

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

Pursuant to provisions of Chapter 6, Section 6-81 and 82, of the Wheaton City Code, 1996, as amended, regulating the sale of Alcoholic Liquor in the City of Wheaton, County of DuPage, Illinois, and all amendments thereto now in force and effect, the undersigned hereby makes application for a Retail Liquor Dealer's License.

1. DATE: _____ LICENSE CLASS: _____

APPLICANT (CORPORATE) NAME: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

LOCAL CONTACT: _____

CONTACT PHONE: _____ EMAIL: _____

TAX IDENTIFICATION NUMBER: _____

A. The filing date, location and name for the "Assumed Name" of the business with the County Clerk:

_____ ; or

B. If an Illinois corporation/LLC, the date and location for said incorporation/organization:

_____ ; or

C. The date of qualification under the Illinois Business Corporation Act (if a foreign corporation):

_____ .

D. The object for which the corporation/LLC is organized:

2. Check the appropriate category:

- i. I am the sole proprietor of this business.
- ii. This business is a partnership and a general partner will attach his signature.
- iii. This business is a Corporation/Club and the President and the Secretary will attach their signatures. (Attach copy of Corporate Charter)
- iv. This business is a Limited Liability Company and the Members will attach their signatures. (Attach copy of Articles of Organization)

3. The character of the current business of the applicant is:

A. Indicate the length of time applicant has been in current business: _____
and at the current address: _____

B. The amount of goods, wares and merchandise on hand in current business at the time of application for liquor license (attach Balance Sheet):

C. Provide description of premises to be operated:

D. Provide zoning classification of premises: _____

E. Total square footage of the facility: _____

F. Total square footage of the area to be used for the sale of liquor/lounge area, if any:

G. Total seating capacity: _____ Lounge seating capacity, if any: _____

4. Do you have a similar application for a liquor license for any other location? Yes No
If yes, provide location and status of other liquor license application(s):

5. Has a previous liquor license been issued to the applicant? Yes No

A. If yes, by what authority: _____

B. By which state: _____

C. Date of issuance: _____

6. Has any previous liquor license issued to the applicant been revoked?

Yes No If yes, provide particulars:

7. What is the applicant's Retailer's Occupation Tax (ROT) registration no.?

8. Is the applicant presently delinquent in the payment of the Retailer's Occupation Tax (sales tax)?

Yes No If yes, give reasons for delinquency:

9. Is the applicant presently delinquent under the thirty (30) day credit law?

Yes No If yes, give reasons for delinquency:

10. Does the applicant possess a current federal wagering and gaming device stamp?

Yes No If yes, provide the reasons therefore:

11. Is the applicant, any individual identified in the application, or any other person, directly or indirectly interested in the place of business, a public official?

Yes No If yes, provide particulars:

12. Is the applicant in violation of Chapter 235, Section 5/6-7, of the Liquor Control Act?

Yes No If yes, provide particulars:

13. The full name, date of birth (DOB), place of birth (POB), citizenship, naturalization date and place (if applicable), address, telephone number and driver's license number of all officers, directors, managers, members, and shareholders with an aggregate of more than five percent (5%) of the capital stocks of the corporation or any persons receiving a direct or indirect benefit from the profits of the sale of alcoholic liquor in Wheaton.

Last Name First M.I.

D.O.B: _____

P.O.B: _____

U.S. Citizen: Yes No

Naturalization date (if applicable): _____

Place: _____

Home Address: _____

City/State/Zip: _____

Home Phone No.: _____

Cell Phone No.: _____

D.L. No.: _____

Last Name First M.I.

D.O.B: _____

P.O.B: _____

U.S. Citizen: Yes No

Naturalization date (if applicable): _____

Place: _____

Home Address: _____

City/State/Zip: _____

Home Phone No.: _____

Cell Phone No.: _____

D.L. No.: _____

Last Name First M.I.

D.O.B: _____

P.O.B: _____

U.S. Citizen: Yes No

Naturalization date (if applicable): _____

Place: _____

Home Address: _____

City/State/Zip: _____

Home Phone No.: _____

Cell Phone No.: _____

D.L. No.: _____

Last Name First M.I.

