

# FIRST TIME LIQUOR LICENSE APPLICANTS

|               |
|---------------|
| Business Name |
|               |

**Non-Refundable Application Fee.** 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.

- \$1,000 for all Class A, B and C licenses
- \$250 for a Class E and F licenses

**Liquor 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 Also indicate whether the license was granted, denied, or withdrawn.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Disposition:       Granted     Denied       Withdrawn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: \_\_\_\_\_

**Location of Premises.** Indicate by checking the correct box whether or not the location of premises is within 100 feet of the following.

Church       Yes    No

School (other than an institution of higher learning)       Yes    No

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

**Village of Spring Grove**  
**Liquor License Application**  
**May 1, \_\_\_\_\_ – April 30, \_\_\_\_\_**

| For Office Use Only                    |    |
|--|----|
| Application Fee <i>(if applicable)</i> | \$ |
| License Fee                            | \$ |
| Date Received                          |    |
| Received By                            |    |

**Liquor License Applicant Information**

|   |  |             |                              |
|---|--|-------------|------------------------------|
| <b>Business Name</b>  |  |             |                              |
|   |  |             |                              |
| <b>Physical Location Address</b>                                    |  |             | <b>Business Phone Number</b> |
|   |  |             |                              |
| <b>Mailing Address <i>(if different than physical location)</i></b> |  | <b>City</b> | <b>State</b>                 |
|   |  |             | <b>Zip Code</b>              |
| <b>Email Address</b>  |  |             |                              |
|   |  |             |                              |

**Select the Class of Liquor License being applied for:**

|  |                        |
|--|------------------------|
| <p><b>Class A-1.</b> Permits the retail sale of alcoholic liquor for consumption on the premises or use on the premises as well as the retail sale of alcoholic liquor by package. Each premises with a Class A license shall have a full service kitchen in daily operation to prepare food for the onsite consumption of patrons. Permits an establishment to remain open until 2:00 am on Fridays and Saturdays as well as on January 1, July 5, and Thanksgiving Day.</p>  | Permit Fee:<br>\$1,500 |
| <p><b>Class A-2.</b> Permits the retail sale of alcoholic liquor for consumption on the premises or use on the premises as well as the retail sale of alcoholic liquor by package. Each premises with a Class A license shall have a full service kitchen in daily operation to prepare food for the onsite consumption of patrons. Permits an establishment to remain open until 1:00 am seven days a week and on January 1, July 5, and Thanksgiving Day until 2:00 am.</p>  | Permit Fee:<br>\$1,500 |
| <p><b>Class B.</b> Permits the retail sale of alcoholic liquor by package only, but not for the consumption or use on the premises.</p>  | Permit Fee:<br>\$1,000 |
| <p><b>Class C-1.</b> Permits the retail sale of beer and wine by package and the retail sale of beer and wine only for the consumption or use on the licensed premises, incidental to the sale of food which is prepared daily in an operational full service kitchen for the onsite consumption of patrons, on premises maintaining no barroom, tavern, lounge, or other area reserved exclusively for the retail sale of beer and wine on said premises. Permits an establishment to remain open until 2:00 am on Fridays and Saturdays as well as on January 1, July 5, and Thanksgiving Day.</p> | Permit Fee:<br>\$800   |
| <p><b>Class C-2.</b> Permits the retail sale of beer and wine by package and the retail sale of beer and wine only for the consumption or use on the licensed premises, incidental to the sale of food which is prepared daily in an operational full service kitchen for the onsite consumption of patrons, on premises maintaining no barroom, tavern, lounge, or other area reserved exclusively for the retail sale of beer and wine on said premises. Permits an establishment to remain open until 1:00 am seven days a week and on January 1, July 5, and Thanksgiving Day until 2:00 am.</p> | Permit Fee:<br>\$800   |
| <p><b>Class D.</b> Permits within the corporate limits of the Village the off-site sale and delivery of alcoholic beverages by the drink for consumption so long as food service is available at such event. Shall be issued only to a business that is a caterer-retailer and who presently holds a Class A-1, A-2, C-1, or C-2 liquor license issued by the Village. Permits an establishment to remain open until 1:00 am seven days a week and on January 1, July 5, and Thanksgiving Day until 2:00 am.</p>   | Permit Fee:<br>\$250   |
| <p><b>Class E.</b> Permits a business engaged in providing non-food goods or services to the public to allow the consumption of beer and wine by its patrons that: (1) is brought to the premises of the business by the patron and/or (2) is served by the business; as a complement to the patron's purchase of goods or services offered by the business. Permits an establishment to remain open until 1:00 am seven days a week.</p>  | Permit Fee:<br>\$300   |
| <p><b>Class F.</b> Permits the on-site production and storage of alcohol in quantities not to exceed one hundred thousand (100,000) gallons and the retail sale and distribution of package of beer, wine or alcoholic liquor produced at the licensed production facilities of a craft brewery, distillery, vintner or winery and the sampling of said products. Permits an establishment to remain open until 1:00 am seven days a week and on January 1, July 5, and Thanksgiving Day until 2:00 am.</p>  | Permit Fee:<br>\$600   |

**Character of the Applicant's Business:** (restaurant, convenient store, grocery store, gas station, liquor store, caterer, other – please describe)

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|  |
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**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 |
|-----|------|-----|-------|-----|-----|-----|
|     |      |     |       |     |     |     |

**Leased Premises.** If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, and zip code. *A copy of the lease must be attached to the application.*

|                      |             |                                |                 |
|----------------------|-------------|--------------------------------|-----------------|
| <b>Landlord Name</b> |             | <b>Area Code/Telephone No.</b> |                 |
|                      |             | (    )                         |                 |
| <b>Address</b>       | <b>City</b> | <b>State</b>                   | <b>Zip Code</b> |
|                      |             |                                |                 |

**Status of Business.** Check the applicable box which corresponds to your business' official papers filed with the Office of the Secretary of State.

