

**VILLAGE OF SUMMIT**  
**7321 W. 59TH Street Summit, Illinois 60501**  
**708-563-4800/FAX 708-563-9340**

**NON-CORPORATE LIQUOR LICENSE APPLICATION (OR RENEWAL)**

\_\_\_ INDIVIDUAL \_\_\_ PARTNERSHIP \_\_\_ LLC

1. Name of Applicant (individual/partnership/LLC): \_\_\_\_\_
2. Address of Applicant (individual/partnership/LLC): \_\_\_\_\_  
City/County, State ZIP: \_\_\_\_\_
3. Preferred Phone Number of Applicant: \_\_\_\_\_
4. Mailing Address of Applicant (if different): \_\_\_\_\_  
City/County, State ZIP: \_\_\_\_\_
5. Business Name Used (if any): \_\_\_\_\_
6. Type of License requested: \_\_\_\_\_
  - Class A-1
  - Class A-2
  - Class A-3
  - Class B-1
  - Class B-2
  - Class C
  - Class D-1-A
  - Class D-1-B
  - Class D-2-A
  - Class D-2-B
  - Class D-2-C
  - Class D-2-D
  - Class D-3
  - Class E
  - Class F
  - Class G-1
  - Class G-2
  - Class H-1
  - Class H-2

- Class I
- Class J
- Class K
- Class L
- Class M

7. Does Applicant own the property where the business is located? \_\_\_\_\_ If yes, then submit a deed or title insurance policy establishing evidence of ownership. If no, state the type of type of property right (leasehold/sublease/management agreement) (\_\_\_\_\_) and submit a written lease/sublease/management agreement signed by the owner (if the owner is a land trust, then the lease must be signed by the bank which is the land trustee). Give the terms and duration of the Applicant's property right to the premises (lease/sublease expiration/termination date of management agreement): \_\_\_\_\_.

NOTE: Proof of ownership such as a deed or a signed copy of lease/sublease/management agreement for the full term of the License being sought shall be included with this application.

8. Is the property owned by a land trust? \_\_\_\_\_ If yes, then submit a land trustee affidavit signed by the bank detailing the beneficial interest in the land trust.

9. Is the Applicant a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. List the name(s), social security number(s), date(s) of birth, and residence address(es) of the on-site manager(s) of the premises:

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11. List the names, social security numbers, dates of birth, and residence addresses of each individual owner, partner, joint venturer, manager of an LLC, or member of an LLC, owning five percent (5%) or more of the interest in the business of the applicant with the required information. (Note: attach additional sheets if necessary for complete listing.):

Name	Address	% Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Is the Applicant (including any officer or shareholder holding 5% or more of the stock) ineligible to hold a liquor license under the Liquor Control Act of 1934? \_\_\_\_\_

13. Has the Applicant or any of the persons in Section 11 ever held a liquor license or owned 5% or more of the stock in any entity which held a liquor license in any other State or municipality? \_\_\_\_\_ If yes, list the name and address of the licensed premises:

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14. Has the Applicant or any of the persons in Section 11 ever had a liquor license of any kind suspended or revoked? \_\_\_\_\_ If yes, list the circumstances of such suspension or revocation: \_\_\_\_\_

15. Has the Applicant or any of the persons in Section 11 ever had a liquor license application of any kind denied? \_\_\_\_\_ If yes, list the circumstances of such denial: \_\_\_\_\_

16. Has the Applicant or any persons listed in Section 11 ever been convicted of any misdemeanor or felony? \_\_\_\_\_ If yes, list the name, charge, and year of conviction: \_\_\_\_\_

17. Has the Applicant or any persons listed in Section 11 ever been convicted of being the keeper of a house of ill fame or of pandering or of other crime or misdemeanor opposed to decency and morality or of any federal, state or local gambling offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

18. Has the Applicant or any persons listed in Section 11 ever been convicted of any federal, state or local gambling offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

19. Has the Applicant or any persons listed in Section 11 ever been convicted of a violation of any federal, state or local liquor law? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, give dates and state the offense: \_\_\_\_\_

20. Has the Applicant or any persons listed in Section 11 ever permitted an appearance bond forfeiture for any of the violations mentioned above? \_\_\_\_\_ Yes \_\_\_\_\_ No

