



Classes and Fees for Licenses.

Class A. The selling of alcoholic liquor for consumption on the premises, or retail package sale on the premises, including spirits, wine, beer, ale or other alcoholic beverages.	Permit Fee: \$1,500.00
Class B. The selling of spirits, meaning alcoholic liquors and beer or ale, in package form only, and not for consumption on the premises.	Permit Fee: \$ 1,000.00
Non-refundable Application Fee. Effective May 1, 2006, all applicants for a new liquor license will be subject to a non-refundable application fee to cover the costs of licensing and background checks.	Application Fee: \$1,000.00

The following documents and information are **REQUIRED** prior to receiving your local license:

1. A copy of the **Certificate of Insurance** (not the "Policy Declaration") must be attached to the application as *Exhibit A*;
2. A **Profile Information Sheet(s)** for every person who is an applicant for a liquor license, every co-partner, officer or director of a corporation or club, every person who has five percent (5%) or more interest or share of stock in the corporation, every manager and every employee/server must be attached to the application as *Exhibit B*;
3. A copy of the **Articles of Incorporation** must be attached to the application as *Exhibit C*;
4. A copy of the **Lease/Deed** must be attached to the application as *Exhibit D*;
5. If opening an existing business, please supply the following:
 - **Prior Liquor License** (if applicable);
 - **Bulk Sales Release Order—Address Release** (call IL Dept. of Revenue at 312-814-3063 if applicable);
 - **Proof of Purchase**, i.e., bill of sale, closing statement, or lease (the closing on the purchase of business **MUST** occur prior to obtaining your license);
6. **Federal Employer Identification Number (FEIN)** (call 800-829-3676 to apply for number);
7. **Illinois Business Tax (IBT or Sales Tax) Number** (if applicable, call 800-732-8866 to obtain number);
8. **Check or Money Order** payable to the "Village of Spring Grove" (the Village does **NOT** accept U.S. currency/cash as payment); and
9. This application with the information requested printed or typed in the spaces provided. This form **MUST** bear an **Original Signature**.

IMPORTANT NOTICE: THE VILLAGE OF SPRING GROVE IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE.

2. **STATUS OF BUSINESS**

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

NOTE: In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- A. Sole Proprietorship Date Filed with County Clerk: _____
- B. Partnership Date of Formation: _____
- C. Illinois Corporation Date of Incorporation: _____
- D. Foreign Corporation State of Incorporation: _____ Date qualified to do business in Illinois: _____
- E. Limited Liability Company Date Filed with County Clerk: _____

If "C" or "D" is checked, indicate your current Secretary of State file number here _____
 (If you do not have this number available, please contact the Secretary of State's office at 312-793-3380)

If "C" or "D" is checked, a copy of the Articles of Incorporation must be attached to the application as Exhibit A.

3. **OWNERSHIP INFORMATION**

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% , (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 7 – ELIGIBILITY.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.	Name (Last, First, Middle Initial)	Home Address			City	State	Zip Code
	Social Security No.	Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
					()		
B.	Name (Last, First, Middle Initial)	Home Address			City	State	Zip Code
	Social Security No.	Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
					()		
C.	Name (Last, First, Middle Initial)	Home Address			City	State	Zip Code
	Social Security No.	Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
					()		
D.	Name (Last, First, Middle Initial)	Home Address			City	State	Zip Code
	Social Security No.	Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
					()		

E. Total percentage of all stock held by all persons with less than 5% interest _____%.

5. **LIQUOR LICENSE HISTORY**

A. **FIRST LICENSE APPLICATION – LICENSE HISTORY.** Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc's first application for a liquor license at any premises. If you check "no", indicate the date of your first liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

Is this your first liquor license application? Yes No

If no, provide date first applied for: _____

Disposition: Granted Denied Withdrawn

Address of first application: _____

B. **FEDERAL REGISTRATION AND RETURN.** To sell alcoholic beverages, you are required to register with the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB) on a yearly basis.

Have you filed TTB Form 5630.5 "Annual Special Tax Registration and Return"? Yes No

If **NO** is checked, TTB Form 5630.5 may be obtained from the National Revenue Center at 800-937-8864 or downloaded at www.ttb.gov (www.ttb.gov/forms/pdfs5600/f56305.pdf).

