



100 N. Hainesville Road
 Hainesville, IL 60030
 847.223.2032 PH
 847.223.2274 FX
 Village Clerk
 kathymetzler@hainesville.org

Liquor License Application Village of Hainesville

Business Name _____

Business Address _____

Main Mail Address _____

Type of Business /Services Offered _____

Business Phone # _____ Business Hours _____

Retail Sales Tax # _____

Business Owner(s) / Officers Information

Name	Address	City	St	Zip

Phone 1	Phone 2

Name	Address	City	St	Zip

Phone 1	Phone 2

Name	Address	City	St	Zip

Phone 1	Phone 2

Has the applicant previously applied for similiar license?
 If so, was it granted?

Yes No
 Yes No

If denied, please explain: _____

What is the type of business (IE-partnership, corporation, firm, etc.)

Alarm Comp Name _____

Alarm Comp Phone _____

The following Information is necessary in order to process your Liquor License Application:

State Sales Tax #: _____

License Class: _____ State License #: _____

Applicant Information:

Applicant's Name: _____

Residence Stree Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Place of Birth: _____

City: _____

County: _____

State: _____

Country: _____

Citizenship: _____

If a naturalized citizen, please give date, County Courth, State: _____

How Long in this Type of Business: _____

Your Status of Title In Business: _____

List Last Three Resident Addresses: _____

Business Information:

1. Business Name: _____

Address: _____

Telephone Number(s): _____

Character of Business: _____

Length of Time In Business: _____

Illinois Retailer's Occupation _____

Tax Number: _____

Describe Kind of Business:
(ie: Restaurant, Bar, Pub, Retail) _____

2. Does Applicant Own Premises for which License Sought: _____

Lessor Name: _____

Lessor Address: _____

Lessor Telephone Number(s): _____

3. Are you the Sole Owner/Proprietor? _____

Joint Ownership: _____

Corporation: _____

Corporate Name: _____

Corporate Address: _____

Doing Business As:
Date/State of Corporate
Charter: _____

Partnership: _____

Partnership Address _____

Doing Business As:
Date Partnership
Registered: _____

Limited Liability Company: _____

Address: _____

Doing Business As: _____

Date Registered: _____

4. Do you own, operate, manage, or have financial interest in any liquor serving establishment in this or any other State?

If "Yes" Please List Each Business Name, Legal Address, and Liquor License Number:

5. Has applicant, any member of partnership/corporation ever had a previous license that was revoked/suspended by Federal Gov't, State or Local agency?

If "Yes" , cite when, where, and details:

6. Has applicant, any member of partnership/corporation ever been convicted of a felony under Federal, State law, gambling, pandering, keeping a house of ill fame or misdemeanor opposed to decency or morality, any misdemeanor, any Federal or State liquor laws, or forfeited any bond?

If "Yes" , give dates and details:

7. Do you have a Federal gaming device, stamp or wagering stamp issued by the Federal government for the current tax period? ____

If so, cite device or stamp number _____

If partnership, corporation, or limited liability company, the same information as requested for applicant must be completed by each and every individual having a business interest, ie. all person(s) sharing in profits, Co-owners, Co-partners, officers/directors or managers and any shareholder/stockholder having 5% or more shares in corporation or manager or agent. (you may photo copy this application for the above parties and attach with your original application.)

In addition, please provide the Village with proof of the ownership of the business and the business premises. If you do not own the premises, please provide the Village with proof of a valid lease for the full period for which the license is issued. Also provide evidence of Dram Shop Insurance.

Please be advised that failure to provide the information requested or failure to provide adequate evidence of the information requested, may be grounds to deny your application or renewal of your liquor license.

Dated this _____ day of _____

Applicant: _____

AFFIDAVIT

I swear that I will not violate any of the ordinances of the Village of Hainesville, or laws of the State of Illinois or laws 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 to the best of my knowledge and belief.

Subscribed and sworn to me before this
_____ day of _____ A.D. _____

Notary Public

Signature of Applicant