21. Has the Applicant or any persons listed in Section 11 ever made a similar application for a similar license on premises other than described in this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give address and disposition of such application: \_\_\_\_\_

22. Has the Applicant or any persons listed in Section 11 ever had any license issued by any federal, state or local authorities revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give the type of license, the unit of government, and the date(s) and reason(s): \_\_\_\_\_

23. Has the Applicant or any persons listed in Section 11 ever been issued a Federal Gaming Device Stamp or Federal Wagering Stamp? \_\_\_\_ Yes \_\_\_\_ No
24. Does the Applicant and all persons listed in Section 11 otherwise meet the requirements of section 5-2-4 of the Summit Code of Ordinances? \_\_\_\_ Yes \_\_\_\_ No
25. Give the Applicant's or entity's Illinois Retailers Occupation Tax Number: \_\_\_\_\_
26. Give the Applicant's or entity's Federal Employer's Identification Number: \_\_\_\_\_
27. Will the licensed premises be used for any of the following (check all that apply)?
  - Package Goods/Small Grocery Store \_\_\_\_
  - Bar/Tavern \_\_\_\_
  - Restaurant \_\_\_\_
  - Club \_\_\_\_
  - Convenience Store with Gasoline \_\_\_\_
  - Hotel/motel \_\_\_\_
  - Other \_\_\_\_

**Business Information**

1. The Applicant's or entity's Illinois state liquor license number. (Please attached proof of state licensure to this application.): \_\_\_\_\_
2. Name of establishment for which license is sought: \_\_\_\_\_
3. Street address/Location of place of business for which license is sought: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_
4. Property Index Number of the place of business: \_\_\_\_\_
5. Full legal description of the premises for which license is sought: \_\_\_\_\_  
\_\_\_\_\_
6. Business phone number of place of business: \_\_\_\_\_
7. Cell phone number of the place of business (if applicable): \_\_\_\_\_
8. Hours of operation of the proposed licensed premises: \_\_\_\_\_.
9. Full description of establishment, specifying number of floors, rooms, square feet, number of tables in dining area, number of seats at bar, etc.: \_\_\_\_\_

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10. Has any manufacturer, wholesaler, distributor or importing distributor of alcoholic liquor or any person connected with or in any way representing, or has any member of the family of such manufacturer, wholesaler, distributor, or importing distributor, or any stockholder in any corporation engaged in manufacturing, wholesaling or distributing or such liquor, or any officer, manager, agent or representative of said manufacturer, wholesaler, distributor or importing distributor, 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 thirty (30) days), or is such person or corporation directly or indirectly interested in the ownership, conduct or operation of this place of business?  Yes  No

If yes, give particulars, including name(s) and address(es) \_\_\_\_\_

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11. Is the proposed location within 100' of any church, school, hospital, day care center, or home for the aged or indigent persons or veterans? Yes  No

If yes, please specify: \_\_\_\_\_

12. Is applicant conducting the business of importing or distributing alcoholic beverages?  Yes  No

If yes, please specify the location: \_\_\_\_\_

13. Is applicant engaged in the manufacture of alcohol?  Yes  No

If yes, please specify the location: \_\_\_\_\_

14. Does the business intend to serve food, and will a Food License be required for the premises?  Yes  No

If yes, please specify: \_\_\_\_\_

15. Is the premises of the business a convenience store?  Yes  No

16. Is the premises of the business selling gasoline?  Yes  No

17. Does the premises have paid parking or valet service?  Yes  No

18. Does the premises sell Tobacco Products?  Yes  No

19. Is the premises licensed by the State of Illinois for video gaming terminals?  Yes  No

If yes, please specify the license approval date: \_\_\_\_\_

20. Is any law enforcement official, president, councilman, trustee, member of a city commission or board, any president or member of a county board, or any other elected official directly or indirectly interested in the business for which said license is sought? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the names of any such person(s) and the nature of the relationship:

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21. Does a valid policy for Liquor Liability Insurance (not less than \$1 million) exist for the premises and time period for which this license is sought? \_\_\_\_\_ Yes \_\_\_\_\_ No

NOTE: A copy of such policy must be included with this application.

