



**APPLICATION FOR LICENSE
TO SELL LIQUOR IN THE
VILLAGE OF FOX RIVER GROVE, ILLINOIS**

The undersigned hereby makes application for a Class _____ Liquor License, for the term ending April 30, _____, and hereby certifies to the following facts:

- I. Is this application for renewal of an existing license? _____
2. Name under which business is to be conducted _____
3. State kind of business _____
(restaurant, grocery, drug, tavern, etc.)
4. Length of time applicant has been in the above business _____
5. Is applicant a sole proprietorship, a partnership, or a corporation? _____

A) If the applicant is a sole proprietorship, state:

(1) Applicant's full name _____
First Middle Last

(2) Birthdate _____
Month Day Year

(3) Residence Address _____

a. If not a resident of the Village of Fox River Grove, state name and address of registered agent.

First Middle Last Birthdate

Address

(4) Citizenship _____

a. If a naturalized United States Citizen, state date and place of naturalization _____ Certificate # _____

b. If the applicant is a partnership, list the full name, address, birthdate, and citizenship of all partners entitled to a share of the profits of the business.

Full name	Address	Birthdate	Citizenship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any partner is a naturalized United States citizen, state date and place of naturalization _____ Certificate # _____

c. If the applicant is a corporation, list the names, titles, addresses, birthdate and citizenship of all officers, directors, and all shareholders owning 5% or more of the stock of the corporation.

Full name	Address	Birthdate	Citizenship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any of the above are naturalized United States citizens, state date and place of naturalization _____ Certificate # _____

d. If a majority interest of the stock is owned by one person or his nominees, state name and address of such person. _____

6. If or will the business be conducted by a manager or agent? _____

If yes,
Name _____ Birthdate _____

Residence _____
Street City County

7. What is the present business of the applicant, where is this business located, and how long has the applicant been in that business? If the applicant is partnership, give the information for each partner. If the applicant is a corporation, give the information for each officer, director and each shareholder owning more than 5% of the stock.

Name	Present Business	Business Location	How long in Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. List each and every other occupation or business with which the applicant has been associated for 15 years prior to the date of this application and where it was located. In the case of a partnership, list such information for each partner, and in the case of a corporation, list such information for each officer, director and each shareholder owning more than 5% of the stock of the corporation. (Attach additional sheet if necessary.)

Name	Each Prior Business	Business Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. If the applicant is a corporation, state object for which the corporation was formed.

a. Date when corporate charter was issued _____

10. State the location (exact address by street and number) and description (specifying floor, room, etc.) of the premises or place of business which is to be operated under the liquor license. _____

a. State the distance from nearest church or school _____

b. Does applicant own the premises for which this license is sought? _____

(1) If the premises are not owned by the applicant, does the applicant have a lease on such premises covering the full period for which license is sought? _____

(a) Name and address of leaser _____

(b) Does the lease provide that the leaser will receive a percentage of profits or sales? _____

If so, give details _____

(c) Period covered by lease: From _____ To _____

11. Has applicant made application for a similar or other license for some other location? _____

If yes, state the disposition of each other application. _____

12. Has the applicant been convicted of a felony within the last five (5) years, or is the applicant otherwise disqualified to receive a license by reason of the laws of the State of Illinois or the Code of Ordinances of the Village of Fox River Grove? _____

13. Has a previous license held by the applicant ever been revoked by the State, a Subdivision of the State, or by the Federal Government? _____

If the answer is yes, attach an additional sheet stating the reasons for such revocation and the place and dates involved. _____

14. Has the applicant ever been convicted of a violation of any Federal or State law concerning the manufacture, possession, or sale of alcoholic liquor, or has forfeited his bond to appear in the court to answer charges for such violations. _____

If yes, attach an additional sheet stating such information explaining the place and date of arrest, the charge made and final disposition of the charge. If applicant is a partnership or corporation, list such information for each partner or each officer, director and each shareholder owning more than 5% of the stock of said corporation.

15. Has there ever been issued to the applicant a stamp relative to the Federal Tax on wagers? _____

If the applicant is a partnership, has such a stamp ever been issued to any partner? _____

If the applicant is a corporation, has such a stamp ever been issued to any officer, director or shareholder owning 5% or more of the stock of said corporation? _____

If so, state the date and places where said stamp was held by the applicant _____

DOCUMENTS TO BRING WITH THIS COMPLETED APPLICATION

\$200 Non-refundable Application Fee
Current Driver's License
Naturalization Certificate, If applicable
Corporation Charter
Copy of Lease

GENERAL AGREEMENTS AND UNDERSTANDING

It is understood by the applicant that if applicant falls under one of the categories of Section 3-21 of the Village Code of Ordinances, the application will be denied.

The applicant hereby states that the applicant will not violate any of the laws of the State of Illinois or of the United States of America or any Ordinances of the Village of Fox River Grove in the conduct of the applicant’s business conducted pursuant to any license issued hereunder. The applicant understands that fingerprinting of the applicant may be conducted by the Village. In case of partnership, each partner will be fingerprinted, and in the case of a corporation each officer, director and each shareholder owning more than 5% of the stock of the corporation will be fingerprinted. (Fingerprinting is not required for the renewal of a license if the applicant has once been fingerprinted).

The applicant further understands that no license shall be issued until at least thirty (30) days from the date of the filing of this application and that a copy of this application will be forwarded to the Chief of Police for investigation by said Chief of Police, who shall supply a copy of his report of investigation to the President and Board of Trustees.

Date of this application: _____

Signature of all Partners if a Partnership

Signature of Applicant if Sole proprietorship

Signature and Title of President or Vice
President or Vice President if Corporation

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Fox River Grove Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered conducting our investigations by the Fox River Grove Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Fox River Grove Police Department from any and all liability which may be incurred as result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

Printed Name

Signature (include maiden name)

Date _____

Address _____

Phone _____

Date of Birth _____

Social Security No. _____