



Village of Berkeley Liquor License Application

Application for first-time liquor license applicants

Date: _____

Class of Liquor License Applying for: _____

Payment Amount Submitted: _____

- Instructions:
1. Type or print legibly
 2. Include payment
 3. Complete the entire application. Incomplete applications will not be considered

APPLICANT INFORMATION

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____ Place of Birth: _____

Telephone Number: _____ Driver's License Number: _____

Name of Business: _____

Mailing Address: _____

Business Telephone Number: _____ Federal Employer Identification Number (FEIN): _____

Assumed name of business and date filed with the County Clerk of Cook County: _____

STATUS OF BUSINESS

Please provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

NOTE: In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

A. Sole Proprietorship Date filed with County Clerk: _____

B. Partnership Date of formation: _____

C. Illinois Corporation Date of incorporation: _____

D. Foreign Corporation State of incorporation: _____

If foreign corporation, what is the date you qualified to do business in Illinois? _____

E. Limited Liability Company Date of formation: _____

If applicant is an individual, a statement as to the nature of the business of the applicant.

If applicant is an Illinois corporation, a copy of the articles of incorporation and a certificate of good standing.

If applicant is a foreign corporation, a certificate from the Illinois Secretary of State to conduct business in Illinois as a foreign corporation.

If applicant is an Illinois limited partnership, a copy of the filed certificate of limited partnership and a certificate of good standing from the Illinois Secretary of State.

If the applicant is a foreign limited partnership, a copy of the filed certificate of limited partnership in the state of filing, and a copy of the filed application for admission to transact business as a foreign limited partnership in Illinois.

If the applicant is a club, a copy of its charter, the date it was formed, the state of its headquarters, and a statement as to the nature of its business and activities within the State of Illinois.

If applicant is a corporation, indicate your current Illinois Secretary of State file number here _____

OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under the first section of this application. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as presented on page 3 of this application. Make additional copies as needed.

Percentage of ownership should equal 100%. If there are a number of shareholders that own less than 5%, indicate the aggregate total of ownership in the appropriate section.

Name (Last, First, Middle Initial): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____ Telephone Number: _____

Social Security No: _____ Drivers' License No: _____ Percentage Owned: _____%

Title/Position as it relates to the business: _____

Are you a citizen of the United States? Yes No

If applicable, when and where were you naturalized? (Date, City, and State) **Attach copy of document**

If not a citizen do you have the legal authority to reside in the United States? **Please provide all documents granting such authority.** Yes No N/A

Name (Last, First, Middle Initial): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____ Telephone Number: _____

Social Security No: _____ Drivers' License No: _____ Percentage Owned: _____%

Title/Position as it relates to the business: _____

Are you a citizen of the United States? Yes No

If applicable, when and where were you naturalized? (Date, City, and State) **Attach copy of document**

If not a citizen do you have the legal authority to reside in the United States? **Please provide all documents granting such authority.** Yes No N/A

Name (Last, First, Middle Initial): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____ Telephone Number: _____

Social Security No: _____ Drivers' License No: _____ Percentage Owned: _____%

Title/Position as it relates to the business: _____

Are you a citizen of the United States? Yes No

If applicable, when and where were you naturalized? (Date, City, and State) **Attach copy of document**

If not a citizen do you have the legal authority to reside in the United States? **Please provide all documents granting such authority.** Yes No N/A

Total percentage of all stock held by all persons with less than 5% interest: _____%

CRIMINAL STATUS

Have you, or anyone required to be listed on this application, ever been convicted of a felony or disqualified to receive a liquor license for any reason contained in the laws of the Federal or State government or any of the ordinances of the Village of Berkeley? Yes No

If so, give the name of offender, date, and state and county in which the conviction occurred and explain the nature of the charges that led to the conviction and other relevant information pertaining to the conviction: _____

Have you or anyone required to be listed on this application ever been convicted of being the keeper or inmate of a house of prostitution, or pandering, or of other crime or misdemeanor, with the exception of traffic offenses not connected with the misuse of alcohol beverages? Yes No

Are you or any person required to be listed on this application, at the time of completing this application, connected directly or indirectly with a house of ill fame? Do you and any person required to be listed on this application verify that no such connection will occur during the existence of the license? Yes No

Have you ever been convicted of a violation of a Federal, State, or local liquor law since February 1, 1934? Yes No

If so, give the name of offender, date, and state offense: _____

Have you ever permitted appearance bond forfeiture of any of the violations mentioned above? Yes No

If so, give the name of offender, date, and state offense: _____

Have you filed an application for a similar license for premises other than described in this application? Yes No

If so, give name of person, the date, location of premises and disposition of application: _____

ABOUT YOUR BUSINESS

Please attach current copy of Dram Shop Insurance Policy and proof of ownership (i.e. deed or tax bill).

