

# COUNTY OF WARREN, ILLINOIS

## APPLICATION FOR LICENSE FOR THE SALE OF ALCOHOLIC LIQUORS

All applicants for licensure as a liquor license holder must complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a County of Warren, Illinois liquor license. Any person who is a part of this application will be subject to a background check and responsible for a \$150, non-refundable payment to cover the cost associated with that background check and processing of the application. The applicant acknowledges by signing this application that any police officer or other official of the State of Illinois and/or the County of Warren has the right of free and unrestricted access to the licensed premises at all times for the investigation, or inspection of said premises and shall not need to procure any legal process before entering in and upon said premises.

1. Indicate the type of license is being applied for by the applicant under the Warren County Liquor Control Ordinance, Ordinance No. \_\_-\_\_-\_\_:  
Class 1 \_\_\_ Class 2 \_\_\_ Class 3 \_\_\_ Class 4 \_\_\_ Class 5 \_\_\_ Class 6 \_\_\_

2. Individual Applicant's Information:

- a. Name of individual completing application:

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- b. Any and all prior names or aliases of applicant:

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- c. Date of Birth: \_\_\_\_\_
  - d. Sex: \_\_\_\_\_

e. Mailing Address:

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f. Social Security Number: \_\_\_\_\_

g. Name and address of any business organization which is to be operated under the license being applied for:

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h. Applicant's percentage ownership in any business organization for which application is being made: \_\_\_\_\_

3. If applicant is applying on behalf of a business, please state the following information:

a. Name of the business: \_\_\_\_\_

b. Type of business entity (i.e., sole-proprietorship, corporation, limited liability company, partnership, limited partnership, joint venture, etc.):

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c. FEIN for the business (if none applied for or received, indicate the reason): \_\_\_\_\_

d. In which State was the business entity formed or organized, as the case may be: \_\_\_\_\_

e. State the date on which the business entity was formed or organized, as the case may be: \_\_\_\_\_

f. State the date on which the business entity was authorized to transact business in the State of Illinois, if applicable: \_\_\_\_\_

For questions 4 through 8, only answer the sections which applies to the business entity seeking a liquor license.

4. With regard to a corporate business, state the following:

a. List the names, sex, date of birth, mailing address and social security numbers for every shareholder, director, and officer of the corporation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. With regard to every shareholder, director and officer who holds more than 5% of the shares of the corporation, state:

Name, sex, date of birth, mailing address, social security number, position and percentage of ownership of each such shareholder, director, officer:

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5. With regard to a business which is a partnership, state the following:

- a. List the names, sex, date of birth, mailing address, social security number, position, and percentage of ownership for every partner of the company:

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- b. With regard to every partner who holds more than 5% of the ownership in the partnership, state:

Name, sex, date of birth, mailing address, social security number, position and percentage of ownership for each such partner:

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6. With regard to a business which is a limited liability company, state the following:

- a. List the names, sex, date of birth, mailing address, social security number, position and percentage of ownership for every member, manager, and officer of the company:

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- b. With regard to every member, manager and officer who holds more than 5% of the membership interest in the company, state:

Name, sex, date of birth, mailing address, social security number, position and percentage of ownership for each such member, manager, and officer:

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7. For sole proprietorships, state the following:

a. Name of business: \_\_\_\_\_

b. Address of the business: \_\_\_\_\_

c. Position of applicant with the business: \_\_\_\_\_

d. Any assumed name of the business and the date of the filing of that name with the Warren County Clerk: \_\_\_\_\_

8. To the extent not provided above, with regard to every owner of the business, please provide the following information:

a. Name: \_\_\_\_\_

b. Sex: \_\_\_\_\_

c. Date of birth: \_\_\_\_\_

d. Mailing address: \_\_\_\_\_

e. Social Security Number: \_\_\_\_\_

f. Position with business: \_\_\_\_\_

g. Percentage of ownership in business: \_\_\_\_\_

9. For all owners, partners, members, managers, shareholders, directors,

officers of a business making application hereunder, the applicant hereby represents that he or she has attached a copy of the individual's driver's license or State identification card with photo \_\_\_\_ yes/\_\_\_\_no.

