



Village of Round Lake Community Development

442 N. Cedar Lake Road Round Lake, IL 60073
Ph. 847-546-5400 Fax 847-546-1872
www.eroundlake.com

APPLICATION FOR LIQUOR LICENSE

TYPE OF LICENSE REQUESTED

<input type="checkbox"/>	CLASS A (TAVERN WITH FULL LIQUOR PACKAGED GOODS)	\$1,200.00
<input type="checkbox"/>	CLASS A-1 (TAVERN WITH FULL LIQUOR PACKAGED GOODS, LIMITED HOURS)	\$1,200.00
<input type="checkbox"/>	CLASS B (PACKAGED GOODS - FULL LIQUOR)	\$1,200.00
<input type="checkbox"/>	CLASS B-1 (PACKAGED GOODS - BEER AND WINE)	\$1,200.00
<input type="checkbox"/>	CLASS C (MAJOR RESTAURANT - FULL LIQUOR)	\$1,200.00
<input type="checkbox"/>	CLASS C-1 (MAJOR RESTAURANT - BEER AND WINE)	\$1,200.00
<input type="checkbox"/>	CLASS C-2 (MINOR RESTAURANT - FULL LIQUOR)	\$1,200.00
<input type="checkbox"/>	CLASS C-3 (MINOR RESTAURANT - BEER AND WINE)	\$1,200.00
<input type="checkbox"/>	CLASS D (NON-PROFIT CLUBS)	\$1,200.00
<input type="checkbox"/>	CLASS D-1 (CATERING)	\$1,200.00
<input type="checkbox"/>	CLASS D-2 (BANQUET FACILITY)	\$1,200.00
<input type="checkbox"/>	CLASS E (SPECIAL EVENT FOR NON-FOR-PROFIT, RELIGIOUS OR CIVIC)	\$ 50.00
<input type="checkbox"/>	CLASS F (BRING YOUR OWN LIQUOR, "BYO", RESTAURANT)	\$ 600.00
<input type="checkbox"/>	CLASS F-1 (BRING YOUR OWN LIQUOR, "BYO", NON- RESTAURANT)	\$ 600.00

SUPPLEMENTAL LICENSE REQUESTED

<input type="checkbox"/>	CLASS SL-1 (LATE HOUR- CLASS A, C, C-1, C-2, OR C-3 ONLY)	\$ 100.00
<input type="checkbox"/>	CLASS SL-2 (RESTAURANT PACKAGED GOODS- CLASS C, C-1, C-2, OR C-3 ONLY)	\$ 600.00
<input type="checkbox"/>	CLASS SL-3 (OUTDOOR SEATING OR SIDEWALK CAFE- CLASS C, C-1, C-2, C-3 OR D ONLY)	\$ 100.00
<input type="checkbox"/>	CLASS SL-4 (SPECIAL EVENT/ TEMPORARY)	\$ 50.00
<input type="checkbox"/>	CLASS SL-5 (SPECIAL VILLAGE SPONSERED EVENT)	\$ 0.00

BUSINESS INFORMATION

NAME:	PHONE:
DBA:	
ADDRESS:	
CITY:	STATE: ZIP:
WEBSITE:	EMAIL:

TYPE OF BUSINESS

<input type="checkbox"/> BANQUET FACILITY	<input type="checkbox"/> DRUGSTORE/ PHARMACY	<input type="checkbox"/> LIQUOR STORE
<input type="checkbox"/> BAR/ TAVERN	<input type="checkbox"/> GROCERY/ DEPARTMENT STORE	<input type="checkbox"/> RESTAURANT
<input type="checkbox"/> CONVENIENCE AND GAS STATION	<input type="checkbox"/> HOTEL/MOTEL	<input type="checkbox"/> OTHER:

RIGHTS TO PROPERTY

<input type="checkbox"/> PROPERTY IS OWNED BY APPLICANT	<input type="checkbox"/> PROPERTY IS LEASED FROM LANDLORD
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LANDLORD INFORMATION (WHERE NOT OWNED BY APPLICANT)		
NAME:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:		
STATUS OF BUSINESS		
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY COMPANY
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> NON-FOR-PROFIT	<input type="checkbox"/> OTHER:
FOR SOLE PROPRIETORS		
ARE YOU A RESIDENT OF THE VILLAGE OF ROUND LAKE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ASSUMED BUSINESS CERTIFICATE FROM LAKE COUNTY ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FOR PARTNERSHIPS		
DATE OF FORMATION:		
PARTNERSHIP AGREEMENT ATTACHED	<input type="checkbox"/> YES	
FOR CORPORATIONS		
NAME OF CORPORATION/ LLC:		
DATE OF INCORPORATION:		
CERTIFICATE OF INCORPORATION BEEN FILED WITH THE STATE OF ILLINOIS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE CORPORATION OR LLC, IS IT IN GOOD STANDING WITH THE STATE OF ILLINOIS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF A FOREIGN CORPORATION, IS IT AUTHORIZED TO TRANSACT BUSINESS IN ILLINOIS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, A CERTIFICATE OF QUALIFICATION IS ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARTICLES OF INCORPORATION DEPICTING THE NAMES OF ALL STOCKHOLDERS, OFFICERS, DIRECTORS AND THEIR POSITIONS IS ATTACHED.	<input type="checkbox"/> YES	
MANAGER INFORMATION		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		

OWNERSHIP INFORMATION

FOR EACH OWNER/OFFICER/PARTNER/SHAREHOLDER OWNING MORE THAN 5%, PROVIDE THE FOLLOWING, PROVIDE ADDITIONAL PAGE WHERE NECESSARY:

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
BIRTHDATE:		
U.S CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE OF BIRTH:
DATE AND PLACE OF NATURALIZATION:		% OWNED:

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
BIRTHDATE:		
U.S CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE OF BIRTH:
DATE AND PLACE OF NATURALIZATION:		% OWNED:

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
BIRTHDATE:		
U.S CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE OF BIRTH:
DATE AND PLACE OF NATURALIZATION:		% OWNED:

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
BIRTHDATE:		
U.S CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE OF BIRTH:
DATE AND PLACE OF NATURALIZATION:		% OWNED:

ELIGIBILITY INFORMATION

THE QUESTIONS BELOW PERTAIN TO THE APPLICANT AND ANY OTHER PERSON LISTED UNDER CORPORATE OFFICER/OWNERSHIP INFORMATION.

HAS THE APPLICANT EVER BEEN ISSUED A LIQUOR LICENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS THE APPLICANT EVER HAD ANY LIQUOR LICENSE SUSPENDED OR REVOKED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS THE APPLICANT EVER BEEN CONVICTED OF:		

A FELONY UNDER ANY STATE OR FEDERAL LAW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PANDERING OR A SIMILAR OFFENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ANY VIOLATION UNDER A STATE OR FEDERAL LIQUOR LAW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ANY GAMBLING OFFENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

FOR ALL YES ANSWERS, PROVIDE A DETAILED EXPLANATION (INCLUDING STATE OF OFFENSE, DATE OF CONVICTION, SENTENCE IMPOSED, AND JURISDICTION WHICH CONVICTED) AND INCLUDE DETAILED DOCUMENTATION.

WILL YOU BE APPLYING FOR A STATE OF ILLINOIS VIDEO GAMING LICENSE? YES NO

APPLICANT CONTACT INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

PHONE:

RELATIONSHIP TO BUSINESS:

THE APPLICATION MUST BE SIGNED BY AN OWNER, AN OFFICER, OR PARTNER.

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE CODES AND ORDINANCES, STATE AND FEDERAL LAW, AND THE RESULTS OF ANY INSPECTIONS REQUIRED BY ORDINANCE AT THIS TIME AND ANY FURTHER INSPECTIONS WHILE THIS LICENSE IS IN FORCE. I HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY. THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE

LIQUOR CLASS: _____	FEE: \$ _____	LL APPROVED: _____
LIQUOR CLASS: _____	FEE: \$ _____	LL DENIED: _____
LIQUOR CLASS: _____	FEE: \$ _____	
TOTAL LICENSE FEE: \$ _____		



Village of Round Lake

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(STATE OF ILLINOIS)

SS.

(COUNTY OF LAKE)

VERIFICATION

I, _____, being duly sworn, depose and say that I am the
PRINT NAME

_____ and have answered the questions in the application with a complete
PRESIDENT, PARTNER, OWNER, ETC.
understanding of the questions asked and the answers given. The answers given are true in substance and
in fact and are offered to induce the Liquor Control Commissioner to issue a liquor license to the applicant.

Applicant Signature

Sworn to before me

this _____ day of _____, 201__.

SEAL

Notary Signature