



# The Village of Glenview

## APPLICATION FOR LIQUOR RETAILER'S LICENSE / ALCOHOL ON PREMISE LICENSE

### PART 1

Liquor Control Commissioner, 2500 E. Lake Avenue, Glenview, Illinois 60026

Pursuant to the provisions of Chapter 6 of the Glenview Municipal Code, regulating the sale of alcoholic liquor in the Village of Glenview, Illinois, County of Cook and State of Illinois, and amendments thereto now in full force and effect, the undersigned hereby make(s) application for the issuance of a Village license for the sale of alcoholic liquor for the term beginning \_\_\_\_\_, 20\_\_\_\_ and ending December 31, 20\_\_\_\_ and hereby certify(ies) to the following facts:

1. Applicant's full name: \_\_\_\_\_
2. Name under which business is to be conducted: \_\_\_\_\_
3. Place of business for which license is sought:
  - (A) Address: \_\_\_\_\_
  - (B) State principal kind of business: \_\_\_\_\_
  - (C) Description of business: \_\_\_\_\_
  - (D) Telephone number: \_\_\_\_\_
  - (E) E-mail address: \_\_\_\_\_
4. Class of liquor license applied for: \_\_\_\_\_
5. Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant?  
 **Yes**; or  **No**  
If yes, are the premises:
  - (A) Maintained and held out to the public as a place where meals are actually and regularly served?  **Yes**; or  **No**
  - (B) Provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food?  **Yes** or  **No**
6. Does applicant own premises for which this license is sought?  **Yes** or  **No**
7. Does applicant lease the premises covering the full period for which the license is sought?  
 **Yes** or  **No**. If yes, please attach a copy of current lease.
8. Is the location of applicant's business for which license is sought within 100 feet, property line to property line, of any school, hospital, home for aged or indigent persons, or for

veterans, their wives or children, or any military or naval station, or 100 feet, building to building, from a church?  **Yes** or  **No**

If yes, please indicate such property:

(A) Name and Address: \_\_\_\_\_

(B) Type of property: \_\_\_\_\_

9. Is any law enforcing public official, Village president or Village trustee directly or indirectly interested in the business for which this license is sought?  **Yes** or  **No**

10. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business?  **Yes** or  **No**

11. Is the applicant or any affiliate, associate, subsidiary, officer, director or other agent engaged in the manufacture of alcoholic liquors?  **Yes** or  **No**

If yes, at what location or locations? \_\_\_\_\_

12. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors?  **Yes** or  **No**

If yes, at what location or locations? \_\_\_\_\_

13. Will the business be conducted by a site manager, assistant manager, or agent?

**Yes** or  **No**

*Each site manager is required to complete Part 2 of this Application.*

14. Has the applicant applied or does the applicant hold a current Glenview Business License for the premises?  **Yes** or  **No**

15. Does the applicant hold any other current business licenses or liquor licenses issued by the Village?  **Yes** or  **No**

If yes, please list the business, the address of the licensed premises, and dates license was held or if presently held.

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Held: \_\_\_\_\_

AFFIDAVIT

STATE OF ILLINOIS        )  
                                      ) SS  
COUNTY OF COOK        )

I swear (or affirm) that I will not violate any of the ordinances of the Village of Glenview or the laws of the State of Illinois or the 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.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

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

\_\_\_\_\_  
(Signature of Notary Public)



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### PART 2 – Individual Owner Applicant and Site Manager(s)

One application shall be completed for each owner, manager and each person responsible for the service or sale of beer, wine and liquor or other alcoholic spirits at the licensed premises.

1. Name: \_\_\_\_\_  
*(Last, First, Middle Initial)*
2. Title: \_\_\_\_\_
3. Application For:  Owner or  Site Manager
4. Date of birth: \_\_\_\_\_  
*(Month/Day/Year)*
5. Residence address: \_\_\_\_\_  
*(Number and street, City, State and Zip Code)*
6. How long have you lived at your present address? \_\_\_\_\_
7. Telephone number: \_\_\_\_\_
8. Cell phone number: \_\_\_\_\_
9. Place of birth: \_\_\_\_\_
10. Are you a citizen of the United States?  **Yes or**  **No**  
  
If a naturalized citizen, when were you naturalized? \_\_\_\_\_ *(Month/Day/Year)*  
Where were you naturalized? \_\_\_\_\_ *(City and State)*  
Federal Court in which (or law under which) naturalized?  
\_\_\_\_\_  
  
If not a citizen of the United States, please attach a copy of your Permanent Resident card. Attached?  **Yes or**  **No**
11. Social Security # \_\_\_\_\_
12. Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_
13. Have you ever been convicted of any felony under any Federal or State law?  
 **Yes or**  **No**  
  
If yes, give date and state offense: \_\_\_\_\_

14. Have you ever been convicted of (1) being the keeper of a house of prostitution, (2) pandering, (3) any other crime or misdemeanor opposed to decency and morality, (4) an offense concerning the manufacture, possession or sale of alcoholic liquor, or (5) a gambling offense?

