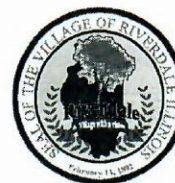


VILLAGE OF RIVERDALE
157 W. 144th Street
Riverdale, IL 60827
PHONE: (708) 841-2200
FAX: (708) 841-7587



APPLICATION FOR LIQUOR LICENSE

THE UNDERSIGNED APPLIES FOR A LIQUOR LICENSE FOR THE PERIOD ENDING APRIL 30, 20_____.

CHECK LICENSE CLASS	DESCRIPTION	FEE
<input type="checkbox"/> CLASS A	Retail sale of all alcoholic liquors for consumption on premise as well as other sales	\$2,750
<input type="checkbox"/> CLASS A1	Retail sale of all alcoholic liquors for consumption on premise only	\$1,925
<input type="checkbox"/> CLASS A2	Retail sale of all alcoholic liquors for consumption on premises only (retail sale time for Friday and Saturday is extended one hour past A1 license)	\$1,100
<input type="checkbox"/> CLASS B	Retail sale of all alcoholic liquors but not for consumption on the premises.	\$2,200
<input type="checkbox"/> CLASS C	Retail sale of beer and wine only for consumption on premises 11am to 12 midnight	\$1,100
<input type="checkbox"/> CLASS D	Retail sale of beer and wine only but not for consumption on premises	\$1,375
<input type="checkbox"/> CLASS E	Club retail sale of all alcoholic liquors for consumption on premises 11am to 2am	\$990
<input type="checkbox"/> CLASS F	Retail sale of all alcoholic liquors for consumption on the premises as well as the sale of alcoholic liquor but not for consumption on such premise during April-October	\$3,190
<input type="checkbox"/> CLASS T	"Temporary"/"beer garden" for retail sale of beer and wine only for consumption on premises	\$165/MONTH

1. LICENSEE/APPLICANT:

NAME: (INDIVIDUAL, PARTNERSHIP, CORPORATION) _____
 ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE: HOME (____) _____ - _____ CELL (____) _____ - _____
 EMAIL: _____

2. DOING BUSINESS AS (NAME OF ESTABLISHMENT): _____

3. BUSINESS INFORMATION:

ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE: LINE 1 (____) _____ - _____ LINE 2 (____) _____ - _____
 TYPE OF BUSINESS _____ (LIQUOR STORE, GROCERY, CLUB, BAR, RESTAURANT, ETC.)

4. DESCRIBE THE PREMISES TO BE USED OR OPERATED UNDER THE LICENSE FOR WHICH APPLICATION IS MADE, IF SUCH LICENSE IS ISSUED. PLEASE INDICATE SIZE OF BUILDING, HEIGHT OF WINDOWS FROM GROUND LEVEL, NUMBER OF TABLES, SIZE OF BAR, NUMBER OF ROOMS, ETC. ATTACH ADDITIONAL SHEET IF NECESSARY.

5. IS THIS APPLICATION FOR RENEWAL FOR THE SAME CLASS LICENSE THAT WAS PREVIOUSLY HELD BY YOU?

YES NO

6. IN THE PAST YEAR, HAVE ANY INCIDENTS OF UNUSUAL NATURE TAKEN PLACE THAT WOULD JEOPARDIZE THE RENEWAL OF THIS LICENSE?

YES NO IF YES, PLEASE EXPLAIN _____

7. IS THE LOCATION OF APPLICANT'S BUSINESS FOR WHICH THE LICENSE IS SOUGHT WITHIN ONE HUNDRED FEET OF ANY CHURCH, SCHOOL, HOSPITAL OR HOME FOR THE AGED/INDIGENT PERSONS/VETERANS (INCLUDING THEIR WIVES OR CHILDREN), OR ANY U.S. ARMED SERVICES STATION?

