



RENEWAL LIQUOR LICENSE APPLICATION CHECKLIST

Owner Name _____

Business Name _____

DBA/Assumed Name (if applicable) _____

Date completed

Renewal application complete w/ signatures and notaries _____

Employee Listing with Basset Certifications for each
(30 days to submit Basset from date of hire of new employees) _____

Certificate of Insurance Additional Insured Requirements

Dram Shop / Liquor Liability of \$1,000,000.00 Listing VOFL _____

Per occurrence Liability of \$1,000,000.00 Listing VOFL _____

General aggregate Liability of \$1,000,000.00 Listing VOFL _____

Copy of current Illinois State Liquor License _____

For Corporations and LLCs - Articles of Incorporation/Organization _____

*** Is your DBA/Assumed Name renewed with the secretary of state? ***

If NEW Owner or NEW Manager, Supplemental application for each new applicant, managers, officers (including copy of Basset and color copy of driver's license). _____

Please note: Payments will be requested after your application has been approved and your license is ready for pick up. Applications will not be processed until all items have been received.



For Office Use:

Verification of Previous to Existing Owner(s) and Manager(s) Status _____

Fingerprinting Results Received for all new applicant, managers, officers _____

Verification of Active Illinois State Liquor License _____

Verification of Active Corporation/LLC Status _____

If DBA/Assumed Name provided – Verify Active Status _____

Verification of all Bassets certifications with State _____

Invoice _____

License Certificate _____

Payment _____

Received and reviewed by

Date

Police Department Review and Approval

Date



VILLAGE OF FOX LAKE LIQUOR LICENSE RENEWAL 2020-2021 License

TO THE MAYOR/LIQUOR COMMISSIONER OF THE VILLAGE OF FOX LAKE, ILLINOIS

The undersigned applies for a renewal of a Village of Fox Lake Liquor License, under the applicable ordinance provisions of the Village, for the license period ending and for the premises located and described herein. The applicant attests that the ownership, partnership or corporation membership remains the same as listed on the original application and understands that **any changes require immediate notification to the Village Clerk's Office and the completion of a new application.** The license applied for is for the license period ending midnight on the **30th day of June 2021.**

All persons in possession of a liquor license are required to maintain appropriate dram shop insurance in the amount required by statutory limits. The applicant will not violate any of the laws of the said state of Illinois or of the United States or any ordinances of the Village of Fox Lake in the conduct of the aforesaid business.

Name of Business _____ Today's Date _____

DBA Name (if applicable): _____

Location of License _____ Bus. Phone _____

FEIN Number _____ Sales Tax Number _____

IL State Liquor License # _____ Issue Date _____ Expiration Date _____

1. Name of Applicant _____
2. Type of Application:
 Individual Partnership Corporation/LLC Not for Profit/Club
3. Owner Address _____
4. Telephone _____ Email _____
5. Birthdate _____ Social Security Number _____
6. Class of License Applying for _____
7. Do you have a Village of Fox Lake Business License? YES____ NO____ Issue Date _____
8. Are you a citizen of the United States? YES____ NO____
9. Have you ever been convicted of a felony? YES____ NO____
If yes, please state charges of which you were convicted; where and when it was committed, as well as state of U.S. court in which conviction took place and final disposition.
10. Have you or one of your employees ever been convicted of pandering? YES____ NO____

11. Have you or one of your employees received a violation from Village of Fox Lake Police Department in the previous licensing year?

YES ___ NO ___ If yes, date _____ Violation _____

12. Have you or one of your employees received a liquor related violation and/or have been required to attend a Liquor Hearing required by the Village of Fox Lake Police Department or any other jurisdiction either directly or as an interest in a corporation and/or partnership?

YES ___ NO ___ If yes, date _____ Results _____

13. Partnership/Corporation Information Required.

A. Corporation ID Number: _____

B. Name of Partners/Corporation Officers/Stockholder/Directors:

| Name | Address | % Interest |
|-------|---------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

14. List all managers of persons who operates as a manager in the owners absence
List ALL Managers or Supervisors:

| Name | Address | Title | Cell Phone | Hire Date |
|-------|---------|-------|------------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

15. Are the premises owned by the applicant? YES ___ NO ___

16. Are the premises leased by the applicant? YES ___ NO ___

17. Are the premises held in trust? YES ___ NO ___

Name the trustees as follows:

| Name | Address | Trust # |
|-------|---------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name the beneficiaries as follows:

| Name | Address |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

18. Have you ever been convicted of a gambling offense as prescribed by subsection (a) (3) through (a) (10) of Section 28-1 or by Section 28-3 of the Criminal Code of Illinois? YES____ NO____

If yes, please state offense, date of conviction, sentence imposed and jurisdiction in which convicted.

19. Has a federal gaming device stamp or a federal wagering stamp been issued to applicant for the current taxing period? YES____ NO____

Signature of Applicant

Title of Applicant

By: _____
President (if corporation)

By: _____
Secretary (if corporation)

VERIFICATION

_____ being first duly sworn, upon oath deposes and says that he/she is the _____ and duly authorized agent of the applicant herein and that he/she has read the foregoing application renewal and all matters set forth therein that he knows the contents thereof and that the statements therein are true in substance and in fact.

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

NOTARY PUBLIC

EMPLOYEE LIST

List the FULL name and address of ALL employees involved in the sale or serving of alcohol. A copy of BASSET certificate for each must accompany this application.

ALL FIELDS ARE REQUIRED

| | | |
|-----------------|---------------------------------|---------------------------|
| Name: | Date of Hire: | Address City, State, Zip: |
| Position Title: | BASSET Issued Date & Expiration | |

| | | |
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| Position Title: | BASSET Issued Date & Expiration | |

ALL FIELDS MUST BE COMPLETED. IF FIELDS ARE LEFT BLANK THE APPLICATION WILL NOT BE PROCESSED AND THE ISSUANCE OF THE LICENSE MAY BE DELAYED.

It shall be the duty of the licensee to supplement the original application from time to time so as to supply complete information on changes to information supplied on the application, including, but not limited to, officers, owners, managers, sellers or servers. Such supplemental information shall be provided to the Village Clerk within three (3) business days after any change occurs. (Ord. 2016-18, 5-24-2016)

Acknowledgement of the requirement's in the Ordinance above _____ (Initials of Applicant Owner or Corporation Representative).

EMPLOYEE LIST (Continued)

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