22. Is or will the business be conducted by a manager or agent? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, the following questions must be answered regarding such manager or agent.

A. Name: \_\_\_\_\_

B. Residence Address: \_\_\_\_\_

C. Residence Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

D. Social Security No.: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

E. Place of Birth: \_\_\_\_\_

F. Is the manager a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If a naturalized citizen, state the time and place of naturalization.

\_\_\_\_\_ (Month/Day/Year) \_\_\_\_\_ City/State

Court (or law) under which naturalized: \_\_\_\_\_

G. Has the manager ever been convicted of any felony under any federal or state law? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, give dates and state the offense and circumstances thereof: \_\_\_\_\_

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H. Has the manager ever been convicted of being the keeper of a house of ill fame or of pandering or of other crime or misdemeanor opposed to decency and morality or of any federal, state or local gambling offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, gave dates and state the offense and the circumstances thereof: \_\_\_\_\_

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I. Has the manager ever been convicted of a violation of any federal, state or local liquor law? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, give dates and state the offense: \_\_\_\_\_

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J. Has the manager ever permitted an appearance bond forfeiture for any of the violations mentioned in Questions G, H or I? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of manager or agent \_\_\_\_\_

\*Fingerprints of each manager and currently employed bartender must be supplied to the Summit Police Department.

23. State the authority conferred upon the manager or agent, if any, with respect to operation or management of the business for which this license is sought: \_\_\_\_\_

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24. Is the Applicant delinquent in the payment of the retailer's occupation tax (sales tax)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, give reasons: \_\_\_\_\_

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25. The Applicant shall submit financial information demonstrating the financial capability to open and operate the establishment. The Liquor Control Commissioner or his/her designee shall determine what financial information is needed, and notify the Applicant accordingly. All financial information shall be deemed confidential by the Village. The financial information submitted shall be available for consideration by the Local Liquor Control Commissioner in the review of the application for the initial license or for the renewal of a license.

26. Submit a floor plan, diagram, or drawing deemed suitable by the Liquor Control Commissioner, illustrating the premises, in which alcoholic liquor is to be sold. Obtain and submit current zoning of the premises at which the place of business is to be operated. (Please attach to application.)

27. Submit a proof of completion of a beverage alcohol sellers and servers education training ("BASSET") program as required by the Village by all facility managers and any number of other current employees. (Please attach to application.)

28. Applicant hereby acknowledges receipt of a copy of the ordinance of the Village of Summit relating to the licensing, sale, distribution and consumption of liquor.

Signature \_\_\_\_\_

Dated at Summit, Illinois, \_\_\_\_\_, 2019

AFFIDAVIT FOR INDIVIDUALS

State of Illinois        )  
                                  )        SS  
County of Cook        )

I (or we) do hereby request to apply for/renew (circle the applicable option) the liquor license,  
Class \_\_\_\_\_, for the premises located at \_\_\_\_\_ for one year  
beginning \_\_\_\_\_. (date of new license or of expiration of  
previous license).

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the Village of Summit or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein; that I (or we) have read and understand the Ordinances relating to the sale of Alcoholic Liquor, of the Code of the Village of Summit, and any amendments thereto, and that the statements contained in the application dated \_\_\_\_\_ are true and correct.

_____ Printed Name	_____ Signature of Applicant
_____ Printed Name	_____ Signature of Applicant

Subscribed and Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Notary Public

NEW LICENSE OR RENEWAL APPLICATION APPROVED:  
\_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Liquor Control Commissioner

AFFIDAVIT OF MANAGER

STATE OF ILLINOIS        )  
COUNTY OF COOK         )     SS  
VILLAGE OF SUMMIT       )

I swear (or affirm) that I will not violate any of the ordinances of the Village of Summit or the laws of the State of Illinois or of the United States of America in the conduct of the place of business described herein, that I have been given the authority to regulate the conduct of all persons engaged in such business and to discipline, suspend or discharge any such person violating any provision of this ordinance and to cooperate in the enforcement of said ordinances by the authorities of the Village of Summit, and that the statements made by me herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Signature of Manager or Agent

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Notary Public