YES NO

IF YES ABOVE, IS APPLICANT'S PLACE OF BUSINESS A HOTEL OFFERING RESTAURANT SERVICE, A REGULARLY ORGANIZED CLUB, FOOD SHOP, OR OTHER PLACE WHERE THE SALE OF LIQUOR IS NOT THE PRINCIPAL BUSINESS?

YES NO IF YES, HOW LONG HAS THE PLACE OF BUSINESS BEEN IN OPERATION? _____

8. COMPLETE, IF APPLICABLE:

ASSUMED NAMES	NAME AND DATE FILED WITH COUNTY (USE ADDITIONAL SHEETS IF NEEDED):	NAME: _____ DATE FILED: _____
PARTNERSHIP	DATE OF FORMATION:	DATE: _____
ILLINOIS CORPORATION	DATE OF INCORPORATION:	DATE: _____
NON-ILLINOIS CORPORATION	STATE OF INCORPORATION:	SATE: _____
NON-ILLINOIS CORPORATION	DATE QUALIFIED IN ILLINOIS:	DATE: _____
	CURRENT STATE LICENSE NUMBER:	_____
	LIQUOR SALES AT PREMISES STARTED:	DATE: _____
FOR LEASED PREMISE (ATTACH COPY OF LEASE)	NAME OF LANDLORD: _____ TERM OF LEASE: _____	ADDRESS: _____ CITY: _____ STATE, ZIP: _____

9. IF APPLICANT WAREHOUSES LIQUOR, GIVE WAREHOUSE ADDRESS: _____

10. ILLINOIS BUSINESS TAX (IBT) REGISTRATION NUMBER: _____

11. STATE LIQUOR LICENSE NUMBER: _____

12. DOCUMENT CONTROL NUMBER OF YOUR FEDERAL TAX STAMP: _____

13. ARE YOU DELINQUENT IN PAYMENT OF ILLINOIS BUSINESS TAX? YES NO

14. ARE YOU DELINQUENT UNDER THE CASH BEER LAW? YES NO

15. IF RETAILER, ARE YOU DELINQUENT UNDER THE 30 DAY CREDIT LAW? YES NO

16. IF DISTRIBUTOR, ARE YOU DELINQUENT UNDER THE 15 DAY CREDIT LAW? YES NO

QUESTIONS 17-26 ARE DIRECTED TO THE APPLICANT AND OTHER PERSONS LISTED IN QUESTION 26. PROVIDE FULL EXPLANATION ON SEPARATE SHEET ATTACHED TO THIS APPLICATION FOR ANY QUESTIONS ANSWERED "YES".

17. HAVE YOU EVER MADE AN APPLICATION FOR A LIQUOR LICENSE THAT HAS BEEN DENIED? YES NO

18. HAVE YOU EVER HAD A PREVIOUS LIQUOR LICENSE SUSPENDED/REVOKED? YES NO

19. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO

20. HAVE YOU EVER BEEN CONVICTED OF A GAMBLING OFFENSE? YES NO

21. DO YOU POSSESS A FEDERAL WAGERING OR GAMING DEVICE STAMP? YES NO

22. ARE YOU OR ANY OTHER PERSON DIRECTLY OR INDIRECTLY INVOLVED IN THIS PLACE OF BUSINESS, A PUBLIC OFFICIAL (ELECTED, APPOINTED, LAW ENFORCEMENT, ETC.)? YES NO

23. HAVE YOU OR ANY OTHER PERSON DIRECTLY OR INDIRECTLY INVOLVED IN THIS PLACE OF BUSINESS, EVER USED AN ASSUMED NAME? YES NO

24. HAVE YOU OR ANY OTHER PERSON DIRECTLY OR INDIRECTLY INVOLVED IN THIS PLACE OF BUSINESS, EVER DECLARED BANKRUPTCY? YES NO

25. WILL THE APPLICANT OR OTHER MEMBERS OF THE CORPORATION/PARTNERSHIP ACTIVELY MANAGE THIS BUSINESS? YES NO

26. INDIVIDUAL APPLICANT, SOLE OWNER, PARTNERSHIP, CORPORATE OFFICERS, STOCKHOLDERS (OWNING IN THE AGGREGATE MORE THAN 5% OF THE STOCK INCLUDING PARENT CORPORATIONS), MANAGERS OR AGENTS CONDUCTING THE BUSINESS, MUST SUPPLY THE FOLLOWING INFORMATION. IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SUPPLEMENT SHEET IN THE SAME FORMAT.

