



VILLAGE OF BURR RIDGE
7660 County Line Road
Burr Ridge, IL 60527
(630) 654-8181

TO BE COMPLETED BY VILLAGE:

Date: _____
License Year: _____
License Class: _____
Fee: _____

LIQUOR LICENSE APPLICATION

Liquor Licenses are not transferable.

Attach a separate sheet if needed to provide all required information.

A. Basic Information

1. **Business:** _____
(Name of Business)

(Describe principal nature of business and alcohol service, e.g. spa, hotel, restaurant)

2. **Business Type:** _____
(Indicate name of entity license to be issued to and whether corporation, LLC, partnership, association or individually owned – must complete and attach general information using supplemental Village form(s) for your form of ownership)

3. **Liquor Service:** _____

(Describe type –spirits, beer and wine only, wine only, etc. & days and hours of service)

4. **Licensed Premises:** Address _____
Phone and Email: _____
Website: _____

5. **Applicant for License** (Must be completed by an Owner or Owner representative)
Name: _____
Home Address: _____
Cell/Work Phone: _____
Email: _____
Relation to Business: _____
Date of Birth: _____ Place of Birth: _____
Citizenship Status: _____

6. **Sole Proprietor/Manager(s):** Any sole proprietor or manager(s) employed or contracted for during the term of this license must also complete FORM C [Owner/Manager Application-available from Village]. Each sole proprietor/manager must be fingerprinted by Burr Ridge Police Department. Appointments for fingerprinting are required and must be at least 72 hours in advance. The cost of the fingerprinting is borne by the Applicant.

B. Questions:

1. List Name/Address/Phone & Local Liquor License Numbers issuing entity, issuance date/expiration for Businesses Owned or Operated w/in Last 5 Years Requiring Liquor License:

2. Has Owner, Applicant or any of its managers ever had a liquor license denied, suspended or revoked? _____ If the answer is "Yes", explain: _____

3. Other than when making an initial application for a license, has the Applicant or any predecessor to or subsidiary or corporate parent entity of the Applicant ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? _____. If so, please state: a) the previous licensor; b) the licensee(s) by names and addresses; c) the address of the licensed premises; and d) the names of the licensed establishment and the date or dates of such revocation or suspension: _____

4. Has the Applicant or any person listed in this Application or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense, concerning the sale or use of illegal drugs or any alcohol related traffic offense? _____. If so, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not. Provide name, charge(s) and disposition, date and jurisdiction involved.

5. Illinois Business Tax Number _____

6. Is the Applicant delinquent in the payment of the Retailer's Occupational Tax (sales tax)? _____ If the answer is "Yes", explain: _____

7. Federal Employer Identification Number _____
8. Is the Premises to be licensed within 100 feet of any church or educational program (nearest part of the building) or within 100 feet of any school, hospital, home for the elderly, indigents or veterans, their spouses of children: _____. Explain: _____

C. Documentation Required:

1. Provide certificate of dram shop policy providing liquor license liability insurance.
2. Provide copy of current lease of premises [if not owned]. On file _____
3. Provide copy of current State of Illinois Liquor License (if currently hold one, or promptly after obtained).
4. Provide written explanation of any incident involving police intervention for any business you have owned or operated in the past that was licensed to serve alcohol.
5. Must complete and attach general information using the following supplemental Village form(s) for your form of ownership:

FORM A – Corporation, LLC, Club or Association

FORM B – Partnership or Sole Proprietorship

FORM C – Manager (s) and Owner Serving as Manager