

FOR OFFICE
USE ONLY

LICENSE NO
DATE ISSUED
EXPIRATION DATE



Application for Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

- If you want your renewal application, your license certificate and other PLCC correspondence sent to your "corporate" address, please check the box to the left.

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

B. ILLINOIS BUSINESS TAX NUMBER (IDT OR SALES TAX NO.)

Enter the eight-digit Illinois Department of Revenue Business Tax (Sales Tax) Number. You must have this number for a license to be issued. **Attach a copy of your Revenue Business Tax certificate.** If you need to obtain this number, call the Illinois Department of Revenue in Chicago at (312) 814-5258 or in Springfield at (217) 785-2889.

ILLINOIS BUSINESS TAX #

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE #

D. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME

A.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED

B.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED

C.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED

D.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED

E.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED

4. **BUSINESS PREMISE INFORMATION**

- If you want your renewal application, your license certificate and other PLCC correspondence sent to your business premise address, please check the box to the left.

A. **NAME/DOING BUSINESS AS (D/B/A)**

Enter the name of the business that will be selling or serving beverages at the licensed premises. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)

B. **TELEPHONE**

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NUMBER

C. **ADDRESS**

In the next four boxes enter the address, city, state, and Zip Code of the business premises. This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate. If you are purchasing a business that is currently operating, the Commission requires some proof that the business has changed hands - a bill of sale, closing statement, lease, or the previous original liquor license certificate, etc. We request this information because we will need this documentation to inactivate the old license and issue a new license. You should also contact the Illinois Department of Revenue at (312) 814-3063 concerning the filing of a Bulk Sales Stop Order if applicable.

ADDRESS	CITY	STATE	ZIP

D. **BUSINESS TYPE**

Check the one box which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- | | | |
|---|--|---|
| A. <input type="checkbox"/> DRUGSTORE HARMACY | E. <input type="checkbox"/> LIQUOR STORE | I. <input type="checkbox"/> CONVENIENCE & GAS |
| B. <input type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input type="checkbox"/> BAR/TAVERN | K. <input type="checkbox"/> GAS STATION |
| D. <input type="checkbox"/> SUPERMARKET | H. <input type="checkbox"/> HOTEL/MOTEL | L. <input type="checkbox"/> OTHER |

E. **WAREHOUSING**

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP	COUNTY

F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, Zip Code and county.

LANDLORD NAME		AREA CODE/TELEPHONE		
ADDRESS	CITY	ST	ZIP CODE	COUNTY

5. PREVIOUS LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. FIRST LIQUOR LICENSE APPLICATION-LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc., first application for a Local liquor license at any premises. If you check "no", indicate the date of your Local liquor license application. Also indicate whether the license(s) was granted, denied or withdrawn. Provide the address of any Local liquor license application. **If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.**

IS THIS YOUR FIRST LOCAL LICENSE APPLICATION? YES NO

IF NO, PROVIDE DATE FIRST APPLIED: _____

DISPOSITION: GRANTED DENIED

B. PREVIOUS LIQUOR LICENSE INFORMATION

WITHDRAWN EXPIRED

Please enter any previous local liquor license number, the date issued, the date it expires, the municipality or county that issued the license, and the date you began selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date the Village of Peotone liquor license is issued.

MUNICIPALITY/COUNTY ISSUING LICENSE	LOCAL LICENSE #	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES

C. TYPE OF LIQUOR LICENSE

Check which describes the manner in which you intend to sell alcoholic beverages to consumers.

