



Village of Berkeley Liquor License Renewal Application

Application for liquor license renewal

Date: _____

Class of Liquor License Being Renewed: _____

Payment Amount Submitted: _____

- Instructions:
1. Type or print legibly
 2. Include payment
 3. Complete the entire application. Incomplete applications will not be considered
 4. Applications are due prior to November 1st of each year
 5. Any application for renewal submitted after November 1st will incur a \$100 late fee.
- Failure to renew a license or to pay all fees before the expiration of the license will cause the license to become nonrenewable unless all required information, documentation, and fees, including \$200 or ten percent (10%) of the license fee, or whichever is greater, are filed with the Village Administrator with ten (10) working days of the expiration of the license.

APPLICANT INFORMATION

Name of applicant as printed on existing license: _____

Name of Business: _____ Federal Employer Identification Number: _____

Business Address: _____ Business Telephone No. _____

Mail Address: _____ Home Telephone No. _____

City: _____ State: _____ Zip Code: _____

Have there been any changes in the existing operation, floor plans, or seating accommodations since you last applied for this license? If yes, attach affidavit of changes and copies of amended floor plan on 8.5" x 11" paper. 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

Since your last renewal, have you been convicted of any misdemeanor or felony? If yes, please attach letter with dates, court, conviction, and sentence of conviction. Yes No

Do you have the right to possess (rent, mortgage, or own) the permit premise for the term of the permit? Yes No

Have all your sales taxes and property tax obligations for the past year and those due at this time been paid in full? 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 certificates to this application.** Yes No

What is your state liquor license number? _____

What is your Retailer's Occupation Tax (ROT) registration number? _____

Are you presently delinquent in the payment of the Retailer's Occupation Tax (sales only) Yes No

If yes, give reasons for delinquency: _____

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: _____

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 secretary of state of Illinois 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, and 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 Secretary of State file number here _____

Please include a copy of your State liquor license.

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, copy page four (4) and provide information on a separate sheet(s) in the same format.

For each owner/corporate officer/directors/partner/managing members/5% shareholder, provide full name, home address, city, state, zip code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage 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.

If the ownership has changed (by death, transfer or sale of stock or interest, etc.) since you last applied for renewal, the Village Administrator should be notified at once before completing this 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: _____%

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
_____	_____	_____

Print Name	<i>Individual(s) Signature:</i> Signature	Date
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_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

Print Name	<i>General Partnership Signature:</i> Signature	Date
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_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

Print Name	<i>Limited Partnership Signature:</i> Signature	Date
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_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

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: _____