



Village of Indian Head Park
201 Acacia Drive
Indian Head Park, IL 60525
Phone (708) 246-3080 x101 Fax (708) 246-7094
www.indianheadpark-il.gov

VILLAGE OF INDIAN HEAD PARK APPLICATION FOR LIQUOR LICENSE

I. Applicant: _____

II. Applicant Type (check one) _____ Individual _____ Corporation _____ Partnership
_____ Limited Partnership _____ Club/Organization

III. This section to be completed by individual and partnership applicants only:

A. Applicant Name (if applicant is a partnership or limited partnership, please provide the names of all persons with an ownership interest in the partnership or limited partnership. If applicant consists of multiple individuals, please provide all names.)

B. Age of Applicant (if applicant is a partnership or limited partnership, please provide the ages of all persons with an ownership interest in the partnership or limited partnership. If applicant consists of multiple individuals, please provide the ages of all such persons)

C. Address of Applicant (if applicant is a partnership or limited partnership, please provide the addresses of all persons with an ownership interest in the partnership or limited partnership. If applicant consists of multiple individuals, please provide the addresses of all such persons)

D. Citizenship (the Place of Birth) of Applicant (if applicant is a partnership or limited partnership, please provide the citizenship and place of birth of all persons with an ownership interest in the partnership or limited partnership. If applicant consists of multiple individuals, please provide the citizenship and place of birth of all such persons. If applicant is a naturalized citizen, please provide the time and place of such naturalization.)

IV. To be completed by corporate and organization/club applicants only:

A. State of incorporation/organization: _____

B. Date of incorporation/organization: _____

C. Corporate or organizational purpose: _____

D. Names and addresses of all officers and directors of the corporation/organization (corporate applicants should also identify the names and addresses of all shareholders owning more than 5% of the corporate stock): *{Attach on separate sheet}*

E. Date on which charter was issued (if different from date of incorporation or organization:) _____

V. Nature of Applicants Business _____

VI. Length of Time Engaged in Business: _____

VII. Location and Description of Premises at which license is to be operated:

Liquor License Classifications

VIII. Select a Class of License Applying for as Indicated Below:

Class AAA (a license which shall authorize the retail sale of alcoholic beverages for consumption on the premises specified where sold, such licenses to be issued only to full service restaurants as defined in *Section 5.08.010* of the Village of Indian Head Park Municipal Code.

Class AA (a license which shall authorize the retail sale of only wine and beer alcoholic beverages for consumption on the premises specified and where sold, such licenses to be issued only to full service restaurants as defined in *Section 5.08.010* of the Municipal Code.

Class A (a license which shall authorize the retail sale of alcoholic beverages for consumption on the premises specified and where sold, such licenses to be issued only to a business establishment where the serving of food is not the principal purpose of the business enterprise.

Class BB (a license which shall authorize the retail sale of alcoholic beverages on the premises specified for consumption elsewhere).

Class B (a license which shall authorize the retail sale of only beer and wine alcoholic beverages on the premises specified for consumption elsewhere.

Class C (a license which shall authorize the retail sale of alcoholic beverages on the premises specified and where sold, such licenses to be issued only to clubs as defined in **Section 5.08.010** of the Municipal Code.

Class D (a license which shall permit the licensee to sell beer only for a period of from one to four days at the location on the date(s) specified on such a license; this class of license shall be issued only to recognized not-for-profit or eleemosynary establishments or activities.

Class E (a license which shall permit the licensee to sell beer only for consumption on the premises).

Class EE (a license which shall permit the licensee to sell beer only for consumption on the premises for extended hours as set forth in **Section 5.08.180D** of the Municipal Code).

IX. Names and Addresses of all Managers or Agenda Responsible for Operating or Running the Business:

X. Has the applicant made similar application of a similar license for a premises other than that for which this application is requested? _____ Yes _____ No. If yes, please describe the disposition of such application below:

XI. Has the applicant ever had a license revoked by any state, or subdivision thereof, or by the federal government? _____ Yes _____ No. If yes, please state the reasons said license was revoked.

XII. Has the applicant ever been convicted of either pandering or keeping of a house of prostitution anywhere in the United States? _____ Yes _____ No.

XIII. To be completed by individual applicants only (Note: if multiple individuals are listed in IIIA, each named individual must execute the certification below. Attach additional sheets, if necessary):

I am the applicant herein named, and I certify the following:

I have never been convicted of a felony.

I have not been convicted of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, nor have I forfeited bond to appear in court to answer charges for any such violation.

I am not disqualified to receive this license by any Village ordinance or law of the State of Illinois.

I am eligible for a state retail liquor dealer's license.

I will not violate any of the ordinances of the Village, the laws of the State of Illinois or of the United States, in and during the conduct of my business at the premises herein described.

All managers or agents running the business herein described and named in part IX would be eligible for this license if each such manager or agent were applying for this license as an individual.

Name: (print) _____

Title: _____

Signature: _____

Notary Certification

Subscribed and sworn to be before this _____ day of _____.

Signature of Notary Public

Date