Full Description of location, place, or premises, specifying floor, room, etc.: _____

State principal kind of business: _____

Does applicant own premises for which this license is sought? Yes No

If not, does the applicant have a lease on the premises covering the full period for which the license is sought? **Attach copy of lease agreement** Yes No

Name of Leaser: _____

Address of Leaser: _____

City: _____ State: _____ Zip Code: _____

Period covered by lease (from start date to end date): _____

Do you hold any other current business or liquor licenses issued by the Village of Berkeley? Yes No

If so, what is the address and name of the business? _____

Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant? Yes No

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

If so, give the name of person, date, location of premises and disposition of application: _____

Is the applicant licensed as a food dispenser? (If yes, attach copy of current Food Handlers Certificate) Yes No

If so, are premises maintained and held out to the public as a place where meals are actually and regularly served? Yes No

What is the seating capacity of the establishment? _____

Are the premises provided with an adequate and sanitary kitchen, dining room equipment, and capacity with sufficient employees to prepare, cook, and serve suitable food? Yes No

Will or has fifty percent (50%) of the gross receipts of the business been from the sale of food? **May be required to show documentation.** Yes No

Is the location of applicant's business for which license is sought within 100 feet of any school other than institutions of higher learning, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station? Yes No

Is any law enforcing public official, Village President, Trustee, member of any Village board or commission, or any president or member of a county board directly or indirectly interested in the business for which license is sought? Yes No

Has any manufacturer, importing, distributing, or distributor, directly or indirectly paid or agreed to pay for this license, advance money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? Yes No

Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent engaged in the manufacture of alcoholic liquors? Yes No

Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? Yes No

Do you sell tobacco products? Yes No

Have all applicants' employees engaged in the service and sale of liquor passed an alcohol-training program approved by the State (i.e., BASSETT)? **Attach copy of current certificate(s) to this application.** Yes No

Do you consent for the duration of the permit to inspection and search by an enforcement officer, without a warrant or other process, of your licensed premise and vehicles to determine compliance with the provisions of the liquor license ordinance? Yes No

What is your State liquor license number (if available)? _____

Have you or all persons required to be listed on the application paid all taxes, fees, or other debts owed to the Village of Berkeley? Yes No

Will the business be conducted by a manager or agent? Yes No

Please choose the appropriate person to be conducting your business: Manager Agent

If yes, please complete the information below, providing background information about the individual and submit fingerprints. If you have more than one manager, agent, and/or bartender, please include, on a separate sheet of paper, their names, background information and their fingerprints with this application.

Name of Manger or Agent: _____

Address of Manager or Agent: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Name of Bartender: _____

Address of Bartender: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

ANNUAL FOOD SALES

Date of beginning report (month, day, year) _____

Date of ending report (month, day, year) _____

Gross Sales	\$ _____	Gross alcoholic beverage sales	\$ _____	Gross food and non-alcoholic beverage sales	\$ _____
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AFFIDAVIT OF APPLICANT

I certify that this application was completed by myself or by the preparer identified herein. I certify that my premise ownership is true and that I will provide a copy of any applicable lease or purchase by contract upon request of the Commissioner. I certify that I have met any applicable food and beverage sales requirements. I certify that all information provided herein and on any attached schedules or documents are true and correct. **I understand that it is a felony under law to misrepresent or falsify any portion of this application or attached documents.**

By attachment of my signature, I consent to a full background investigation and fingerprinting before approval and issuance of liquor license.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application understand that should the licensed premises become or constitute a nuisance that license, permit, or certificate may be suspended or revoked or the licensed may be fined by the Commissioner.

By attachment of my signature, I affirm that I and all individuals required to be identified in this application have not in the past, and will not in the future, violate any of the laws of the State of Illinois, or the United States, or an ordinance of the Village of Berkeley, in relation to the license or the licensed premises.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application attest that I will testify under oath and subscribe to the truth in response to all relevant and material questions asked, in any hearing conducted by the commissioner, either before or after the issuance of a license.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application attest that I will provide, on receipt of a lawfully authorized subpoena by the Commissioner, any book or record of his licensed business in connection with any investigation conducted by the Commissioner.

By attachment of my signature, I affirm that I and all individuals required to be identified in the application understand and attest that if any supplied information or statements become invalid or if a new manager and/or bartender is employed, I will provide updated information, as well as, background information and fingerprints for new employees to the Commissioner and Chief of Police. Additionally, I agree to inform the Commissioner, in writing, if there are any resignations, replacements, new appointments or elections, acquisitions, transfers of ownership or stockholder, roster changes, dissolutions, death, insolvency, bankruptcy, conviction of a felony, or any other changes as outlined in Chapter 5-12-19 of the liquor license ordinance.

Please include the signatures of all individuals, partners, general and limited partners, officers, directors, managing members, and stockholders owning more than fifty percent (50%) of the corporate stock of a publicly traded corporation and more than five percent (5%) of the corporate stock of a nonpublicly traded corporation below.

Print Name of Applicant

Signature

Date

Individual(s) Signature:

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Partnership Signature:

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Limited Partnership Signature:

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Corporation or Limited Liability Corporation Signature:

President Name	Signature	Date
_____	_____	_____
Secretary Name	Signature	Date
_____	_____	_____
Managing Member Name	Signature	Date
_____	_____	_____
Site Manager Name	Signature	Date
_____	_____	_____

Club Signature:

President Name	Signature	Date
_____	_____	_____
Secretary Name	Signature	Date
_____	_____	_____
Site Manager Name	Signature	Date
_____	_____	_____

AFFIDAVIT OF PREPARER (IF APPLICABLE)

I certify that I have examined this application and the accompanying forms, schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Print Name	Signature	Date
_____	_____	_____

Address of Preparer: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

DEPARTMENT APPROVAL DOCUMENT (FOR OFFICE USE ONLY)

Liquor License Application Received by:

Signature: _____ Date: _____

Comments: _____

Village Administrator:

Signature: _____ Date: _____

Comments: _____

Police Chief:

Signature: _____ Date: _____

Comments: _____

Processing Sergeant:

Signature: _____ Date: _____

Comments: _____

Village President/Liquor Commissioner:

Signature: _____ Date: _____

Comments: _____