NAME: _____ TITLE: _____
ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____
DATE OF BIRTH: _____ PLACE OF BIRTH: CITY _____ STATE _____
SOCIAL SECURITY NUMBER: _____
TELEPHONE: HOME (____) _____ - _____ CELL (____) _____ - _____
EMAIL: _____ % OF BUSINESS OWNED _____

NAME: _____ TITLE: _____
ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____
DATE OF BIRTH: _____ PLACE OF BIRTH: CITY _____ STATE _____
SOCIAL SECURITY NUMBER: _____
TELEPHONE: HOME (____) _____ - _____ CELL (____) _____ - _____
EMAIL: _____ % OF BUSINESS OWNED _____

NAME: _____ TITLE: _____
ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____
DATE OF BIRTH: _____ PLACE OF BIRTH: CITY _____ STATE _____
SOCIAL SECURITY NUMBER: _____
TELEPHONE: HOME (____) _____ - _____ CELL (____) _____ - _____
EMAIL: _____ % OF BUSINESS OWNED _____

NAME: _____ TITLE: _____
ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____
DATE OF BIRTH: _____ PLACE OF BIRTH: CITY _____ STATE _____
SOCIAL SECURITY NUMBER: _____
TELEPHONE: HOME (____) _____ - _____ CELL (____) _____ - _____
EMAIL: _____ % OF BUSINESS OWNED _____

NOTES:

- ❖ IF, DURING THE LICENSED PERIOD, ANY PERSON NOT NAMED IN QUESTION 26 BECOMES AN OWNER OF RECORD OF MORE THAN 5% OF THE BUSINESS STOCK, THE CORPORATION MUST FURNISH THE LIQUOR COMMISSIONER, WITHIN TWENTY DAYS OF THE TRANSACTION, THE NAME OF THE PERSON(S) INVOLVED, THE POSITION(S) HELD, AND THE PERCENTAGE THAT IS OWNED.
- ❖ IF A MANGER OR AGENT OF THE LICENSEE CHANGES DURING THE LICENSED PERIOD, THE LICENSE HOLDER MUST FURNISH THE LIQUOR COMMISSIONER, WITHIN TWENTY DAYS OF THE TRANSACTION, THE NAME OF THE PERSON(S) INVOLVED, THE POSITION(S) HELD, AND ALL THE INFORMATION SPECIFIED IN QUESTION 26.

DOCUMENTATION REQUIREMENTS (IF NOT CURRENTLY ON FILE OR IF CURRENT FILE INFORMATION IS OUT-DATED):

- CERTIFIED COPY OF BIRTH CERTIFICATE(S).
- CERTIFIED COPY OF CITIZENSHIP PAPERS (IF BORN OUTSIDE OF THE U.S).
- DRIVER'S LICENSE OR VOTERS REGISTRATION CARD TO ESTABLISH RESIDENCY.
- IF A LEASED PREMISE, A COPY OF THE LEASE.
- IF A CORPORATION, A COPY OR STATEMENT OF THE CORPORATE OBJECTS FOR WHICH IT WAS FORMED.

THE REQUIRED DOCUMENTS MUST BE PRESENTED ALONG WITH THE APPLICATION. IF ONE OR MORE OF THESE DOCUMENTS CANNOT BE PRESENTED AT THE TIME OF THE APPLICATION, A LETTER STATING THE REASON FOR NON-COMPLIANCE OF THIS PROJECT MUST BE SUBMITTED. A VERBAL EXPLANATION FOR THE NON-COMPLIANCE WILL NOT BE ACCEPTED.