- Class A Class D1 Class O Class Other _____
- Class C-2 Class E Class M
- Class D Class F Class V

6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions must be answered. If the questions are not checked, the application will be rejected. If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- A. YES NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- B. YES NO Are you delinquent under the "cash beer" law?
- C. YES NO Are you delinquent under the "30-day credit" law?
- D. YES NO Have you ever applied for and been denied a liquor license?
- E. YES NO Have you had any previous liquor license revoked?
- F. YES NO Have you ever been convicted of a felony?
- G. YES NO Have you ever been convicted of a gambling offense as defined under the section 5/16-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, "gambling", 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling", and 720 ILCS 5/28-3 "keeping a gambling place"?
- H. YES NO Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)
- I. YES NO Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- J. YES NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a license, or suppliers of alcoholic products?
- K. YES NO If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or resident aliens with legal status?
- L. YES NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? (5 ILCS 100/10-65(c))

7. HOURS OF OPERATION

List the daily hours open for business. (This information will assist Commission field agents in choosing an inspection time which causes the least disruption to business.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

8. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. An owner, an officer, a partner or an officially authorized agent of the business must sign the application. The signature must be an original-rubber stamps are not accepted.

I, THE UNDESIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF PEOTONE TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IF QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE VILLAGE OF PEOTONE, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, PEOTONE LIQUOR ORDINANCES, VILLAGE OF PEOTONE ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

VILLAGE OF PEOTONE

LIQUOR LICENSE BACKGROUND INVESTIGATION FORM

APPLICANT NAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

PHONE NO: _____ WORK: _____

BACKGROUND CHECK SHEET:

D.O.B.: _____

DRIVER'S LICENSE#: _____

NEW OR RENEWAL PERMIT: _____

List all addresses where you have lived within the last five (5) years:

HOME ADDRESS	CITY	STATE	ZIP

HOME ADDRESS	CITY	STATE	ZIP

HOME ADDRESS	CITY	STATE	ZIP

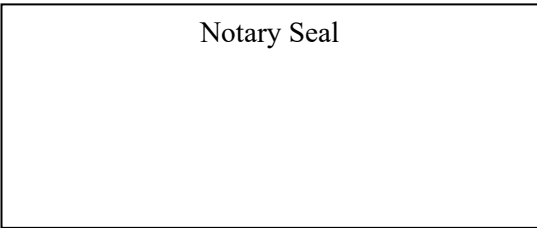
I hereby authorize any person who is contacted by the Peotone Police Department to release any information pertaining to the background investigation including, but not limited to records or information relating to my past business performance, financial stability, military, police, driving records and character for use by the Peotone Police Department in consideration of my application for Liquor License within the Village of Peotone and for no other purpose.

In connection with my application referred to above, I authorize the Village of Peotone to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history.

SIGNATURE: _____ DATE: _____

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

Notary Public



BOND FOR RETAIL DEALER IN ALCOHOLIC LIQUORS

KNOW ALL MEN BY THESE PRESENTS: That _____ of the Village of Peotone, County of Will and State of Illinois, hereinafter called the Principal, and _____ of _____ County of _____ State of _____, hereinafter called the sureties, are held and firmly bound unto the Village of Peotone, a municipal corporation, in the sum of One Thousand Dollars (\$1,000.00), for the payment whereof to the said Village of Peotone, the principal and said sureties bind themselves, their heirs, executors, administrators and assigns jointly and severally firmly by these presents.

Signed, sealed and dated this _____ day of _____, 20____

WHEREAS, the above named Principal has been granted a license as a beverage dealer under the provisions of the Municipal Code of the Village of Peotone, which license will expire on the 30th of March, 20____ .

NOW, THEREFORE, the condition of the foregoing obligation is such that if the said Principal, his agents and employees, shall comply with all the provisions of said ordinance hereinbefore described, and any and all other ordinances of said Village and laws of the State of Illinois, now in force or which may hereafter be in force in said Village relating to the operation of the business of a beverage dealer, as defined in said ordinance; and if said principal, his agents or employees shall not violate said ordinances or any ordinances, rule or regulations now in force or which may hereafter be in force in otherwise it shall remain in full force and effect.

SIGNED, SEALED AND DELIVERED BY: _____(SEAL)
BOND COMPANY

IN THE PRESENCE OF:

_____(SEAL)
Notary Name