Business License Holder
Village of Dolton
Dolton, Il 60419

To: Local Liquor Control Commissioner
Village of Dolton

APPLICATION FOR LIQUOR LICENSE

Pursuant to the Dolton Liquor Control Ordinance, the undersigned hereby makes application for the issuance of a license to engage in the business of selling alcoholic beverages as indicated hereby, and as part of said application certifies the correctness of the following facts:

CHECK ONE CLASS OF LICENSE APPLIED FOR AND ANNUAL FEES

☐ CLASS A (Tavern) $1500.00

☐ CLASS B (Club) $500.00

☐ CLASS C (Package) $1200.00

☐ CLASS D (Restaurant & Special Use) $1200.00

☐ CLASS E (Incidental Retail Sale) $5000.00

☐ CLASS F (Hotel & Motel) $5000.00

☐ CLASS G (Wine & Beer) $1200

☐ CLASS H (Special Event Permit) $100.00/$5.00

Note: All classes of license expire April 30th of the year following their issuance.
SECTION A: QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.

1. Applicant’s Name: _______________________________________________________________
   Home Phone: ___________________ Email: ____________________@____________.com
   Home Address: _________________________________________________________________
   Business Name: ________________________________________________________________
   Address: ___________________________________________________________________
   Phone: ______________________ Email _________________________@____________.com
   Type of Business: ________________________________________________________________

   Has the applicant resided in Dolton for six months or more immediately preceding the date
   of this application? ___________________ If not, List the address of your prior residence:
   _________________________________________________________________

2. Check and fill out if applicable:

   ________ Assumed Name               Date Filed with County Clerk    ________

   ________ Partnership                 Date of Formation            ________

   ________ Illinois Corporation        Date of Incorporation         ________

   ________ Foreign Corporation         State of Incorporation       ________

3. Are alcoholic liquors stored, but not sold, at any other location other than the place of business
   listed above? Yes/ No

   If yes, state the address of that location: __________________________________________

4. Date on which current business began at current location: ___________________________

5. Date on which applicant begin selling alcoholic liquors at this location: ________________
SECTION A continued: QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.

6. State the retail value of non-alcoholic goods, wares, or other merchandise on hand as of this date of application. $__________________.00

7. State the retail value of alcoholic liquors on hand as of the date of this application. $__________________.00

8. Does the applicant own the premises for which the license is sought? ____________
   If no, list the property owner’s name, business address, and telephone number.
   ____________________________________________________________
   ____________________________________________________________

9. Is the location of applicant’s business for which license is sought within one hundred (100) feet of any church, school, hospital, home for aged or indigent persons, or for veterans, their wives or children, or any naval military station? ____________ (If yes, answer question 9a)

   9a. Is the applicant’s place of business a hotel offering restaurant service, a regular organized club, food shop, or other place where the sale of liquor is not the principal business? ____________.(If yes, answer question 9b)

   9b. How long has the place of business been operating? ________________________

10. Is or will the applicant’s place of business be located within 100 feet of any undertaking establishment or mortuary? ________________

11. Has any manufacturer, importing distributor, or distributor of alcoholic liquors directly or indirectly paid or agreed to pay for this license, advance money, or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or such a person directly or indirectly interested in the ownership conduct or operation of this place of business? ____________. If yes, give particulars.
   ____________________________________________________________
   ____________________________________________________________

12. Do you possess a current Federal Wagering or Gaming Stamp? ________________

13. What is your Document Locator Number as shown on your Federal Special Tax Stamp? ________________

14. What is your Federal Employer’s Identification Number? ________________
SECTION A continued: QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.

15. What is your current State Liquor License Number? _______________________________

16. What is your State Retailer’s Occupation Tax (ROT) Registration Number? _________

17. Has the applicant ever made an application for a retail liquor license in Dolton at another location? ________________

18. Are you delinquent in payment of Retailer’s Occupation Tax? ________________
   If yes, specify dates and amount: _____________________________________________

19. Are you delinquent under the cash beer law? ________________
   If yes, specify date and amount: _____________________________________________

20. If retailer, are you delinquent under the 30-day Credit Law? ________________
    If yes, specify date and amount: _____________________________________________

21. If distributor, are you delinquent under the 15-day Credit Law? ________________
    If yes, specify date and amount: _____________________________________________

END OF SECTION A
SECTION B: QUESTIONS TO BE ANSWERED BY EACH PARTNER, CORPORATE OFFICER, SHAREHOLDERS, MANAGERS, OR ANY OTHER PERSON OR ORGANIZATION SHARING IN THE PROCEEDS OF THE BUSINESS. IF MORE THAN ONE, COMPLETE THE INFORMATION FOR EACH PERSON AND ATTACH TO THE THIS APPLICATION.