AFFIDAVIT

- I, THE UNDERSIGNED, BEING THE SHAREHOLDERS, DIRECTORS, OFFICERS, AGENTS, AND/OR OWNER FOR THE AFORESAID ESTABLISHMENT SWEAR (OR AFFIRM) THE STATEMENTS MADE ARE TRUE AND CORRECT AND ARE MADE OF PERSONAL KNOWLEDGE AND INFORMATION AND ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF RIVERDALE TO ISSUE THE LICENSE HEREIN APPLIED FOR.
- I FURTHER SWEAR (OR AFFIRM) THAT THE APPLICANT OR HIS AGENTS WILL NOT VIOLATE LAWS OF THE STATE OF ILLINOIS, THE UNITED STATES OF AMERICA, OR THE ORDINANCES OF THE VILLAGE OF RIVERDALE, COOK COUNTY, ILLINOIS.
- I FURTHER SWEAR (OR AFFIRM) THAT I HAVE NEVER BEEN CONVICTED OF A FELONY AND I AM NOT DISQUALIFIED TO RECEIVE A LICENSE BY REASON OF ANY MATTER OR THING CONTAINED IN THE VILLAGE OF RIVERDALE CODE OR LAWS OF THE STATE OF ILLINOIS OR THE UNITED STATES GOVERNMENT.

UNDERSTANDING AND AUTHORIZING FOR RELEASE: I HEREBY AUTHORIZE A COMPREHENSIVE INVESTIGATION INTO MY BACKGROUND, INCLUDING, BUT NOT LIMITED TO, ALL STATEMENTS CONTAINED IN THIS APPLICATION. I PERMIT THE VILLAGE OF RIVERDALE TO OBTAIN ANY RECORDS, INFORMATION AND DOCUMENTS PERTAINING TO MY BACKGROUND AND WORK EXPERIENCE. I AUTHORIZE MY PREVIOUS EMPLOYERS, THE EDUCATIONAL INSTITUTIONS ABOUT ME ON THE SUBJECTS COVERED BY THIS APPLICATION FORM OR RELATED DOCUMENTS TO THIS REQUEST. ANY INDIVIDUAL, EDUCATIONAL INSTITUTION, ORGANIZATION, OR BUSINESS ENTITY IS HEREBY RELEASED FROM ANY AND ALL LIABILITY FOR ANY DAMAGES WHICH MAY ARISE AS A RESULT OF PROVIDING SUCH INFORMATION. I ALSO AGREE TO RELEASE THE VILLAGE OF RIVERDALE FROM ANY AND ALL LIABILITY ARISING FROM THE USE OF THE INFORMATION OBTAINED THROUGH THE INVESTIGATION OF MY BACKGROUND AND ANY ACTION TAKEN BY THE VILLAGE OF RIVERDALE BASED ON SUCH INFORMATION.

SIGNATURE: _____
ITS: _____

SIGNATURE: _____
ITS: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, AD _____.

(NOTARY SEAL)

NOTARY PUBLIC

APPLICATION APPROVED THIS _____ DAY OF _____, AD _____.

APPLICATION REJECTED THIS _____ DAY OF _____, AD _____.

LIQUOR COMMISSIONER, VILLAGE OF RIVERDALE

SUBMISSION PROCEDURE FOR OBTAINING A LIQUOR LICENSE

- 1) COMPLETE A BUSINESS LICENSE APPLICATION AND SUBMIT TO THE VILLAGE CLERK
- 2) AT THE RIVERDALE POLICE STATION, PROVIDE A SET OF FINGERPRINTS THAT WILL BE USED IN THE BACKGROUND INVESTIGATION. (A CERTIFIED CHECK OR MONEY ORDER PAYABLE TO THE ILLINOIS STATE POLICE WILL BE REQUIRED.)