

**Village of Hodgkins  
2011 Liquor License  
License #5**

**Office of the Local Liquor Control Commissioner  
Noel B. Cummings, Local Liquor Control Commissioner  
Hodgkins, Illinois**

***Application for Retail Liquor License***

The undersigned hereby make(s) application for the issuance of a retail liquor license for the sale of alcoholic liquor for the term of January 1, 2011 ending December 31, 2011, and hereby certifies to the following facts.

1. Applicant's full name (if partnership, give full names of all partners, if corporation, complete No. 14-C)

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

2. Location of place of business for which license is sought (Complete address including full description of location, place or premises, specifying floor, room no., etc.)

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

3. State principal kind of business and your previous experience:

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

4. Does the applicant seek a license to sell alcoholic liquor upon the premises as a restaurant?  
\_\_\_\_\_Yes \_\_\_\_\_No

5. Does the applicant own the premises for which this license is sought?  
\_\_\_\_\_Yes \_\_\_\_\_No

6. Does the applicant have a lease agreement on the subject premises covering the full term for which license is sought? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please provide

(A) Name and address of lessor: \_\_\_\_\_

(B) Period covered by lease

From: \_\_\_\_\_

To: \_\_\_\_\_

7. Is applicant licensed as a food dispenser? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, provide license

number: \_\_\_\_\_

8. Is the location of applicant's business for which license is sought within 100 feet of any church or school?  
\_\_\_\_\_Yes \_\_\_\_\_No

9. Does any law enforcement official or elected official have any interested in the business for which license is sought? \_\_\_\_ Yes \_\_\_\_ No
10. Has any manufacturer, distributor or importing distributor either directly or indirectly furnished, loaned, or rented any interior decorations other than signs for inside or outside use (except signs existing prior to July 1, 1945), costing in the aggregate more than \$500.00? \_\_\_\_ Yes \_\_\_\_ No
11. Has any manufacturer, importing distributor or distributor either directly or indirectly paid or agreed to pay for said license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Interior decorations and signs mentioned in question 10 exempted) \_\_\_\_ Yes \_\_\_\_ No
12. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors?  
\_\_\_\_ Yes \_\_\_\_ No
13. Will the business be conducted by a manager or agent? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please give name, residence and emergency telephone number of such manager or agent.

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

**Individual applicant and all persons sharing in profits of partnership must answer question number 14.**

14-A.

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

Date of Birth: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City and State)

Are you a citizen of the United States? \_\_\_\_ Yes \_\_\_\_ No

If a naturalized citizen, when naturalized? \_\_\_\_\_  
(Month/Day/Year)

Where naturalized? \_\_\_\_\_

Court in which (or law under which) naturalized? \_\_\_\_\_

Have you ever been convicted of a felony under any federal law or state statute?

Yes  No

If yes, give date(s) and state offense(s): \_\_\_\_\_

Have you ever been convicted of a municipal code violation?  Yes  No

If yes, give date(s) and state offense(s): \_\_\_\_\_

Do you presently hold a liquor license and/or have you made application for similar license for premises other than described in this application?  Yes  No

If yes, give date, location of premises and disposition of application: \_\_\_\_\_

\_\_\_\_\_

Has any license previously issued to you by state, federal or local authorities been revoked or suspended?

Yes  No

If yes, state reasons therefore and date of revocation or suspension:

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

14-B If a partnership, all questions asked in 14-A must be answered in full by each partner. Answer said questions on separate sheet and attach to application.

14-C In addition to questions 1 through 13 inclusive, a corporation must complete the following questions:

Applicants corporate name (list all stockholders with 3% or more of outstanding stock)

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

Date of incorporation: \_\_\_\_\_

State: \_\_\_\_\_

State the full names of all officers, office held and their respective residence addresses, giving street and number, city and state:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Directors: \_\_\_\_\_

Has any officer, manager, or director of said corporation, or any stockholder or stockholders holding in the aggregate more than 3% of the stock in said corporation, ever been convicted of any felony under Federal Law, State Statute or Municipal Code ?  Yes  No

Has any officer, manager or director of said corporation been convicted of any violation of any federal code, state statute or local ordinance?  Yes  No

If yes, please provide details: \_\_\_\_\_

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

Does any law enforcement official or elected official have any interest in the business for which license is sought?  Yes  No

15. State the carrier of your dram shop insurance and level of coverage. (Attach a copy of said policy and paid receipt with application submittal).