1. Name: _____________________________________________________________________

2. Address: ___________________________________________________________________

3. Phone: ________________________________ Email: ____________________________

4. SSN: _____________________________________________________________________

5. Title: _____________________________________________________________________

6. Percentage of Ownership: _______________________________________________________________________________

7. Are you a United States Citizen? YES / NO
   If yes, state your date of birth or naturalization? _____________________________
   PLEASE INCLUDE A COPY OF YOUR BIRTH CERTIFICATE OR CITIZENSHIP PAPERS.

8. Have you ever been convicted of any criminal offense (excluding traffic violations) under any federal, state, or local law? ___________ If yes, give the date(s) and offense(s);
   __________________________________________________________________________
   __________________________________________________________________________

9. Have you ever been convicted of being the keeper of a house of ill frame, pandering or any other crime or misdemeanor opposed to decency and morality? ___________
   If yes, give the date(s) and offense(s):
   __________________________________________________________________________
   __________________________________________________________________________

10. Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? ___________ If yes, give the date(s) and offense(s):
   __________________________________________________________________________
SECTION B: QUESTIONS TO BE ANSWERED BY EACH PARTNER, CORPORATE OFFICER, SHAREHOLDERS, MANAGERS, OR ANY OTHER PERSON OR ORGANIZATION SHARING IN THE PROCEEDS OF THE BUSINESS. IF MORE THAN ONE, COMPLETE THE INFORMATION FOR EACH PERSON AND ATTACH TO THE THIS APPLICATION.

1. Name: ________________________________________________________________

2. Address: __________________________________________________________________

3. Phone: ________________________________ Email: ______________________________

4. SSN: ______________________________________________________________________

5. Title: ______________________________________________________________________

6. Percentage of Ownership: __________________________________________________________________________________________

7. Are you a United States Citizen? YES / NO
   If yes, state your date of birth or naturalization? _______________________________
   PLEASE INCLUDE A COPY OF YOUR BIRTH CERTIFICATE OR CITIZENSHIP PAPERS.

8. Have you ever been convicted of any criminal offense (excluding traffic violations) under any federal, state, or local law? __________ If yes, give the date(s) and offense(s);
   ____________________________________________________________________________
   _____________________________________________________________________________

9. Have you ever been convicted of being the keeper of a house of ill frame, pandering or any other crime or misdemeanor opposed to decency and morality? __________
   If yes, give the date(s) and offense(s):
   ____________________________________________________________________________
   _____________________________________________________________________________

10. Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? __________ If yes, give the date(s) and offense(s):
    ____________________________________________________________________________
    _____________________________________________________________________________
SECTION B: QUESTIONS TO BE ANSWERED BY EACH PARTNER, CORPORATE OFFICER, SHAREHOLDERS, MANAGERS, OR ANY OTHER PERSON OR ORGANIZATION SHARING IN THE PROCEEDS OF THE BUSINESS. IF MORE THAN ONE, COMPLETE THE INFORMATION FOR EACH PERSON AND ATTACH TO THE THIS APPLICATION.

11. Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in questions 8 through 10? ______________

12. Have you ever made an application for a retail liquor license for premises other than the property described in this application? ______________ If yes, state the date, location of premises, and disposition of application:

   ______________________________________________________________________

   ______________________________________________________________________

13. State the following information for EACH current city, village, town, or county retail liquor license issued to you for this or any other business:

   a) Name of city, village or town that issues the license  ______________________________

   b) Date of Issue  ______________________________

   c) Date of Expiration  ______________________________

   d) License Number  ______________________________

14. Has any retail liquor license previously issued to you by the State, Federal, or local authorities been revoked? ______________ If yes, state the reason and date of revocation:

   ______________________________________________________________________

   ______________________________________________________________________

15. Do you possess a Federal Wagering or Gaming Device Stamp? ______________

16. Are you, or any other person, directly or indirectly involved in this piece of business, a public official? ______________________________

17. Are you, or any other person, directly or indirectly involved in this piece of the business, ever used an assumed name? ______________________________

18. Are you, or any other person, directly or indirectly involved in this piece of business, ever declared bankruptcy? ______________________________

19. Will the applicant or other members of the Corporation or partnership actively manage this business? ______________________________

END OF SECTION B
SECTION C: QUESTIONS TO BE ANSWERED ONLY IF THE APPLICANT IS A CORPORATION (ATTACH A COPY OF THE ARTICLES OF INCORPORATION)

