



VILLAGE OF NORTH AURORA LIQUOR LICENSE APPLICATION

Customer No. _____

APPLICATION DATE: _____

Application for a CLASS _____ Liquor License

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: _____

If you selected restaurant, brewpub, craft brewery, or bar/tavern, your business will be required to present your business plan and floor layout to the Village Board at a Committee of the Whole meeting before a subsequent Village Board meeting where increase in the number of liquor licenses available for your application may be approved. Check the box to indicate you have read and understand this obligation.

Business Name: _____

Business Address: _____
Street address City State Zip

Mailing Address (if different from above): _____

Business Phone: _____ Business Fax: _____

Website: _____ Email Address: _____

Will your establishment be pursuing Video Gaming at the time of this application? Yes No

Please note, Video Gaming must be approved as a supplemental license by the Village Board. This can be done in conjunction with the initial application or at a future time and will require a floor plan and description of the business.

Please describe your business plan in detail below:

Floor Plan Attached

The Floor Plan must include the total square footage of the establishment, a detailed layout of the proposed kitchen and the total square footage of the dining room and video gaming areas. Please note, for the purposes of video gaming the building is required to provide a minimum dining/video gaming area for 50 occupants using the formula of 1 occupant per 15 square feet. If your floor plan is unable to meet this minimum requirement video gaming will not be considered.

APPLICANT INFORMATION:

Applicant Name: _____

Address: _____
Street address City State Zip

Applicant Phone: _____ E-mail Address: _____

Date of Birth: _____ State or Place of Birth: _____

Applicant is the: Sole Proprietor General Partner Director/officer of equivalent Nonprofit
Officer/Director of Corp. or Member/Manager LLC Business Manager

If the business is a Corporation or LLC, it: (check all that apply)
1. Is a publicly traded entity Is not a publicly traded entity
2. Has interstate locations Has four or more locations

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:

3. The following information must be provided for all general 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: _____

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)

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
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From:_____ To:_____

Address:_____

street address	City	State	Zip
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From:_____ To:_____

Address:_____

street address	City	State	Zip
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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** (Provide for applicant and for every officer & director (corp.), member & manager (LLC), director & officer (nonprofit), general partner (partnership) and manager of the business operation.

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: _____

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

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

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

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: _____

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

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, address and phone number of owner(s) of premises:

Name: _____ Name: _____

Phone Number: _____

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: _____ 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 and floor plan 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. 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, or partner of the entity 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.

10. 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 No, to be provided at a later date prior to the issuance of the license

11. CURRENT STATE OF ILLINOIS LIQUOR LICENSE

Illinois State Liquor Licenses are issued following the local Village of North Aurora License. A copy of the State license is to be provided to the Village of North Aurora Liquor License **before** sales of liquor commence. Check to acknowledge this requirement.

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 a sole proprietor, the applicant should be the sole proprietor)

If Corporation, Name of Corporation: _____

Printed Name of President or Vice-President _____

Title _____

Signature of President or Vice-President _____

Signature of Corporate Secretary _____

If LLC's, Name of LLC _____:

Printed Name of Manager or Managing Member: _____

Signature of Manager or Managing Member: _____

Title: _____ Date Signed: _____

If Nonprofit, Name of Organization: _____

Printed Name of Director or Officer: _____

Signature of Director or Officer: _____

Title: _____ Date Signed: _____

If Partnership, Name of Partnership: _____

Printed Name of General Partner: _____

Title: _____ Date Signed: _____

All signatures must be notarized.

State of _____

County of _____

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

Notary Public

My Commission expires on: _____

S E A L