10. State the number, date of issuance and the date of expiration for each Retail Liquor Dealer's License held by the applicant by any State, County, or City:

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11. State the name and address of the applicant's landlord if the premises on which the business will be conducted are leased:

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12. State the applicant's current State of Illinois liquor license number:

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13. State the date on which the applicant expects to begin liquor sales at his or her place of business:\_\_\_\_\_

14. State the citizenship of the applicant:\_\_\_\_\_

15. State the address of the applicant's warehouse, if the applicant warehouses liquor:\_\_\_\_\_

16. State the applicant's Retailer's Occupation Tax Registration

Number: \_\_\_\_\_

17. State whether the applicant has made a similar application for a State or local liquor license for the premises described in this application, and the disposition of such application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. State whether the applicant has made a similar application for a State or local liquor license for a premise other than described in this application, and the disposition of such application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Is the applicant delinquent in the payment of any taxes to the State of Illinois or County of Warren? \_\_\_\_\_ yes/ \_\_\_\_\_ no

20. Has the applicant ever been convicted of a felony, gambling offense, pandering, or other offense opposed to decency or morality? \_\_\_\_\_. If so, please state the facts and circumstances including all dates and details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Has the applicant ever been disqualified to receive a license by reason of any provision contained in the Warren County Liquor Control Ordinance or the laws of the State of Illinois: \_\_\_\_\_  
If so, please state the facts and circumstances including all dates and details:



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22. Does the applicant possess a current Federal Wagering Stamp?

\_\_\_\_\_ yes/ \_\_\_\_\_ no

23. Has the applicant had any previously issued liquor license (issued by any state, or federal government or other political subdivision thereof) suspended or revoked? \_\_\_\_\_. If so, please state the details including the reasons for such suspension or revocation: \_\_\_\_\_

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24. State whether the applicant's business will be managed by a manager other than applicant and if so state the manager's name, sex, date of birth, mailing address, and social security number:

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25. State whether the applicant, or any other person set forth in this application or who is otherwise directly involved in the applicant's business which is the subject of this application, is a public official for any public or governmental body, and if so, the particulars thereof:

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26. State whether the proposed licensed premises are located within one hundred (100) feet of any church, school (other than an institution of higher learning), hospital, or home for the aged, veterans or indigent persons or their spouses or children as defined in 235 ILCS 5/6-11:

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The signature of applicant constitutes his or her statement that the applicant will not violate any of the laws of the State of Illinois, United States, or any provision of any Warren County Ordinance in the conduct of the applicant's place of business.

Furthermore, the signature of applicant constitutes his or her representation that applicant has read and understands the terms and provisions of the Warren County Liquor Control Ordinance, Ordinance No. \_\_-\_\_-\_\_.

Applicant represents that he or she has attached to this application proof of liquor liability insurance coverage for the premises of the applicant's business in which a license is sought in the amount required by the Warren County Liquor Control Ordinance; and has submitted with the application, the required application fee pursuant to the Warren County Liquor Control Ordinance for the type of license applied for.

Applicant represents that he or she has attached to this application all copies of drivers' licenses and/or State identification cards required hereunder.

Applicant represents that he or she has attached to this application a copy of proof of no delinquent property taxes outstanding owed to Warren County, Illinois, obtained from the Warren County Treasurer's Office.

Applicant hereby swears or affirms that the facts set forth herein are true and correct to the best of his or her knowledge and belief and makes the above statements, representations and certifications under oath and penalty of perjury.

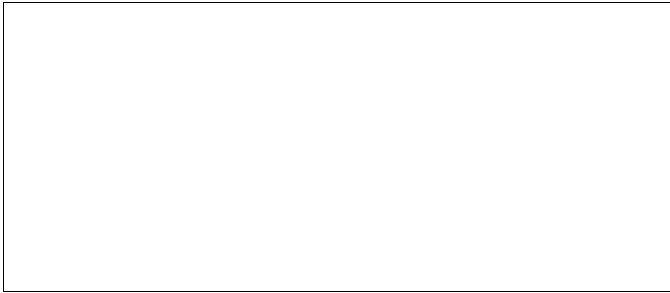
Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Signature of Applicant

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Notary Public



Notary Seal