C. **TYPE OF LIQUOR LICENSE SOUGHT.** Check the box which describes the manner in which you sell alcoholic beverages to consumers - "Class A" or "Class B".

- Class A** (Patrons consume alcoholic beverages on premises)
- Class B** (Carry-out purchases only)

D. **LOCATION OF PREMISES.** Indicate by checking the correct box whether or not the location of premises is within 100 feet of the following.

- | | |
|--|--|
| Church | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| School (other than an institution of higher learning) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hospital | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home for aged or indigent persons or for veterans, their spouses or children | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any military or naval station | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If **YES** is checked, indicate how long the place of business has been in operation: _____

6. **BASSET TRAINING OR ITS EQUIVALENT REQUIREMENTS**

All employees for holders of Class A and Class B liquor licenses issued by the Village who sell or serve alcoholic liquor shall complete Beverage Alcohol Sellers and Servers Education and Training (BASSET) pursuant to a program licensed by the Illinois Liquor Control Commission pursuant to 77 Illinois Administrative Code, Ch. XVI, Part 3500, Sec. 3500.101, et seq., as may be amended. The holders of liquor licenses shall provide proof of compliance with BASSET training requirements by attaching the employee's certificate his/her Profile Information Sheet found in Exhibit B, Profile Information Sheets, of the application. When a license holder adds a new employee, the new employee shall comply with this section and proof shall be provided to the Village within 60 days of commencement of employment. The license holder is also required to maintain a copy of the certificates of the employees on file at the place of business in case of an inspection.

Employees may complete different training programs if the Liquor Commissioner determines in his sole discretion that the alternative program is equivalent to BASSET Training.

7. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions **MUST** be answered. **IF THE QUESTIONS ARE NOT CHECKED, THE APPLICATION WILL BE REJECTED.** If any question from A through N is checked “yes”, a written, detailed explanation is required and must be attached to this application.

- A. Yes No Are you delinquent in the payment of any Illinois business taxes (sales, withholdings, etc)?
- B. Yes No Are you delinquent under the “cash beer” law?
- C. Yes No Are you delinquent under the “30-day credit” law?
- D. Yes No Have you ever applied for and been denied a liquor license?
- E. Yes No Have you had a previous liquor license revoked?
- F. Yes No Have you had a previous liquor license suspended?
- G. Yes No Have you ever been convicted of a felony?
- H. Yes No Have you ever been convicted of a gambling offense as defined under Section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, “gambling”; 720 ILCS 5/28-1.1(a)-(d) “syndicated gambling”; and 720 ILCS 5/28-3 “keeping a gambling place”?
- I. Yes No Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)
- J. Yes No Are you, or any other person with a direct interest in you place of business, a public official or law enforcement official in the same jurisdiction as the license?
- K. Yes No Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a license, or suppliers of alcoholic products?
- L. Yes No If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or resident aliens with legal status?
- M. Yes No Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? (5 ILCS 100/10-65(c))
- N. Yes No Are you or any other person having a direct interest in your place of business more delinquent in real estate or personal property taxes, license fee, debt or other obligation to the County of McHenry or the Village of Spring Grove?
- O. Yes No Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person?
- P. Yes No Will you and all your employees refuse to serve or sell alcoholic liquor to a minor?
- Q. Yes No Will you familiarize yourself with all laws of the Unites States, State of Illinois and ordinances of the Village of Spring Grove pertaining to the sale of alcoholic liquor and abide by them?
- R. Yes No Will you maintain the entire premises in a clean and sanitary manner free from conditions which might cause accidents?
- S. Yes No Will you attempt to prevent rowdiness, fights and disorderly conduct of any kind and **IMMEDIATELY** notify the Police Department if such events take place?

8. HOURS OF OPERATION

List the daily hours open for business. This information will assist the Liquor Commissioner and Police Department in choosing an inspection time which causes the least disruption to the business.

