

FOR OFFICE USE
 Date Approved: _____
 License # Issued: _____
 Fee Received: _____



VILLAGE OF OAK BROOK
 Charlotte K. Pruss, Village Clerk
 1200 Oak Brook Road
 Oak Brook, Illinois 60523-2255
 (630) 368-5036 Fax (630) 368-5037
 kvonachen@oak-brook.org

APPLICATION FOR LIQUOR LICENSE

Application is hereby made to the Local Liquor Control Commissioner of the Village of Oak Brook for issuance of a Village of Oak Brook liquor license, pursuant to the ordinances of the Village and laws of the State of Illinois. In support of said application, the following is submitted:

CLASS: _____ **FEE:** _____
EXTENDED HOUR FOR CLASS A-1 LICENSE ONLY: Yes No **ADDITIONAL FEE: 500.00**

Corporate Name: _____ **Phone #:** _____

Business Name: _____ **Phone #:** _____

Establishment Name: _____ **Phone #:** _____

Corporate Address: _____
 Street Address _____ Fax#: _____

City/State/Zip _____ E-Mail Address: _____

Contact Name: _____ **Contact Title:** _____
 Phone #: _____ E-mail address: _____

Establishment Address: _____
 Street Address _____ Fax#: _____

City/State/Zip _____ E-Mail Address: _____

Contact Name: _____ **Contact Title:** _____
 Phone #: _____ E-mail address: _____

State of Illinois Liquor License Number : _____ Expiration Date: _____

- List each specific location within this establishment where alcoholic liquor is being offered for retail sale:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____

Ownership of Premises: Owned For initial application, provide proof of ownership (e.g. title policy)
Leased If leased, provide copy of lease for full period of license and provide the following information:

Name of Lessor: _____
 Address of Lessor: _____
 City, State & Zip: _____

TYPE OF BUSINESS: Corporation Individual/Sole Proprietorship Limited Liability Co. Partnership

Length of time in business: _____ Character of business: _____



VILLAGE OF OAK BROOK
 Charlotte K. Pruss, Village Clerk
 1200 Oak Brook Road
 Oak Brook, Illinois 60523-2255
 (630) 368-5036 Fax (630) 368-5037
 kvonachen@oak-brook.org

INDIVIDUAL/SOLE PROPRIETORSHIP : Are you a resident of Oak Brook Yes No

Other than an Individual/Sole Proprietorship this section must be completed by an authorized agent of the applicant

This applicant, other than an Individual/Sole Proprietorship, was organized, formed, or incorporated under the laws of the State of _____ on the _____ day of _____.

If applicant was not organized, formed or incorporated in the State of Illinois, is applicant a foreign business qualified under one of the following to transact business in Illinois Yes No Please check which one:

- Illinois Business Corporation Act Illinois Revised Uniform Limited Partnership Act
- Illinois Secretary of State Illinois Revised Uniform Partnership Act

Other than an Individual/Sole Proprietorship is this business qualified pursuant to one of the following to transact business in Illinois Yes No Please check which one:

- Illinois Business Corporation Act Illinois Revised Uniform Limited Partnership Act
- Illinois Secretary of State Illinois Revised Uniform Partnership Act

Registered Agent:

Name: _____ Telephone #: _____
 Street Address _____ Fax#: _____
 City/State/Zip _____ E-Mail Address: _____

QUALIFICATIONS:

- Yes No Does the applicant, the manager or any person or entity listed as Officer, Shareholder, Member, Manager or Partner possess a current Federal wagering and gaming device stamp?
(If yes, provide details on reverse side) (or on an addendum)
- Yes No Has a federal wagering stamp been issued by the federal government for the current tax period for the premises for which a license is sought?
(If yes, provide details on reverse side)
- Yes No Has applicant, the manager or any person or entity listed as Officer, Shareholder, Member, Manager or Partner 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 Has applicant made application for similar or other liquor license on premises other than described in this application?



(If yes, provide disposition of such application on reverse side)

- Yes No Has any liquor license issued to the applicant ever been revoked or suspended?
(If yes, provide date, reason and jurisdiction on reverse side)
- Yes No Has applicant, the manager or any person or entity listed as Officer, Shareholder, Member, Manager or Partner 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 Has applicant, the manager or any person or entity listed as Officer, Shareholder, Member, Manager or Partner ever been convicted of a felony?
- Yes No Has applicant, the manager or any person or entity listed as Officer, Shareholder, Member, Manager or Partner ever been convicted of being the keeper of, or is keeping, a house of ill fame?
- Yes No Has applicant, the manager or any person or entity listed as Officer, Shareholder, Member, Manager or Partner ever been convicted of pandering or other crime or misdemeanor opposed to public decency and morality?

INDIVIDUALS:

For each Person, Owner, Partner, Officer, Director, Member and Stockholder holding directly or beneficially more than 5% of stock in the business please provide the following information.

