

### **RETAIL LIQUOR LICENSE APPLICATION**

Pursuant to provisions of Chapter 6, Sections 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 License.

1. Date: \_\_\_\_\_ License Class: \_\_\_\_\_

Applicant Name (Legal Entity that will hold license): \_\_\_\_\_

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

Business Name d/b/a: \_\_\_\_\_

Business 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 for said incorporation/organization:

; or

C. If a foreign corporation, the date of qualification under the Illinois Business Corporation Act:

; or

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 its signatures. (Attach copy of Article of Incorporation)
- iv. ☐ This business is a Limited Liability Company, and the Managers will attach its 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. Does the applicant or any individual identified in this application possess a current federal wagering and gaming device stamp?**

Yes ☐ No ☐ If yes, provide the reasons therefor:

**10. 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:

**11. The full name, date of birth (DOB), place of birth (POB), citizenship, naturalization date and place (if applicable), address, phone number and driver's license number of all officers, directors, managers, members, and shareholders with an aggregate of more than twenty percent (20%) of the capital stocks of the corporation or interest in a limited liability company 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: \_\_\_\_\_  
Personal Phone: \_\_\_\_\_  
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: \_\_\_\_\_  
Personal Phone: \_\_\_\_\_  
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: \_\_\_\_\_  
Personal Phone: \_\_\_\_\_  
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: \_\_\_\_\_  
Personal Phone: \_\_\_\_\_  
D.L. No.: \_\_\_\_\_

**12. 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(s) of premises:

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**13. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. Identify the person who will manage this business: (Managers Must be at least 21 years of age.)**

New Managers must provide to the City, within 30 days of start date, documentation of having completed an Alcohol Training Course.

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

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

Phone No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

**15.** 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 which shall report its 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.

16. 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.
17. **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 its 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 the application includes a courtyard area, please provide a copy of the site plan, including a detail of the wall construction.
  - E. A copy of the Certificate of Good Standing from the Secretary of State's Office (Corporation or LLC).
18. A court reporter may be required to attend 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.
19. By attachment of its signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer.
20. By attachment of its signature, the applicant affirms that its 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 in the conduct of its place of business.
21. By attachment of its signature, the applicant affirms that its, 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.
22. By attachment of its 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.
23. 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.
24. The applicant and all individuals required to be identified in this application acknowledge that they have read, understand, and will obey the provisions of the Liquor Control Ordinance of the City of Wheaton.
- The applicant hereby certifies that the information provided in this application is true and correct to the best of its knowledge and belief. The applicant 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

\_\_\_\_\_  
Secretary

Corporate Seal \_\_\_\_\_

LIMITED LIABILITY COMPANY SIGNATURES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INDIVIDUAL OR PARTNERSHIP SIGNATURES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Sworn to (or affirmed) and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

(Notary Stamp/Seal)