



VILLAGE OF NORTH AURORA LIQUOR LICENSE APPLICATION

Customer No. \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_ Application for a CLASS \_\_\_\_\_ Liquor License

Class A and B – Seating Capacity \_\_\_\_\_

Class E – Gross Floor Area devoted to Liquor Sales no greater than 3,000 ft. \_\_\_\_\_

Class F – Gross Floor Area devoted to Liquor Sales 3,000 or more \_\_\_\_\_

The undersigned applicant hereby applies for a Liquor License to sell alcoholic liquor, and/or beer and wine in the Village of North Aurora pursuant to the provisions of Title 5, Chapter 5.08 "Alcoholic Beverage Sales" of the North Aurora Municipal Code. For the purpose of securing said license, this application is made under oath and the facts set forth herein are true and correct:

Please check one:  New Business  New Owner/Existing Business  New Manager

Type of Ownership:  Corporation  LLC  Sole Proprietor  Partnership  Other \_\_\_\_\_

Type of Business:  Liquor Store  Supermarket  Restaurant  Drug Store  Spa/Salon

Convenience  Gas Station  Brewpub  Craft Brewery  Bar/Tavern Other: \_\_\_\_\_

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

Business Address: \_\_\_\_\_  
Street address City State Zip

Mailing Address (if different from above): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are there amusement devices onsite? Yes  No  If yes, number of devices \_\_\_\_\_

Will there be video gaming onsite? Yes  No  if yes, number of devices \_\_\_\_\_

Include a copy of Illinois State Gaming Board License.

What is the principal business to be conducted in the premises sought to be licensed? \_\_\_\_\_

How long has the business been in operation? \_\_\_\_\_

Please list the amount of goods, wares and merchandise on hand at this time: \_\_\_\_\_

**APPLICANT INFORMATION:**

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

Address: \_\_\_\_\_  
Street address City State Zip

Applicant Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State or Place of Birth: \_\_\_\_\_

Name of nearest non-residing Relative: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Applicant is the Business Owner  Business Manager  Officer/Director of Corp. or LLC

Is Applicant a Citizen of the United States: Yes  No

If naturalized, place of Naturalization: \_\_\_\_\_ Date: \_\_\_\_\_

**1. If Application is for a Corporation please complete the following:**

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

If foreign Corporation, date qualified under Illinois Business Corporation Act to transact business in Illinois:  
\_\_\_\_\_

Articles of Incorporation, a Certificate of Good Standing, and a list of all current officers and directors with names and addresses must be included with this application.

Articles of Incorporation are attached:

Certificate of Good Standing is attached:

List of officers and directors with addresses is attached:

**2. If Application is for a Limited Liability Company, please complete the following:**

Date of formation: \_\_\_\_\_ State of Formation: \_\_\_\_\_

If foreign company, date registered to transact business in Illinois: \_\_\_\_\_

Articles of Organization, a Certificate of Good Standing, and a list of all current LLC members and managers (if manager managed LLC) with names and addresses must be included with this application

Articles of Organization are attached:

Certificate of Good Standing is attached:

List of all members and any managers is attached:

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**3. Partnership / Corporation / LLC - If Application is for a Partnership, Corporation, or LLC, the following information must be provided for all partners in the partnership or all persons having a five (5%) percent or more ownership / interest in the Corporation or LLC.**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Position: \_\_\_\_\_ Percentage of Ownership/Interest: \_\_\_\_\_  
(owner, officer, director)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(city and state; if not USA provide country)

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Are you a Citizen of the United States: Yes  No

If naturalized, place of Naturalization: \_\_\_\_\_ Date: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

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

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Name: \_\_\_\_\_  
(Last) (First) (Middle)

Position: \_\_\_\_\_ Percentage of Ownership/Interest: \_\_\_\_\_  
(owner, officer, director)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(city and state; if not USA provide country)

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Are you a Citizen of the United States: Yes  No

If naturalized, place of Naturalization: \_\_\_\_\_ Date: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

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

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Name: \_\_\_\_\_  
(Last) (First) (Middle)

Position: \_\_\_\_\_ Percentage of Ownership/Interest: \_\_\_\_\_  
(owner, officer, director)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(city and state; if not USA provide country)

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Are you a Citizen of the United States: Yes  No

If naturalized, place of Naturalization: \_\_\_\_\_ Date: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

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

(if additional pages are required, please make copies of this page and attach to application)

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**4. Applicant Employment History**

List all jobs held for the last ten years, including periods of unemployment. List most recent job first, and include any military service in the proper time sequence. Attach additional sheets if necessary.

From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Summarize nature of job: \_\_\_\_\_

Salary per month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Summarize nature of job: \_\_\_\_\_

Salary per month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

From:\_\_\_\_\_ To:\_\_\_\_\_ Name of Employer:\_\_\_\_\_

Immediate Supervisor:\_\_\_\_\_ Phone No. \_\_\_\_\_

Address, City, State & Zip:\_\_\_\_\_

Summarize nature of job:\_\_\_\_\_

Salary per month:\_\_\_\_\_ Reason for leaving:\_\_\_\_\_

**5. List Previous Residences for the last ten years, listing current residence first**

From:\_\_\_\_\_ To:\_\_\_\_\_

Address:\_\_\_\_\_
street address City State Zip

From:\_\_\_\_\_ To:\_\_\_\_\_

Address:\_\_\_\_\_
street address City State Zip

From:\_\_\_\_\_ To:\_\_\_\_\_

Address:\_\_\_\_\_
street address City State Zip

**6. REFERENCES:** complete the names and information for four adults not related to you and not former employers, who have known you for a period of 5 years or more. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

**Name:**\_\_\_\_\_ Home Phone:\_\_\_\_\_

Address:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Years Known:\_\_\_\_\_ Email:\_\_\_\_\_ Occupation:\_\_\_\_\_