Name	Position Held Within Organization i.e. Owner, Managing Partner, general partner, shareholder, officer (name office held)	% of stock owned or membsp interest



FOR EACH OF THE INDIVIDUALS LISTED PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Drivers License Number: # _____

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 _____

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Drivers License Number: # _____

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 _____

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Drivers License Number: # _____

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 _____

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Drivers License Number: # _____

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 _____

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Drivers License Number: # _____

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 _____

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Drivers License Number: # _____

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 _____



VILLAGE OF OAK BROOK
 Charlotte K. Pruss, Village Clerk
 1200 Oak Brook Road
 Oak Brook, Illinois 60523-2255
 (630) 368-5036 Fax (630) 368-5037
 kvonachen@oak-brook.org

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Drivers License Number: # _____

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 _____

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Drivers License Number: # _____

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 _____

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Drivers License Number: # _____

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 _____



Name of person operating as General Manager of the premises: _____

Name of person operating as Liquor Manager of the premises:

A Manager Application Form must be submitted for the individuals named above. An initial application must also include completed fingerprint card.

RESTRICTIONS:

- a. No liquor license shall be issued to any person for premises upon which theatrical or other live performances, which include the types of conduct enumerated in Sections 3-55 of Chapter, 3 shall constitute the entertainment offered to the patrons thereof. This prohibition includes, but is not limited to, any entertainment, fashion show or other presentation which may include any person in a nude or semi-nude state, including, but not limited to, servers, hosts, hostesses, dancers, singers, models or other performance artists, or role playing interactions.
- b. No liquor license shall be issued to any person for premises upon which a men or women's club is located.

INSURANCE REQUIREMENTS:

- a. Certificate of general liability insurance with limits of not less than \$1,000,000 combined single limit or \$1,000,000 per occurrence and per aggregate naming the Village of Oak Brook as a party insured issued by an insurance company licensed to do business in the State of Illinois having a "Best" rating acceptable to the Village. The effective period of such insurance coverage shall coincide with the period the liquor license is in effect.
- b. Policy of liquor liability insurance by a responsible insurance company authorized and licensed to do business in the state insuring such applicant in the amount of not less than one million dollars (\$1,000,000).

SUBMITTALS:

In addition to this application form the following must be submitted:

_____ Annual Fee plus Extended Hour Fee if Applicable

_____ Certificate of Insurance

_____ Liquor License Manager Application Form

_____ Lease-If premises not beneficially owned by Applicant

_____ Proof of completion of the Illinois Department of Alcohol and Substance Program by all facility managers and employees as is necessary.



_____ Proof of completion of attendance by all facility managers and employees as is necessary of a Alcohol Awareness Training Program conducted by the Oak Brook Police Department.

Initial Applicants must also provide:

_____ Proof of ownership of premises (e.g. title report)

_____ Floor Plan, as required for any premises to be licensed for sale of alcoholic liquor for consumption on the premises, drawn to scale, and with sufficient detail to depict types of seating, location of bars and other design features. (Submit twelve (12) copies of Floor Plan and Menu.)

_____ Completed fingerprint cards for each Corporate Officer, General Manager and Liquor Manager

_____ Employee liquor handling training manual describing the specific procedures of the applicant to monitor operations to insure no incidences of underage drinking.

Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications, the information provided herein, including attachments, and the class of license involved. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.

Applicant understands that no liquor license shall be issued to any person:

- (a) for premises upon which theatrical or other live performances which include the types of conduct enumerated in Section 3-55 of Chapter 3 of The Oak Brook Village Code. This prohibition includes, but is not limited to, any entertainment, fashion show or other presentation which may include any person in a nude or semi-nude state, including, but not limited to, servers, hosts, hostesses, dancers, singers, models or other performance artists, or role playing interactions.
- (b) for the sale at retail of any alcoholic liquor within one hundred (100) feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their spouses or children or any military or naval stations.
- (c) for premises upon which a men's or women's club is located.

In the event Applicant is made aware that any information or document submitted, as part of this application process is inaccurate or incomplete, Applicant agrees to immediately notify the Village and provide appropriate corrections. Applicant understands and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.



VILLAGE OF OAK BROOK
Charlotte K. Pruss, Village Clerk
1200 Oak Brook Road
Oak Brook, Illinois 60523-2255
(630) 368-5036 Fax (630) 368-5037
kvonachen@oak-brook.org

ATTESTATIONS:

I, _____, the _____ of the above licensee, hereby certify under oath, that the foregoing application is true and correct and all information previously submitted on the original application, including the floor plan, has not changed. I further understand that any incorrect or fraudulent statement made in this application constitutes grounds for immediate suspension and/or revocation of the liquor license herein sought.

The undersigned, does further state as follows:

That the undersigned is empowered to prepare and sign this application on behalf of the applicant.

That the undersigned has reviewed this application, and all attachments and submittals, and that the information contained herein is true and accurate.

That the undersigned, on behalf of the Applicant, acknowledges and agrees that a false statement knowingly made in this application shall bar the Applicant from further consideration and the application shall be denied.

That the undersigned is not disqualified to receive a liquor license by reason of any matter or thing contained in the laws of this state, or the ordinances of the Village.

That the undersigned will not violate any of the laws of the State of Illinois, or of the United States, including but not limited to the Americans With Disabilities Act, or any ordinances of the Village in the conduct of the applicant's place of business.

APPLICANT _____

BY:
Signature _____

Print Name _____

Title _____