Individual/Sole Proprietorship    
  Partnership    
  Club/Corporation    
  Limited Liability Company

**Ownership Information.** Provide the owner/officer/partner information in accordance with the business status described above. 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.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, 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 in the space below.

|                                    |              |                |                         |          |
|------------------------------------|--------------|----------------|-------------------------|----------|
| Name (Last, First, Middle Initial) | Home Address | City           | State                   | Zip Code |
|                                    |              |                |                         |          |
| Date of Birth                      | Sex          | Title/Position | Area Code/Telephone No. | % Owned  |
|                                    |              |                | (    )                  |          |

|                                    |              |                |                         |          |
|------------------------------------|--------------|----------------|-------------------------|----------|
| Name (Last, First, Middle Initial) | Home Address | City           | State                   | Zip Code |
|                                    |              |                |                         |          |
| Date of Birth                      | Sex          | Title/Position | Area Code/Telephone No. | % Owned  |
|                                    |              |                | (    )                  |          |

|                                    |              |                |                         |          |
|------------------------------------|--------------|----------------|-------------------------|----------|
| Name (Last, First, Middle Initial) | Home Address | City           | State                   | Zip Code |
|                                    |              |                |                         |          |
| Date of Birth                      | Sex          | Title/Position | Area Code/Telephone No. | % Owned  |
|                                    |              |                | (    )                  |          |

|                                    |              |                |                         |          |
|------------------------------------|--------------|----------------|-------------------------|----------|
| Name (Last, First, Middle Initial) | Home Address | City           | State                   | Zip Code |
|                                    |              |                |                         |          |
| Date of Birth                      | Sex          | Title/Position | Area Code/Telephone No. | % Owned  |
|                                    |              |                | (    )                  |          |

Total percentage of all stock held by all persons with less than 5% interest \_\_\_\_\_%.

**Eligibility Questions.** These questions **MUST** be answered. **If the questions are not checked, the application will be rejected.** If any question from A through O 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 fees, charges, bills, or taxes to the Village of Spring Grove for more than 60 days?
- B.  Yes  No Are you delinquent in the payment of any Illinois business taxes (sales, withholdings, etc.)?
- C.  Yes  No Are you delinquent under the "cash beer" law?
- D.  Yes  No Are you delinquent under the "30-day credit" law?
- E.  Yes  No Have you ever applied for and been denied a liquor license?
- F.  Yes  No Have you had a previous liquor license revoked?
- G.  Yes  No Have you had a previous liquor license suspended?
- H.  Yes  No Have you ever been convicted of a felony?
- I.  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"?
- J.  Yes  No Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)
- K.  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?
- L.  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?
- M.  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?
- N.  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))
- O.  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?
- P.  Yes  No Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person?
- Q.  Yes  No Will you and all your employees refuse to serve or sell alcoholic liquor to a minor?
- R.  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?
- S.  Yes  No Will you maintain the entire premises in a clean and sanitary manner free from conditions which might cause accidents?
- T.  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?

**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. The Certificate of Insurance must show that you have liquor liability insurance and must include the following:

1. The applicant's 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 to April 30;
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 \$2,000,000 annual aggregate; and
6. The coverage limit for General Liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

**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 serves 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.*

**Basset Training or its Equivalent Requirements.** All employees for holders of a 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 to his/her Profile Information Sheet. 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.

**Signature/Title/Date.** Please sign and date 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 village of spring grove 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, the State of Illinois, or the Village of Spring Grove in particular, the Illinois Liquor Control Act, Rules and Regulations, and The Civil Rights sections thereof.

**Further, I agree to notify the Liquor Commissioner within 30 working days of changes in any of the above information.** (Note: if the person signing this application is not listed in the ownership information section, they must provide the state with their personal information as indicated in that section 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 \_\_\_\_\_, 20\_\_\_\_

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

*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.*

-----ATTACH THE FOLLOWING REQUIRED DOCUMENTS TO THIS APPLICATION -----

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.

1. Certificate of Insurance naming the Village of Spring Grove as the Certificate Holder
2. Profile Information Sheet for each employee
3. Copy of the Articles of Incorporation
4. Copy of Lease or Deed

**Village of Spring Grove**  
**Liquor License Applicant Profile Form**

|  |
|--|
| Business Name  |
| Complete Name (Last Name, First Name, Middle Initial)  |
| Position    ( ) Owner    ( ) Co-Owner    ( ) Corporate Officer<br>( ) Director    ( ) Manager    ( ) Employee<br>( ) Owner of 5% or more of interest    ( ) Partner    ( ) Other _____ |
| Home Address (Address, City, State, Zip Code)  |
| Home Phone Number  |
| Date of Birth  |

Have you ever been known as another name, i.e. maiden name?                     Yes    No  
If Yes is checked, please provide additional name(s) and explain: \_\_\_\_\_  
\_\_\_\_\_

Are you citizen of the United State?      Yes    No  
If No is checked, please explain: \_\_\_\_\_

Have you ever been convicted of a felony?      Yes    No  
If Yes is checked, please explain: \_\_\_\_\_

| FOR VILLAGE USE ONLY                              |  |
|---|--|
| Fingerprints on File                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| Criminal History Background Information on File   |  |
| • McHenry County                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| • Local   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| BASSET or Equivalent Training Certificate on File | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Comments  |  |
|   |  |
|   |  |
|   |  |