

***Village of
Hodgkins Liquor
License***



**Office of the Local Liquor Control Commissioner
Ernest Millsap
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, 2023 ending December 31, 2023, 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 interest 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).

AFFIDAVIT

STATE OF ILLINOIS)) ss
COUNTY OF COOK)

I (we) swear (affirm) that I (we) will not violate any ordinance of the Village of Hodgkins or the statutes of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

Applicant Signature

If partnership, at least two (2) members must sign

If corporation, application must be signed by the President and the Secretary.

Subscribed and sworn to
before me this _____ day
Of _____

Notary Public

FOR OFFICE USE ONLY

License Application Approved:

President and Local Liquor Commissioner

Date