



**APPLICATION
FOR A LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL**

Date: _____ License Application Fee: \$5,000.00

Applicant:

Full name: _____
(Full name of individual or legal entity in ownership is required)

If An Individual:

Date of birth: _____

Address: _____

Driver's License number: _____ State Issued: _____

If A Partnership:

Please list, on a separate sheet, the name, date of birth, address, and driver's license number of each general partner and any limited partner holding five percent (5%) or more interest in the partnership.

If A For-Profit Corporation Or A Club:

Identify the objects for which the for-profit corporation or club was organized: _____

_____ Please list, on a separate sheet, the name, date of birth, address, and driver's license number of each officer and/or director of the corporation or other legal entity, and each person owning five percent (5%) or more of the outstanding shares of stock, stating each person's share of interest in the corporation.

Date And State Of Incorporation Or Formation: _____

Tax Identification Number: _____

Interest In Premises To Be Licensed (Own/Lease): _____

Please attach evidence of ownership or a copy of any lease.

Business To Be Licensed: _____

Name: _____

Address: _____

Class Of License Requested: _____

Zoning Classification Of Premises To Be Licensed: _____

Total Square Footage And Seating Capacity: _____

Except for a hotel, please attach a floor plan for the premises to be licensed, drawn to scale, and with sufficient detail to depict type of seating, number of seats, the location type and number of bars, the location, size and design or area in which any entertainment will be offered, and other design features.

Nature Of Business(es) To Be Conducted On The Licensed Premises:

Any Entertainment Proposed? Describe: _____

General Manager/Liquor Manager:

Name: _____ E-mail: _____

Residence Address: _____

Length Of Time At Such Address: _____ years _____

If less than one year, Prior Address: _____

Length Of Time At That Address: _____ years _____

Place And Date Of Birth: _____

Driver's License Number: _____ State Issued: _____

Experience In Handling Alcoholic Liquor Or In Conducting A Business Of The Character For Which A License Is Being Applied: _____

Home And Business Telephone: _____

Number Of Hours To Be On Premises: _____

One Manager (the Liquor Manager) shall be on premises not less than thirty-five (35) hours per week.

Applicant's Business Experience:

Experience Of The Applicant In Any Business Of The Type Applied For:

Any Similar Application For Any Other License That Has Been Made For The Premises, And The Disposition Of Such Application, If Any: _____

Prior Or Current Liquor Licenses Of The Applicant, If Any: _____

Has Any Prior Liquor License Been Revoked: _____

If Yes, Please Explain: _____

Liquor Dram Shop Insurance Carrier: _____

Policy Number: _____ AM Best Rating Of Carrier: _____

Insurance carrier must be a responsible insurance company authorized and licensed to do business in the state of Illinois.

For Hotels Only:

Identify Any Privileges Associated With The Sale Of Alcoholic Liquor Which Are Unique To The Operations Of The Hotel, Including But Not Limited To, Permission For Any Ongoing Live Entertainment, In-Room Mini Bars And Periodic Outdoor Events: _____

Note: The Liquor Manager and all Sales Clerks, Security Personnel, Bartenders, Servers, and anyone whose job description involves the checking of identification for the purchase of alcoholic liquor for the licensed premises must Provide Certificates Of Completion of the State Of Illinois Certified Alcohol Awareness Program (BASSET) prior to opening.

As Applicant For The License Requested Herein, I Do Hereby Authorize The Mayor/Liquor Commissioner Or Any Official Designee, Of The City Of Oakbrook Terrace To Conduct A Background Investigation, Including Fingerprinting As Required, To Determine The Qualifications Of The Applicant, The Manager, And The Identified Partners, Officers, Directors And Shareholders Of The Business Entity For A Liquor License Under Illinois Law And City Ordinances. I Further State That The Answers Given On This Application Are True And Correct.

