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**CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS
LOCAL LIQUOR CONTROL COMMISSION
APPLICATION FOR RETAIL LIQUOR LICENSE**

NEW	RENEWAL	REVISION

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-10 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month. Any renewal application received after the set due date will be assessed a \$100 late penalty.

Mayor Marty Maloney, Local Liquor Control Commissioner

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

Business Name: _____ **located at** _____

Date of Application: _____ **IL Liquor License Number (required if renewal):** _____

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
	Class P	Package License	\$2,500
	Class R	Restaurant License	\$2,500
	Class S-1	Specialty – Home Delivery	\$1,000
	Class S-2	Specialty – Bring Your Own Bottle (BYOB)	\$1,000
	Class S-3	Specialty – Off-Site Dispensing	\$750
	Class S-4	Specialty – Complimentary Service	\$500
	Class S-5	License with Special Conditions	As set by City Council

LICENSE ENDORSEMENTS

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD – ON COST
	Banquet	\$250
	Catering	\$250
	Corkage	\$250
	Farmers Market	\$250
	Growler	\$250
	Outdoor Seating	\$250
	Sampling	\$250
	Bar/Lounge	\$500
	Golf Cart	\$500
	Gourmet Beverage	\$500
	Live Entertainment	\$500
	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

AP FEE \$ 250.00 + CLASS FEE \$ _____ + ENDORSEMENT FEE \$ _____ = TOTAL \$ _____

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER.
ANNUAL LICENSES EXPIRE ON THE 31ST DAY OF DECEMBER.**

PLEASE PRINT LEGIBLY

Name of Applicant			Applicants Home Address		
Relationship to Business			Corporation Name to which License is to be issued		
Corporation Address			Corporation Phone Number		
Corporation Contact Person			Corporate Contact Email Address		
Name under which the licensed business will be operated			Description of the premises at which business will be operated		
Total Square Feet of Premises	Total Square Feet Bar Area	Total Square Feet Kitchen Area	Total Number of Tables	Total Number of Parking Spaces	Type of Food Served
Do you own or lease space in the building?		OWN LEASE	If leasing, provide expiration date.		

Please provide proof of ownership or a copy of your lease agreement.

Check if on file with the City

Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you?	YES NO
If YES, provide the name and address, phone number, and email address of the manager of the management company.	

Date of Incorporation		Has the corporation ever been dissolved, either voluntarily or involuntarily?	YES NO
If yes, state the date of reinstatement:		If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois.	

List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:

1. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
2. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

3. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

1. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

1. Name	Address		% of Stock Held
Date of Birth	Email Address		Telephone Number
2. Name	Address		% of Stock Held
Date of Birth	Email Address		Telephone Number
3. Name	Address		% of Stock Held
Date of Birth	Email Address		Telephone Number
Is the corporation a subsidiary of a parent corporation?			YES NO
<i>Note: The Liquor Commission has the right to require that the parent company complete a similar application.</i>			
Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense?			YES NO
If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not.			
1. Name of Person	City, State		Charge
Date	City, State		Charge
Disposition			
2. Name of Person	City, State		Charge
Date	City, State		Charge
Disposition			
Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15?			
YES NO		If so, explain:	
If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below.			
In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time			\$
How long has the corporation been in the business of the retail sale of alcohol?			

When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder

Is any person listed on this application or any of your managers an elected public official?		YES NO
If yes, state the office and unit of government.		
Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official?		YES NO
If yes, please explain.		

In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission?			YES	NO
If yes, please list the name and amount below.				
Name			Amount	
1.				
2.				
Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position.			YES	NO
Name	Job Position	Agency		
Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp?			YES	NO
If yes, please state the reason(s).				
Has any person listed on this application or any of your managers ever held another liquor license in another state(s)?			YES	NO
If yes, please indicate the date(s), city(s) and states(s).	Date(s)	City(s)	State(s)	
Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government?			YES	NO
If yes, please explain.				
Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction?			YES	NO
If yes, please explain.				
Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?			YES	NO
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.				
Date of Charge	Disposition	Municipality/Jurisdiction		
Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?			YES	NO
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.				
Date of Charge	Disposition	Municipality/Jurisdiction		
If no charges were involved, state the reason for the investigation or hearing below.				
It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City?			YES	NO
If yes, state the reason.				
Is there any State of Illinois or City of Park Ridge regulation which you do not understand?			YES	NO

If yes, please explain.		
Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises?		YES NO
Provide the Expiration Date	/ /	A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage.
If this is a renewal application, has the ownership or management changed in any manner since the prior application?		YES NO
If yes, please explain.		

I understand that it is my responsibility to make sure that the City has an active insurance certificate on file at all times. I also understand that my Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your responsibility to initiate the re-application process before change of ownership is made. Please allow at least 45-days processing time for the issuance of a Liquor License.

Signature of Applicant Date

Affix Corporate Seal, if applicable

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the provisions of the Park Ridge Municipal Code Liquor Ordinance (12-6) which addresses the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the City of Park Ridge in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Park Ridge or any agency of the City to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

SIGNATURE OF APPLICANT (OWNER)

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

NOTARY PUBLIC

SEAL