1. Corporate Name: ____________________________________________________________

2. Date of Incorporation: _____/_____/_______ 3. State of Incorporation:______________

4. If this is a foreign corporation, date qualified to do business in Illinois: _____________

5. Registered Agent’s Name, Address, and Telephone Number:
   __________________________________________________________________________
   __________________________________________________________________________

6. Business Address of Corporation as stated in Certificate of Incorporation:
   __________________________________________________________________________

7. Name and address of EACH officer, director, and shareholder (larger than 5% interest) must be filled in below (attach extra page of necessary):

   Name _______________________________ Title______________________________
   Address ___________________________________________________________________

   Name _______________________________ Title______________________________
   Address ___________________________________________________________________

   Name _______________________________ Title______________________________
   Address ___________________________________________________________________

8. Are there any of the persons listed in the above question ineligible to receive a liquor license in this state or any other state or municipality? _________ If yes, specify the person(s) and reason(s) for ineligibility:
   ____________________________
   ____________________________

9. Has any person listed in question 7 had a federal, state, or local liquor license revoked? ________ If yes, specify the person(s) and reason(s) for revocation:
   __________________________________________________________________________
   __________________________________________________________________________
AFFIDAVIT

(Please read carefully before signing)

We, the undersigned, president and secretary of the above named corporation, each first being duly sworn sat that each of us has read the above and foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose of inducing the Village of Dolton to issue the license herein applied for.

We further swear tat the applicant will not violate any of the laws of the State of Illinois or the United States of America or of the Ordinance of the Village of Dolton in the conduct of applicant's place of business.

We further swear that we are duly constituted and elected officers of the said applicant and as such are authorized and empowered to execute this application for and on behalf of said applicant.

__________________________________________
PRESIDENT

__________________________________________
SECRETARY

Subscribed and sworn before me this ___________ day of ____________________, A.D. 20_______.

_______________________________________
NOTARY PUBLIC
SECTION D: TO BE ANSWERED BY ALL APPLICANTS, AND SIGNED AND SWORN BY THE AGENT OR MANAGER.

The following questions concern the Agent or Manager who will conduct the business on the premises for which the license is sought.

A. Name: ______________________________________________________________

B. Current Address _________________________________________________________
   Has said Agent or Manager resided in Dolton for six months or more immediately preceding this application? __________

C. Date of Birth _________________________ D. Place of Birth _________________________

E. Has said Agent or Manager ever been convicted of a felony under the criminal code of any State or the United States? __________ If yes, briefly describe the nature and circumstances of the incident:
   _______________________________________________________________________
   _______________________________________________________________________

F. Has said Agent or Manager ever had a liquor license issued by any State, Federal, or local Authorities revoked? ___________ If yes, state by whom, the date, and reasons:
   _______________________________________________________________________
   _______________________________________________________________________

G. Has said Agent or Manager ever been convicted of being a keeper of a house of ill frame, pandering, or other crime or misdemeanor opposed to decency or morality? __________
   If yes, state the date, place of conviction and nature of the offense for which convicted:
   _______________________________________________________________________
   _______________________________________________________________________

H. Has said Agent or Manager ever been convicted of a violation of any Federal or State Law concerning the manufacture, possession, or sale of alcoholic liquor, or forfeited his bond to appear in court to answer charge for any such violation? __________ If yes, state the date and place of conviction and nature of the offense for which convicted.
   _______________________________________________________________________
   _______________________________________________________________________
SECTION D: TO BE ANSWERED BY ALL APPLICANTS, AND SIGNED AND SWORN BY THE AGENT OR MANAGER.

The following questions concern the Agent or Manager who will conduct the business on the premises for which the license is sought.

I. Is said Agent or Manager a law enforcement official of the State of Illinois or of any municipality in the State of Illinois? _________ If yes, state the position held and the name of the agency involved:

________________________________________________________________________

J. Is said Agent or Manager an officer of any municipality? _________ If yes, state the title and municipality involved:

________________________________________________________________________

K. State the length of time that said Agent or Manager has engaged in the Tavern Business:

________________________________________________________________________

END OF SECTION D
AFFIDAVIT

(Please read carefully before signing)

I, ______________________________, being first duly sworn on oath depose and say that I am the Agent or Manager of the above applicant, that there will be no violation of any of the laws of the State of Illinois or of the United States of America or of the ordinances of the Village of Dolton in the conduct of the business described herein, and the statements contained in Section D are true and correct.

__________________________________________
SIGNATURE

Subscribed and sworn before me this ___________ day of ____________________, A.D. 20_______.

_______________________________________
NOTARY PUBLIC