



# Village of Round Lake

## Community Development

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

### LIQUOR LICENSE APPLICATION

#### **SELECT A SITE AND CHECK THE ZONING**

To begin the process, please complete and return the Zoning Compliance worksheet from the Business License application packet. The proposed business will be reviewed for zoning and land use regulations. All Liquor Licenses require approval by the Village Board.

#### **BACKGROUND SCREENING**

All owners and managers must submit to a background check and fingerprinting. Complete and return the Background Screening Disclosure along with payment in the amount of forty-five dollars (\$45.00) for each applicant, to the Village Hall. Once payment is made, your application will be forwarded to the Police Department who will contact you to set up an appointment for your screening. The timeframe on the results is typically 4-6 weeks.

#### **VILLAGE BOARD PROCESS**

After receipt of completed application and supporting documentation, at the next available regularly scheduled Board meeting, the Village Board will consider the application for approval. If approval is granted, the liquor license application will be submitted to the Liquor Commissioner for review, approval, or denial. Please visit the Village website for a meeting calendar.

#### **APPLY FOR BUILDING/SIGN PERMITS**

If you are doing any remodeling or installing signage, you must obtain a building permit. Please contact the Building Department at (847)546-0963 to apply for the necessary permits.

#### **BUSINESS OCCUPANCY INSPECTION**

Your floor plan will be reviewed and the Building Department will contact you to schedule a Business Occupancy Inspection. The Building Inspector and Fire Marshal will conduct a thorough inspection to ensure the building meets the current code standards. The Business License will not be issued until inspection approval has been given.

It is the applicant's responsibility to obtain the necessary permits from the Lake County Department of Health. The Business Occupancy Inspection may not be scheduled until the Health Department approval is received.

#### **LICENSE ISSUANCE**

The Village will contact the applicant once the license is ready for issuance. The license is prepared within 2-5 business days. The license fee must be paid at time of issuance. The term of the license year is May 1 to April 30.

#### **GRAND OPENING**

Please notify the Village Clerk and/or the Deputy Clerk of the date and time of your Grand Opening Event. Depending on availability, Village Officials will gladly attend.



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## LIQUOR LICENSE SUBMITTAL CHECKLIST

To get the process started, please submit the following:

- Completed Liquor License Application;
- Completed Business License Application and supporting documentation;
- Completed Background Screening Disclosure for applicant(s) and manager(s);
- Completed Verification, notarized;
- A color copy of driver's license for applicant(s) and manager(s).

Once background screening is complete, the following must be submitted:

- Certificate of Insurance:
  - Submit Dram Shop Insurance. Each applicant for a license shall furnish evidence of insurance coverage against Dram Shop liability as established by the Illinois Liquor Control Act, Chapter 235 ILCS 5/6-21, covering the proposed licensee and the owner of the premises for a full twelve (12) month period.
  - In addition to dram shop insurance required by state law, all liquor licensees during the term of their license shall further maintain and provide a certificate of insurance showing proof of general liability insurance coverage as to the licensee, the premises and including the **village and the village liquor commissioner as co-insured (additional insured)** in liability amounts of not less than one million dollars (\$1,000,000.00) per occurrence;
- Bassett Training Certificates for all individuals selling and/or serving alcoholic beverages;
- If premises are owned by the applicant, attach a copy of deed or title policy;
- If premises is leased, attach a copy of lease;
- If premises is held in trust, provide a copy of the trust agreement;
- Enclose a copy of the floor plan of your establishment, designating the square footage of the facility and the area where liquor will be sold. If you are a restaurant, indicate seating capacity and lounge area, if any;
- For Sole Proprietors, enclose a copy of the Assumed Business Name Certificate from Lake County;
- For Corporations and LLCs, enclose the Articles of Incorporation/ Organization;
- For Partnerships, enclose the Partnership Agreement;

### Items to submit after State Approvals are received:

- A copy of your State of Illinois Liquor License;
- A copy of your State Gaming License (if applicable.)

*Acceptable forms of payment: Credit Card (MasterCard/Discover/American Express, NO VISA) cash, check (payable to the Village of Round Lake)*



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## 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 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
<b>IF YES, A CERTIFICATE OF QUALIFICATION IS ATTACHED</b>	<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:	SOCIAL SECURITY #:	
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:	SOCIAL SECURITY #:	
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:	SOCIAL SECURITY #:	
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:	SOCIAL SECURITY #:	
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: \$ _____	
<b>TOTAL LICENSE FEE: \$ _____</b>		



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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*



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## BACKGROUND SCREENING DISCLOSURE AND WRITTEN AUTHORIZATION

*(Please read this form carefully)*

### DISCLOSURE

I have been notified that the Village of Round Lake and the Round Lake Police Department may request that a background screening be conducted to verify any information I have provided in connection with my liquor license application.

The Village of Round Lake or the Round Lake Police Department may request a consumer report and/or an investigative consumer report in connection with my liquor license application or at any time during my liquor license is valid in accordance with all applicable laws. These reports may include information about my background, including but not limited to character, mode of living, criminal history records, sex offender registry records, Social Security records, educational records, employment records, credit reports, driving records, and license/certification records, or any other such record, written or otherwise, that is deemed appropriate.

Upon written request to the Village of Round Lake and proper identification, I have the right to be informed when a consumer report or investigative consumer report is conducted, and the right to make a request to Innovative Credit Solutions, the consumer reporting agency vendor, within a reasonable period of time, as to the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me that Innovative Credit Solutions has previously furnished. Communications with Innovative Credit Solutions should be directed to PO Box 1386, Columbia, South Carolina 29202 800-345-2746.

### AUTHORIZATION

My signature below authorizes the procurement of a consumer report and/or investigative consumer report upon the Village of Round Lake or the Round Lake Police Department's request in conjunction with my application for a liquor license.

*I have read this Disclosure and Written Authorization; I understand the provisions stated herein, and I agree to the terms.*

\_\_\_\_\_  
Print Name (First, MI, Last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number, State, & Expiration Date

\_\_\_\_\_  
Date

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