MON	TUES	WED	THURS	FRI	SAT	SUN

9. PROFILE SHEETS

Every person who is an applicant for a liquor license, every co-partner, every officer or director of a corporation or club, every person who has five percent (5%) or more interest or share of stock in the corporation, and every employee who sells and/or servers alcoholic beverages shall complete a Profile Information Sheet. These questions **MUST** be answered. **IF THE QUESTIONS ARE NOT ANSWERED, THE APPLICATION WILL BE REJECTED.** *A copy of the Profile Sheets must be attached to the application as Exhibit B.*

10. CERTIFICATE OF INSURANCE

You MUST provide a copy of your Certificate of Insurance, not the Policy Declaration, and it must be attached to the application as Exhibit A. The Certificate of Insurance must show that you have liquor liability insurance and must include the following:

1. The applicant name as the insured (e.g. if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed);
2. The address of the location where liquor is being consumed and/or sold;
3. The dates of coverage - must be concurrent with the license with an expiration date of May 1, 2007 to April 30, 2008;
4. A provision that states that the insurance coverage is in conformity to the requirements of the Dram Shop Act of Illinois and that said insurance is not cancelable unless at least thirty (3) days prior written notice is given to the Village of Spring Grove;
5. The coverage limit for Liquor Liability of not less than \$1,000,000.00 per occurrence; and
6. The Village of Spring Grove names as an additional insured.

11. SIGNATURE/TITLE/DATE

Please sign and ate the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of business. **The signature must be an original, rubber stamps are not accepted.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

Signature of Applicant/Authorized Agent

Title/Position

Date

Subscribed and sworn to before me

This _____ day of _____, _____

Notary Public



VILLAGE OF SPRING GROVE LIST OF REQUIRED DOCUMENTS

Please find enclosed a coversheet for each exhibit that you will be submitting with your application. Attach each exhibit to the provided coversheet when submitting your application. Each coversheet indicates the special requirements of the exhibit that you are required to attach.

All required documents must be submitted, as one packet, at the same time. Even if you think a document is on file with the Village for previous applications, it still must be submitted with this current application. There are no exceptions.

If there is any other/additional documentation that you would like to provide as part of your application, please indicate what you are submitting in the comments section below.

X	Attachment	Document
		Completed 2007-2008 Application
	Exhibit A	Certificate of Insurance
	Exhibit B	Profile Information Sheet(s)
	Exhibit C	Copy of the Articles of Incorporation document
	Exhibit D	Copy of Lease/Deed

Applicant Comments regarding application, exhibits or other:

I have completed, attached and submitted all documentation as required.

Signature of Applicant/Authorized Agent

Title/Position

Date

EXHIBIT A - CERTIFICATE OF INSURANCE

You MUST provide a copy of your Certificate of Insurance, not the Policy Declaration. The Certificate of Insurance must show that you have liquor liability insurance and must include the following:

1. The applicant name as the insured (e.g. if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed);
2. The address of the location where liquor is being consumed and/or sold;
3. The dates of coverage - must be concurrent with the license with an expiration date of May 1, 2007 to April 30, 2008;
4. A provision that states that the insurance coverage is in conformity to the requirements of the Dram Shop Act of Illinois and that said insurance is not cancelable unless at least thirty (30) days prior written notice is given to the Village of Spring Grove;
5. The coverage limit for Liquor Liability of not less than \$1,000,000.00 per occurrence; and
6. The Village of Spring Grove names as an additional insured.

EXHIBIT B – PROFILE INFORMATION SHEETS

Profile Information sheets are provided. If you need additional sheets, please feel free to copy the provided form or ask for additional sheets.

Every person who is an applicant for a liquor license, every co-partner, every officer or director of a corporation or club, every person who has five percent (5%) or more interest or share of stock in the corporation, and every employee who sells and/or servers alcoholic beverages shall complete a Profile Information Sheet.

Provide proof of compliance with BASSET training requirements by attaching the employee's certificate with his/her Profile Information Sheet.

Every question **MUST** be answered. **IF THE QUESTIONS ARE NOT ANSWERED, THE APPLICATION WILL BE REJECTED.**

EXHIBIT C – ARTICLES OF INCORPORATION DOCUMENT

Please be aware that you are responsible for providing the Village of Spring Grove, from the State of Illinois with a copy of current Articles of Incorporation.

Regardless if this document is in Village files or not, it must be reproduced and provided.

EXHIBIT D – COPY OF LEASE/DEED

Must be signed and current

Regardless if this document is in Village files or not, it must be reproduced and provided.