

**Village of Lincolnshire
Application for Liquor License**

Initial Application or Change in Ownership	Date:	Liquor Class:	License Period Ending: April 30, 20
Address applying for liquor license (exact street address):		Lincolnshire, IL 60069	Telephone #:
1. APPLICANT			
Applicant / Corporate name:			
Name under which business is to be conducted (D.B.A.):			
Business website:		Business Email:	
Is the applicant an Individual or Partnership?			<input type="checkbox"/> yes <input type="checkbox"/> no
Is the applicant a Corporation or Club?			<input type="checkbox"/> yes <input type="checkbox"/> no
If the applicant is a club, does it qualify as defined in the Village of Lincolnshire's Village Code in Relation to Liquor Control?			<input type="checkbox"/> yes <input type="checkbox"/> no
2. LOCATION			
Principal kind of business:			
Length of time in principal kind of business:			
What are the proposed days and hours of operation for the business for which this liquor license is applied for?			
Full description of the location including floor layout, specific floors, rooms, etc.:			
Number of bars to be operated on premises:		Will there be Entertainment on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the projected full occupancy of the premises? Bar/Lounge: _____ Restaurant: _____			
Submit an interior diagram of the current/proposed structure with the initial application.			
What is the size of the existing structure on the premises (square footage)?			
Does the applicant intend to allow for dancing by patrons? Does the applicant intend to provide entertainment on premises? If yes, the type of entertainment acts which are anticipated to perform during the license year on the licensed premises must be submitted to the Liquor Control Commissioner at the time the license is applied for.			<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
Is the location of applicant's business for which the license is sought within 100 feet of any church, school (other than an institution of higher learning), hospital, home for aged or indigent persons, or for veterans, their spouses or children?			<input type="checkbox"/> yes <input type="checkbox"/> no
Does the applicant own the property or premises for which the license is sought?			<input type="checkbox"/> yes <input type="checkbox"/> no
Does the applicant have an option to purchase the property or premises?			<input type="checkbox"/> yes <input type="checkbox"/> no
List owner(s) of the property or premises for which the application for the creation of a liquor license is sought:			
Owner Name:		Telephone #:	
Residence Address:			
Business Address:			

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2. LOCATION, CONTINUED

Has the applicant a lease on such premises covering the full period for which the license is sought? If yes, give the following information about the lessor:		<input type="checkbox"/> yes <input type="checkbox"/> no
Lessor Name:	Telephone #:	
Address:		
Period covered by lease: From:	To:	
Options, full particulars:		
Lessor's Agent Name:	Telephone #:	
Address:		

Submit a copy of the Deed or Contract for Deed or lease and any option agreements with initial application.

Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant? If so, are premises: Maintained and held out to the public where meals are actually and regularly served? Provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food? In accordance with the provisions of Section 3-3-2-5 of the Village of Lincolnshire Village Code in relation to Liquor Control which sets forth the square footage and seating allowances for restaurants?		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
<u>Square Footage</u>	<u>% of Total</u>	
Dining area(s) _____	_____	
Lounge area(s) _____	_____	
Patron bar(s) _____	_____	
<u>Seating Capacities</u>	<u>% of Total</u>	
Dining area(s) _____	_____	
Lounge area(s) _____	_____	
Patron bar(s) _____	_____	

3. MANAGER / AGENT

Will the business be conducted by a manager or agent? If yes, give the following information:		<input type="checkbox"/> yes <input type="checkbox"/> no	
Manager/Agent Name:	Telephone #:		
Address:			
Driver's License #:	State of Issuance:		Social Security #:
Authority conferred upon him with relation to the operation or management of the business for which the creation of a liquor license is sought:			

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4. SOLE PROPRIETORSHIP / PARTNERSHIP / CORPORATION			
Principal place of business of the sole proprietorship/partnership/corporation:			
Business address of the sole proprietorship/partnership/corporation:			
List any other names this sole proprietorship/partnership/corporation is currently doing business as.			
List any other names this sole proprietorship/partnership/corporation has previously done business as.			
Date of Incorporation:	Under the laws of the State of:	Incorporation Certificate Number:	
Is corporation qualified to do business in Illinois? Date when corporation became qualified:			<input type="checkbox"/> yes <input type="checkbox"/> no
Objects of corporation, as set forth in charter: Submit a copy of the Charter of the Corporation with initial application.			
If the sole proprietorship/partnership/corporation is held in a Trust, advise Trust Number and Location of the Trust. Submit a copy of the Land Trust Disclosure Statement with initial application.			
List all beneficiaries of the Trust and percentage of ownership. (Must total 100%)			
5. REGISTERED / ILLINOIS RESIDENT AGENT			
Full Name:		Date of Birth:	
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
6. INDIVIDUALS / PARTNERS / OFFICERS / DIRECTORS / STOCKHOLDERS WITH AT LEAST 5% OWNERSHIP			
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:

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6. INDIVIDUALS / PARTNERS / OFFICERS / DIRECTORS / STOCKHOLDERS WITH AT LEAST 5% OWNERSHIP, CONTINUED

Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:
Full Name:		Title:	Date of Birth:
Residence Address:			
Telephone #:	Driver's License #:	State of Issuance:	Social Security #:

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6. INDIVIDUALS / PARTNERS / OFFICERS / DIRECTORS / STOCKHOLDERS WITH AT LEAST 5% OWNERSHIP, CONTINUED	
<p>Does the applicant or partner (if Individual or Partnership) or any officer, manager, agent, director of the corporation, or any stockholder(s) have an interest in or hold any other current licenses providing for the sale or distribution, at retail or wholesale, of alcoholic liquor? If so, provide the name and address of the business(es) as well as the State and State Liquor License Number:</p> <p>Have any hearings been conducted regarding the conduct and/or operation of any of the above listed businesses by any State, County or municipal agency? If so, provide the date, particulars and disposition:</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Has any manufacturer, distributor or importing distributor directly or indirectly furnished, loaned or rented any interior decorations other than signs for inside or outside use (except signs existing prior to February 1, 1934), costing in aggregate more than \$100.00 in any one calendar year for use in or about premises for which the creation of a liquor license is sought?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced 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 is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? (other than interior decorations and signs mentioned previously)</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Is the applicant engaged in the manufacture of alcoholic liquors?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Has any applicant, partner, officer, manager or director of said corporation, or any stockholder or stockholders owning in aggregate more than 5% of the stock of such corporation, made application for a similar license on any premises other than those described in this application?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Has any applicant, partner, officer, manager or director of said corporation, or any stockholder or stockholders owning in aggregate more than 5% of the stock of such corporation, ever been convicted of any felony under and Federal or State law?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Has any applicant, partner, officer, manager or director of said corporation, or any stockholder or stockholders owning in aggregate more than 5% of the stock of such corporation, ever been convicted of being the keeper of a house of ill fame, or of pandering or other crime opposed to decency and morality?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Has any applicant, partner, officer, manager or director of said corporation, or any stockholder or stockholders owning in aggregate more than 5% of the stock of such corporation, ever been convicted of a violation of any Federal or State liquor law since February 1, 1934?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Is any law enforcing official, mayor, trust, alderman, member of a city council or commission, member of a village board of trustees, member of a county board or state legislature or appointed officer of the executive branch of state government directly or indirectly interested in the business for which the creation of a liquor license is sought?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Is any applicant, partner, officer, manager, director, stockholder or stockholders of the corporation disqualified to receive a license under the liquor control provisions of the Lincolnshire Village Code (as from time to time amended), or other ordinances of the Village or laws of the State of Illinois?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Has any license previously issued to the applicant or partner (if Individual or Partnership) or any officer, manager, agent, director of the corporation, or any stockholder(s) been revoked, suspended or assessed a fine for any reason, by any Federal, State or local authority?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>If you answered yes to any of the above, please give full particulars including dates and locations of offenses.</p>	

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Was this application prepared by someone other than the applicant? If so, provide:		<input type="checkbox"/> yes <input type="checkbox"/> no
Name:	Relation to applicant:	
Address:		

By the signing of the application, the applicant agrees to and hereby authorizes the Village of Lincolnshire and its agents to conduct whatever investigation that may be deemed necessary to confirm the above indicated facts, or otherwise to confirm that the applicant is lawfully permitted to obtain a liquor license under the liquor control provisions of the Lincolnshire Village Code (as amended from time to time), or other ordinances of the Village of Lincolnshire and the laws of the State of Illinois.

Any misrepresentation, omission or false statement on this application or in regards to any information provided during the application process, shall constitute grounds for the termination of any further consideration of the application or in the rejection of the application. If any such misrepresentation, omission or false statement, as mentioned above, is discovered after the application for a liquor license has been authorized, and a liquor license issued by the Mayor and board of Trustees of the Village of Lincolnshire, said misrepresentation, omission or false statement shall constitute grounds for the immediate revocation of said liquor license by the Liquor Control Commissioner.

Approval of application of license/permit shall not be held to permit or be an approval of any violation of the provisions of the Lincolnshire Village Code.

Any changes in Manager or Agent must be reported to the Liquor Control Commissioner with seven (7) days after the new appointment.

AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF LAKE

The undersigned swear (or affirm) that the sole proprietorship, partnership, or corporation in whose name this application is made, will not violate any of the ordinances of the Village of Lincolnshire, 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 that the statements contained in this application are true and correct.

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public

If applicant is an Individual or Partnership, sign here

_____ Individual / Partner

_____ Partner

Notary Seal

If applicant is a Corporation, sign here

_____ President

_____ Secretary

Corporate Seal