**Yes** or  **No**

If yes, give date and state offense: \_\_\_\_\_

15. Has a bond forfeiture ever been entered against you for any of the violations mentioned above?  **Yes** or  **No**

If yes, give date and disposition: \_\_\_\_\_

16. Have you made application for other similar license for premises other than described in this application?  **Yes** or  **No**

If yes, give date, location of premises and disposition of application:

\_\_\_\_\_

\_\_\_\_\_

17. Has any license previously issued to you by State, Federal or local authorities been revoked, suspended or fined?  **Yes** or  **No**

If yes, state reasons therefore and date(s): \_\_\_\_\_

18. Past Employment - Please list most recent employment first.

a. Place: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone: \_\_\_\_\_

d. Type of Work: \_\_\_\_\_

e. Immediate Supervisor: \_\_\_\_\_

a. Place: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone: \_\_\_\_\_

d. Type of Work: \_\_\_\_\_

e. Immediate Supervisor: \_\_\_\_\_

a. Place: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone: \_\_\_\_\_

d. Type of Work: \_\_\_\_\_

e. Immediate Supervisor: \_\_\_\_\_

19. Except for the names and addresses of corporate officials of bona fide lending institutions, list the name and address of any person or persons, the name and address of any trust

and any of said trust's officers, and the name and address of any corporation and the name and address of any officer thereof:

- a. Who have advanced money, loans or credit to the applicant for business or personal purposes, during the two past two years:

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- b. Who have advanced money, loans or credit to the applicant for the financing of this business for which a liquor license is sought:

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- c. Who have offered or promised to advance money, loans or credit to the applicant for the financing of this business for which a liquor license is sought:

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- d. From whom the applicant intends to accept money, loans or credit for the financing of this business for which a liquor license is sought:

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- e. Who co-signed or acted as surety for the applicant for personal or business reasons during the two years past:

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- f. Who has any business interest of any kind, including loans, securities or contracts, overt or covert, with the applicant connected with the venture sought to be initiated by the issuance of the license sought by the applicant:

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AFFIDAVIT

STATE OF ILLINOIS        )  
                                      ) SS  
COUNTY OF COOK         )

I swear (or affirm) that I will not violate any of the ordinances of the Village of Glenview or the laws of the State of Illinois or the 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.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

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

\_\_\_\_\_  
(Signature of Notary Public)



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### PART 3 – Co-Partnership / LLC / Corporate Applicant

One application shall be completed for each party holding a 5% or greater ownership interest in the place of business, partnership, LLC, or corporation.

1. Corporation/LLC/Partnership Name: \_\_\_\_\_

**Please attach a certified copy of the articles of incorporation**

2. Business

Name: \_\_\_\_\_

3. Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. What is your percentage of ownership in the company?

\_\_\_\_\_

5. Name: \_\_\_\_\_

6. Date of birth: \_\_\_\_\_  
(Month/Day/Year)

7. Residence address: \_\_\_\_\_  
(Number, street, city, state, zip)

8. Telephone number: \_\_\_\_\_

9. Cell phone number: \_\_\_\_\_

10. Place of birth: \_\_\_\_\_

11. Social Security Number: \_\_\_\_\_

12. Drivers License Number: \_\_\_\_\_ State \_\_\_\_\_ Expiration Date  
\_\_\_\_\_

13. Are you a citizen of the United States?  Yes or  No

If a naturalized citizen, when were you naturalized? \_\_\_\_\_ (Month/Day/Year)

Where were you naturalized? \_\_\_\_\_ (City and State)



Federal Court in which (or law under which) naturalized?

\_\_\_\_\_

If not a citizen of the United States, please attach a copy of your Permanent Resident card. Attached?  **Yes** or  **No**

14. Have you ever been convicted of any felony under any Federal or State law?  **Yes** or  **No**

If yes, give date and state offense: \_\_\_\_\_

15. Have you ever been convicted of (1) being the keeper of a house of prostitution, (2) pandering, (3) any other crime or misdemeanor opposed to decency and morality, (4) an offense concerning the manufacture, possession, or sale of alcoholic liquor, or (5) a gambling offense?  **Yes** or  **No**

If yes, give date and state offense: \_\_\_\_\_

16. Has a bond forfeiture ever been entered against you for any of the violations mentioned in 16(G) above?  **Yes** or  **No**

If yes, give date and disposition: \_\_\_\_\_

17. Have you made application for other similar license for premises other than described in this application?  **Yes** or  **No**

If yes, give date, location of premises and disposition of application: \_\_\_\_\_

18. Has any license previously issued to you by State, Federal or local authorities been revoked, suspended or fined?  **Yes** or  **No**

If yes, state reasons therefore and date(s): \_\_\_\_\_

AFFIDAVIT

STATE OF ILLINOIS        )  
                                      ) SS  
COUNTY OF COOK        )

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\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

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

\_\_\_\_\_  
(Signature of Notary Public)