

The Village of
HODGKINS

8990 Lyons Street, Hodgkins, IL 60525

Telephone: (708) 579-6700

Fax: (708) 579-6707



LIQUOR LICENSE APPLICATION

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, 2014 ending December 31, 2014, 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.**

Name: _____

14-A

Residence Address: _____

Telephone Number: _____ Date of Birth: _____

Place of Birth: (City) _____ (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:

Month _____ Day _____ Year _____ State: _____

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

President: _____

Address _____ City _____ State _____

Vice President: _____

Address _____ City _____ State _____

Secretary: _____

Address _____ City _____ State _____

Treasurer: _____

Address _____ City _____ State _____