I Further State That The Applicant, Nor Any Officer, Director, Partner, Or Shareholder Thereof, Has Been Convicted Of A Felony, Or Is Otherwise Disqualified To Receive A License By Reason Of Any Matter Or Thing Contained In City Of Oakbrook Terrace Liquor Control Code, Any Laws Of The State Or Any Other Ordinance Of The City. The Applicant Hereby States That It Will Not Violate Any Of The Laws Of The State Or Of The United States, Or Any Provision Of The City's Liquor Control Ordinance Or Any Other Ordinance Of The City In The Conduct Of The Business Proposed To Be Licensed.

Signature: _____

Title: _____

Printed Name: _____

Signed And Sworn To Before Me

This _____ Day Of _____, 20____.

Notary Public

OAKBROOK TERRACE POLICE DEPARTMENT
17W275 Butterfield Rd.
Oakbrook Terrace, IL 60181

Liquor License Application Background Investigation Information Sheet

Name of Corporation: _____
DBA Name of Business: _____
Address of Business: _____
Date of Incorporation in Illinois: _____

CORPORATION OFFICERS

(If business owner is not involved in corporation, each partner must fill out the information required)

President:

Name: _____ Date of Birth: _____
Spouses Name: _____ Date of Birth: _____

Former and/or current Liquor Licenses you are involved with:

(list all resident addresses for past ten (10) years)

Address: _____
Number Street City State Zip
Address: _____
Number Street City State Zip
Address: _____
Number Street City State Zip

Vice President:

Name: _____ Date of Birth: _____
Spouses Name: _____ Date of Birth: _____

Former and/or current Liquor Licenses you are involved with:

(list all resident addresses for past ten (10) years)

Address: _____
Number Street City State Zip
Address: _____
Number Street City State Zip
Address: _____
Number Street City State Zip

Secretary:

Name: _____ Date of Birth: _____

Spouses Name: _____ Date of Birth: _____

Former and/or current Liquor Licenses you are involved with:

(list all resident addresses for past ten (10) years)

Address: _____

Number Street City State Zip

Address: _____

Number Street City State Zip

Address: _____

Number Street City State Zip

Address: _____

Number Street City State Zip

Treasurer:

Name: _____ Date of Birth: _____

Spouses Name: _____ Date of Birth: _____

Former and/or current Liquor Licenses you are involved with:

(list all resident addresses for past ten (10) years)

Address: _____

Number Street City State Zip

Address: _____

Number Street City State Zip

Address: _____

Number Street City State Zip

Address: _____

Number Street City State Zip



APPLICATION

FOR LIVE ENTERTAINMENT AT AN ESTABLISHMENT LICENSED TO SELL ALCOHOLIC LIQUOR AT RETAIL

Date: _____

Licensee:

Full Name: _____

(Full name of individual or legal entity is required)

Address: _____

Telephone Number: _____

Experience With Offering Live Entertainment (Be Specific): _____

Number of parking spaces available at location: _____

Nature of the surrounding neighborhood (Uses and Zoning) and likely impact of offering live entertainment: _____

Actions to be taken to assure that offering live entertainment will not be detrimental to the surrounding area: _____

Person responsible for supervising the event:

Full Name: _____

Residence Address: _____

Home and Business Telephone: _____

Description/Nature Of The Live Entertainment To Be Offered: _____

Ongoing: Yes: _____ No: _____

If Yes, state the frequency and times when live entertainment will be offered: _____

Limited Occasion: Yes: _____ No: _____

If Yes, state the specific dates when live entertainment will be offered: _____

As applicant for the license requested herein, I do hereby authorize the Mayor/Liquor Commissioner, or any official designee, of the City of Oakbrook Terrace to conduct an investigation to determine the likely impact of the offering of the proposed live entertainment on the surrounding community and the public interest, and the adequacy of parking and crowd control. I further state that the answers given on this application are true and correct.

I further state that the license will not violate any of the laws of the State of Illinois or the United States, or any provision of the City's Liquor Control Ordinance or any other ordinance of the City in the conduct of the licensed business and the proposed live entertainment.

Signature: _____

Title: _____

Printed Name: _____

Signed And Sworn To Before Me

This _____ Day Of _____, 20__.

Notary Public