

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

CORPORATE LIQUOR LICENSE APPLICATION (OR RENEWAL)

1. Name of Applicant/Corporation: _____
2. Address of Applicant/Corporation: _____
City/County, State ZIP: _____
3. Mailing Address of Applicant/Corporation (if different): _____
City/County, State ZIP: _____
4. Date of Incorporation: _____
5. Name, Address, and Phone Number of Registered Agent of Corporation:

6. Is the Corporation qualified to do business in Illinois (provide proof of good standing from the Secretary of State)? ___ Yes ___ No
7. Business Phone Number of Applicant/Corporation (if applicable): _____
8. Cell Phone Number of Applicant/Corporation (if applicable): _____
9. Business Name Used (if different from corporate name):

10. 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

11. 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.

12. 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.

13. Is/are the Applicant/corporate officers/corporate owners citizens of the United States? _____ Yes _____ No

14. 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:

15. List the names, social security numbers, dates of birth, ages, and residence addresses of the following corporate officers:

President

Secretary

Treasurer

16. List the names and residence addresses of all corporate directors:

Name	Address
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17. List the names, social security numbers, dates of birth, and residence addresses of all persons owning shares equal to 5% or more of the issued stock. (Note: attach additional sheets if necessary for complete listing.):

Name	Address	% Owned
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NOTE: If and whenever any changes occur in the individuals that are listed above, those changes must be reported in writing to the Liquor Control Commissioner within 30 days of the date of such change. Any new individuals must satisfy all of the eligibility requirements for a liquor license.

18. 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? _____

19. Where are the corporate records maintained and kept?

20. Has the Applicant or any of the persons in Sections 15 through 17 ever held a liquor license or owned 5% or more of the stock in any corporation which held a liquor license in any other State or municipality? _____ If yes, list the name and address of the licensed premises: _____

21. Has the Applicant or any of the persons in Sections 15 through 17 ever had a liquor license of any kind suspended or revoked? _____ If yes, list the circumstances of such suspension or revocation: _____

22. Has the Applicant or any of the persons in Sections 15 through 17 ever had a liquor license application of any kind denied? _____ If yes, list the circumstances of such denial: _____

23. Has the Applicant or any persons listed in the Sections 15 through 17 ever been convicted of any misdemeanor or felony? _____ If yes, list the name, charge, and year of conviction:

24. Has the Applicant or any persons listed in the Sections 15 through 17 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

25. Has the Applicant or any persons listed in the Sections 15 through 17 ever been convicted of any federal, state or local gambling offense? _____ Yes _____ No

26. Has the Applicant or any persons listed in the Sections 15 through 17 ever been convicted of a violation of any federal, state or local liquor law? _____ Yes _____ No

If so, give dates and state the offense: _____

27. Has the Applicant or any persons listed in the Sections 15 through 17 ever permitted an appearance bond forfeiture for any of the violations mentioned above? _____ Yes _____ No

28. Has the Applicant or any persons listed in the Sections 15 through 17 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: _____

29. Has the Applicant or any persons listed in the Sections 15 through 17 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):

30. Has the Applicant or any persons listed in the Sections 15 through 17 ever been issued a Federal Gaming Device Stamp or Federal Wagering Stamp? _____ Yes _____ No

31. Does the Applicant and all persons listed in the Sections 15 through 17 otherwise meet the requirements of section 5-2-4 of the Summit Code of Ordinances? _____ Yes _____ No
32. Give the Corporation's Illinois Retailers Occupation Tax Number: _____
33. Give the Corporation's Federal Employer's Identification Number: _____
34. 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 Corporation's Illinois state liquor license number. (Please attach 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/County, State, Zip: _____
4. Property Index Number of 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 place of business:

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): _____

11. Is the proposed location within 100' of any church, school, hospital, library, 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 village 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 name(s) of any such person(s) and the nature of the relationship:

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 No.: _____

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: _____

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, give dates and state the offense and the circumstances thereof:

- 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: _____

- 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(s) 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: _____

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

If so, give reasons: _____

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.)

26. 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.)

27. 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.

Under penalty of perjury, the undersigned affirms that all of the above statements are true, correct and accurate.

President

Secretary

Dated: _____

Application Fee: \$ _____

All applications must be accompanied by the application fee, by proof of ownership of the premises, a copy of Articles of Incorporation showing recording at the Recorder of Deeds office, copy of corporate minutes showing the names of the shareholders, names of the directors, and names of the corporate officers. If property is owned by a land trust, land trust affidavit must be submitted and signed by bank. If property is not owned by the applicant, a valid lease signed by the property owner and applicant must be submitted.

AFFIDAVIT-CORPORATION

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

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).

The undersigned swears (or affirms) that the corporation in whose name this application is made
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, 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 Corporation

Printed Name

Signature

Title

Date

Affix Corporate Seal

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

Printed Name of Manager or Agent

Signature of Manager or Agent

Subscribed and sworn to before me this
_____ day of _____, 2019

Notary Public