D.O.B: _____

P.O.B: _____

U.S. Citizen: Yes No

Naturalization date (if applicable): _____

Place: _____

Home Address: _____

City/State/Zip: _____

Home Phone No.: _____

Cell Phone No.: _____

D.L. No.: _____

14. Are premises leased? Yes No

A. If yes, attach a copy of the lease.

B. Does the lease encompass the term of the license sought? Yes No

C. Name and address of owner or owners of premises:

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

15. If the premises are held in trust, provide names and addresses of all the owners of beneficial interest of such trust: (attach additional sheet if necessary)

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

16. Identify the person who will manage this business: (Manager's Must be at least 21 years of age.)

Name: _____

Home Address: _____

Phone No.: _____

Birth Date: _____

New Managers must provide to the City, within 6 months of start date, documentation of having completed an Alcohol Training Course.

17. New applicants shall not be licensed until such new applicants, managers and assistant managers, if any, have been fingerprinted and photographed by the city police department. Any investigation of the potential applicants and managers, if any, shall be conducted by the city police department and shall report their findings to the local liquor commissioner. A copy of the fingerprints and photographs shall be retained in the files of the chief of police. Arrange for fingerprinting at the city police department by calling 630-260-4867. A one hundred-dollar (\$100) fee, payable to the City of Wheaton, is due at the time of fingerprinting for state and federal charges associated with processing the fingerprints.
18. The applicant, or the person signing on behalf of the applicant, affirms that if this applicant is granted a liquor license, and thereafter the applicant acquires, hires, or appoints a new manager, not listed as a manager in this retail liquor license application, that within thirty (30) days of the date the new manager commences his duties, the applicant shall notify the City Clerk and request a "New Manager Application Form;" said form shall be completed and returned to the City Clerk for further processing and approval by the appropriate authorities.
19. Applicant has provided, in conjunction with the submittal of this application, the following:
 - A. A cashier's check representing a non-refundable application fee of Five Hundred Dollars (\$500.00).
 - B. A copy of a manual outlining the training procedures the applicant will set forth for his/her employees in the proper handling and sale of alcoholic liquor.
 - C. A copy of the floor plan for the subject premises, designating the square footage of the facility and the area where liquor will be sold. Restaurants should indicate seating capacity and lounge area, if any.
 - D. If application includes a courtyard area, please provide a copy of the site plan, including a detail of the wall construction.
20. A court reporter may be required to be in attendance at the public hearing on a liquor application and, in this event, the applicant agrees to pay all costs associated with the court reporter and transcripts of the proceedings.
21. By attachment of his/her signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer.
22. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application, have not in the past and will not in the future, violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the City, controlling the retail sale of alcoholic liquor and the conduct of his/her place of business.
23. By attachment of his/her signature, the applicant affirms that he/she, and all individuals required to be identified in this application, have never sold, delivered, or given away alcoholic liquor in violation of any state law, or City ordinance, to a person under the minimum age required to purchase or possess liquor.

- 24. By attachment of his/her signature, the applicant, or the person signing on behalf of the applicant, and all individuals required to be identified in this application, affirm that they have never been convicted of a felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any matter or thing contained in the laws of the State of Illinois or the provisions of the Liquor Control Ordinance of the City of Wheaton.
- 25. The applicant and all individuals required to be identified in this application acknowledge that the granting of a liquor license is a matter of privilege and not a right; that citizens of the City of Wheaton have traditionally and customarily enjoyed and professed a high regard for decency and morality; and that certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control Ordinance of the City of Wheaton.
- 26. The applicant and all individuals required to be identified in this application acknowledge that they have read, understands and will obey the provisions of the Liquor Control Ordinance of the City of Wheaton.

The applicant(s) hereby certifies that the information provided in this application is true and correct to the best of his/her/their knowledge and belief. The applicant(s) understands and agrees that any false information, misrepresentation or omission of facts in this application and the application process may be justification for denial of a liquor license.

Signature

Signature

Signature

Signature

STATE OF _____)

) SS

COUNTY OF _____)

The applicant(s) certifies that he/she(they) (or the corporation in whose name this application is made, if a corporation) reaffirms all of the foregoing statements, and that all statements are true and correct to the best of his/her(their) knowledge and belief. The applicant(s) understands and agrees that any false information, misrepresentation or omission of facts in this application and the application process may be justification for denial of a liquor license.

CORPORATION SIGNATURES:

President

Corporate Seal _____

Secretary

The applicant(s) certifies that he/she(they) (or the limited liability company in whose name this application is made, if a limited liability company) reaffirms all of the foregoing statements, and that all statements are true and correct to the best of his/her(their) knowledge and belief. The applicant(s) understands and agrees that any false information, misrepresentation or omission of facts in this application and the application process may be justification for denial of a liquor license.

LIMITED LIABILITY COMPANY SIGNATURES:

INDIVIDUAL OR PARTNERSHIP SIGNATURES:

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20_____

Notary Public

(Stamp/Seal)