the licensed premises continually during all hours of operation.**

1. Name of Liquor Establishment: _____
2. Address of Liquor Establishment: _____
3. Full name of Manager: _____
4. Home Phone Number: _____ Cell Phone Number: _____
5. Home address: _____
Number, Street, Apt City State, Zip
6. Date of Hire or Promotion to Manager Position: _____
7. Have you filed a "Statement of Manager" application for this liquor establishment in the past?
 Yes No

**If Yes, skip to signature portion on page 2. No fee is due. Page 3 need not be completed.
If No, continue with number 8. A \$75 fee must accompany this application.**

8. Length of time at current home address: _____ (If less than 5 years, please provide address information for a total of 5 years. Attach a separate sheet if necessary.)

Previous Address: _____
Number, Street, Apt City State, Zip

Previous Address: _____
Number, Street, Apt City State, Zip

9. Date of Birth: _____ Place of Birth: _____
(If USA, provide city and state; if not USA, provide country)
10. Are you a citizen of the United States? Yes No
11. If you are a naturalized citizen, when and where were you naturalized? _____

12. Have you ever been convicted of any felony under any Federal or State law? Yes No
13. Have you ever been convicted of being the keeper of a house of ill fame; of pandering; or other crime or misdemeanor opposed to decency and morality? Yes No
14. Have you ever been convicted of a violation of any Federal or State liquor law? Yes No

15. If you have answered Yes to numbers 12, 13, or 14, please attach a statement providing the jurisdiction(s), date(s), the nature of the offense(s), and the disposition of said conviction(s).

16. Has any license previously issued to you by the State, Federal, or local authorities been revoked?
 Yes No

If yes, please attach a statement providing the date(s), licensing authority and reason(s) for revocation.

17. Employment History for the last five (5) years (attach additional sheet if necessary):

Employer: _____

Address of Employer: _____
Street Address City/State/Zip

Type of Employment: _____ Dates: _____

Employer: _____

Address of Employer: _____
Street Address City/State/Zip

Type of Employment: _____ Dates: _____

Employer: _____

Address of Employer: _____
Street Address City/State/Zip

Type of Employment: _____ Dates: _____

SIGNATURE / AFFIRMATION (to be signed / affirmed in front of Notary Public)

I, _____, affirm that the information and statements contained in this
(PRINT NAME)

Statement of Manager Application are true and correct to the best of my knowledge and belief.

Signature

Date

State of Illinois)
County of DuPage)

Subscribed and Sworn to before me this _____ day of _____, 20__.

Notary SEAL:

