



VILLAGE OF OAK BROOK  
Laura Millsaps, Secretary  
1200 Oak Brook Road  
Oak Brook, Illinois 60523-2255  
(630) 368-8720 Fax (630) 368-8721  
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## LIQUOR LICENSE MANAGER APPLICATION

**Corporate Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Establishment Name:** \_\_\_\_\_

Street Address \_\_\_\_\_ Phone #: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
e-mail (wk) \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/State, Zip \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Position held with above named business: \_\_\_\_\_

Yes  No Are you a citizen of the United States?  Yes  No Are you a Naturalized Citizen?

*If you are a naturalized citizen give date and city of naturalization:* \_\_\_\_\_

*Court in which (or law under which) you were naturalized* \_\_\_\_\_

Yes  No Do you possess a current Federal wagering and gaming device stamp?  
*(If yes, provide details on reverse side)*

Yes  No Have you ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or forfeited their bond for failure to appear in court to answer charges for any such violation?  
*(If yes, provide date, offense, jurisdiction and case number on reverse side)*

Yes  No Have you ever been convicted of a gambling offense in violation of Section 28-3 of the Criminal Code of the State of Illinois (720 ILCS 5.28-1, et seq.), as heretofore or hereafter amended, or as proscribed by a statute replaced by any of the aforesaid statutory provisions?  
*(If yes, provide date, offense, jurisdiction and case number on reverse side)*

Yes  No Have you ever been convicted of a felony?

Yes  No Have you ever been convicted of being the keeper of, or is keeping, a house of ill fame?

Yes  No Have you ever been convicted of pandering or other crime or misdemeanor opposed to public decency and morality?



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Yes  No Have you ever been convicted of a drug-related offense?  
*(If yes, provide date, offense, jurisdiction and case number on reverse side)*

Yes  No Have you pled guilty to or were you ever been convicted of driving under the influence, Class A misdemeanor?  
*If yes, indicate on reverse side date of guilty plea or date of conviction and if suspension given, date of completion of suspension.*

Yes  No Have you successfully completed a State-licensed alcohol seller/server education program?  
*If yes, please provide a copy of the Certificate of Completion. If no, please arrange to attend a Village of Oak Brook BASSET program.*

Liquor Handling Experience – Please provide name and address of any other liquor establishment in which you have been employed or owned an interest.

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I on oath state that I will not violate any of the ordinances of the Village of Oak Brook or the laws of the State of Illinois or the United States of America in the operation of the place of business described herein, that I have read and understand the Oak Brook liquor control ordinances and that the statements herein are true and correct.

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Signature