**Name:**\_\_\_\_\_ Home Phone:\_\_\_\_\_

Address:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Years Known:\_\_\_\_\_ Email:\_\_\_\_\_ Occupation:\_\_\_\_\_

**Name:**\_\_\_\_\_ Home Phone:\_\_\_\_\_

Address:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Years Known:\_\_\_\_\_ Email:\_\_\_\_\_ Occupation:\_\_\_\_\_

**Name:**\_\_\_\_\_ Home Phone:\_\_\_\_\_

Address:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Years Known:\_\_\_\_\_ Email:\_\_\_\_\_ Occupation:\_\_\_\_\_

**7. SECURITY DATA**

List any and all criminal convictions for applicant and all officers/directors (except minor traffic violations) and include any driving under the influence offenses. Use additional sheet if necessary

Date	Police Agency	Crime charged	Disposition of Case
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Have you ever been found guilty of a felony?  Yes  No If "yes" provide details:  

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Have you ever been found guilty of an offense involving gambling?  Yes  No If "yes" provide details:  

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Have you ever been found guilty of a drug offense?  Yes  No If "yes" provide details:  

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Have you ever been found guilty of an offense involving prostitution?  Yes  No If "yes" provide details:  

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Have you ever been found guilty of a violation of a liquor control statute, ordinance, or regulation including driving under the influence?  Yes  No If "yes" provide details:  

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Are you otherwise disqualified to receive a license by reason of federal or state law or any ordinance of the village?  Yes  No  

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**8. PREMISES:** Are the premises to be licensed owned or leased?  Owned  Leased

If leased, date lease expires: \_\_\_\_\_

Copy of current lease is attached:  Yes  Already on File

Name and address of owner(s) of premises:

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

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

Are Premises held in Trust?  Yes  No

If yes, Name and Address of all owners of the beneficial interest of Trust. Bank and document / Trust No. can also be listed.

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

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

Are the premises located within one hundred (100) feet of any church, school (other than an institution of higher learning), hospital, home for aged or indigent persons or for veterans, their spouses or children or any military or naval station:  Yes  No

Is there a clear view into said premises from the street?  Yes  No

Are there any screens, blinds or curtains or any other partitions or obstructions in said premises to prevent a full view into the entire interior from the street?  Yes  No

A drawing, survey or sketch of the premises must be included with this application showing the lot lines of the premise, the buildings in which the licensed activities will take place, and all of the entrances and exits to such buildings. Drawing is attached  Yes  No

**9. VIDEO GAMING OPERATOR LICENSE**

Will this business operate video gaming?  Yes  No If Yes, Number of Video Gaming Devices \_\_\_\_\_

If Yes, please attach a copy of your current Amusement License issued by the Village of North Aurora

This business has been approved by the Illinois Gaming Board for Video Gaming and a copy of the Video Gaming Operator License is attached  Yes  No

**10. PREVIOUS LIQUOR LICENSES**

Has the Applicant or any shareholder, officer, director, member or manager listed on this application ever been licensed under the North Aurora Liquor Control Ordinance?  Yes  No

If yes, give name licensed and dates of license: \_\_\_\_\_

Has the Applicant or any shareholder, officer, director, member or manager listed on this application ever been licensed by another licensing authority?  Yes  No If yes, give name licensed, dates of license and name of licensing authority:  
\_\_\_\_\_

Has any previous liquor license issued to applicant or any shareholder, officer, director, member or manager listed on this application been suspended or revoked or been subjected to any form of disciplinary action including fines?  Yes  No

If yes, attach a statement providing the name of the licensing authority and details of suspension or revocation, disciplinary action and/or fines.

**11. FEDERAL WAGERING OR GAMING DEVICE STAMP**

Has a federal wagering or gaming device stamp been issued for the current tax period to the applicant, or any shareholder, officer, director or manager?  Yes  No

If yes, provide details: \_\_\_\_\_

**12. PROOF OF LIQUOR LIABILITY INSURANCE**

Proof of liquor liability insurance must be provided. Certificate of Insurance must show the Village of North Aurora, 25 E. State Street, North Aurora, IL 60542 as certificate holder.

Certificate is attached  Yes

**13. CURRENT STATE OF ILLINOIS LIQUOR LICENSE**

**New** - Copy will be provided  **Renewals** – Copy is attached

**SIGNATURE PAGE**

The person(s) having executed this application being first duly sworn to oath, states the information set forth herein is true and correct to the best of his/her/their knowledge and belief.

The undersigned acknowledges that he/she/they have read, understand, and will obey the provisions of the Liquor Control Ordinances of the Village of North Aurora. The undersigned further affirms that he/she/they are familiar with the laws of the United States and the State of Illinois relating to the sale of alcoholic liquor and agrees not to violate any of the laws of the United States or State of Illinois or any ordinances of the Village of North Aurora in the conduct of the business described herein.

The undersigned hereby makes application for a retail liquor dealer's license pursuant to the provisions of the North Aurora Village Code (as amended) regulating the sale of alcoholic liquors in the Village of North Aurora, County of Kane, Illinois and all amendments thereto now in force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

If Corporation, Name of Corporation: \_\_\_\_\_

Printed Name of President or Vice-President \_\_\_\_\_

Title \_\_\_\_\_

Corporate Seal:

Signature of President or Vice-President \_\_\_\_\_

Signature of Corporate Secretary \_\_\_\_\_

In case of LLC's at least two owners and/or officers must sign. Sole Proprietor sign once. All signatures must be notarized.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

State of Illinois  
County of Kane

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

\_\_\_\_\_  
Notary Public

S E A L

My Commission expires on: \_\_\_\_\_