

Office Use Only:  
LICENSE NO. \_\_\_\_\_  
CLASS \_\_\_\_\_  
FEE PAID \_\_\_\_\_

## RENEWAL

APPLICATION FOR ALCOHOLIC LIQUOR LICENSE TO THE  
KENDALL COUNTY LIQUOR CONTROL COMMISSION  
YORKVILLE, ILLINOIS 60560

DATE OF APPLICATION

FOR LICENSE YEAR ENDING

\_\_\_\_\_

2014 \_\_\_\_\_

This application must be properly completed, signed and filed with the Kendall County Liquor Control Commission. It must be accompanied by a certified check, cashier's check or money order in the proper amount made payable to the Kendall County Liquor Control Commission. A surety bond must be submitted with the application, unless a good and sufficient bond is now on file. If application is made on behalf of a partnership, club or corporation, then same must be signed and sworn to by at least two members or by the President and the Secretary of such corporation. A true copy of a lease if applicable, proof of valid state or local health department license and current health inspection results, a certificate of dram shop liability coverage and completed applicant information form(s) must also be submitted.

**PLEASE TYPE OR USE BLACK INK**

1. Application is hereby made to do business known as:

\_\_\_\_\_ at the location of (do not use post office box number):

\_\_\_\_\_ in the Township of \_\_\_\_\_

Business Tax Identification Number \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Zip Code

Business Telephone Number: \_\_\_\_\_  
(Area Code)

Hours of Operation: \_\_\_\_\_

Is the proposed location within one-half mile of the territorial limits of any city, village or incorporated town in Kendall County: \_\_\_\_\_ Yes \_\_\_\_\_ No

2. The principal kind of business to be engaged in is (check one)

CLASS A – General sale of alcoholic liquor  
 CLASS B – Retail sale, consumption on premises – clubs only  
 CLASS C – Package liquor for consumption off premises  
 CLASS D – Beer and wine for consumption off premises  
 CLASS E – Liquor for consumption on premises at tables  
 CLASS F – Beer and wine for consumption on premises at tables  
 CLASS G – 24-48-72 hour not-for-profit corporations or organizations  
 CLASS H – Retail sales on the premises specified, of beer & wine only for consumption on the premises and retail sale  
 CLASS I – (Ellis House) – Retail sale by caterer for consumption on Ellis House premises only  
 CLASS J – Beer and wine for consumption on premises – not-for-profit corporations or organizations  
 CLASS K – Craft Brewery and/or Craft Distillery for consumption on and off premises of only liquors manufactured on site

3. Application by Individual \_\_\_\_\_ or Partnership \_\_\_\_\_ (check one)

- a. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence \_\_\_\_\_ Telephone \_\_\_\_\_  
(Area Code)  
At above address since \_\_\_\_\_ U.S. citizen \_\_\_\_\_ Where and when naturalized \_\_\_\_\_
- b. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence \_\_\_\_\_ Telephone \_\_\_\_\_  
(Area Code)  
At above address since \_\_\_\_\_ U.S. citizen \_\_\_\_\_ Where and when naturalized \_\_\_\_\_
- c. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence \_\_\_\_\_ Telephone \_\_\_\_\_  
(Area Code)  
At above address since \_\_\_\_\_ U.S. citizen \_\_\_\_\_ Where and when naturalized \_\_\_\_\_
- d. Name of partnership, if assumed name \_\_\_\_\_  
Date partnership was formed \_\_\_\_\_

4. Application by Club or Corporation

- a. Registered corporate name of applicant \_\_\_\_\_
- b. Date of incorporation \_\_\_\_\_ State \_\_\_\_\_
- c. Has the Certificate of Incorporation been recorded with the Kendall County Recorder? \_\_\_\_\_
- d. State objectives for which club or corporation was organized as provided for in the Articles of Incorporation \_\_\_\_\_  
\_\_\_\_\_
- e. Below list names, addresses, etc. of each officer, director and shareholder. Use a separate sheet if necessary.
- Name \_\_\_\_\_ Title \_\_\_\_\_ % of stock owned \_\_\_\_\_  
Residence \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street and number, City, State & Zip Code) (Area Code)  
Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_
- Are you a citizen of the United States? \_\_\_\_\_ If a naturalized citizen, when \_\_\_\_\_ and  
where naturalized: \_\_\_\_\_ The court in which (or law under which) naturalized \_\_\_\_\_  
\_\_\_\_\_
- Name \_\_\_\_\_ Title \_\_\_\_\_ % of stock owned \_\_\_\_\_  
Residence \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street and number, City, State & Zip Code) (Area Code)  
Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_
- Are you a citizen of the United States? \_\_\_\_\_ If a naturalized citizen, when \_\_\_\_\_ and  
where naturalized: \_\_\_\_\_ The court in which (or law under which) naturalized \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % of stock owned \_\_\_\_\_

Residence \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street and number, City, State & Zip Code) (Area Code)

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

Are you a citizen of the United States? \_\_\_\_\_ If a naturalized citizen, when \_\_\_\_\_ and  
where naturalized: \_\_\_\_\_ The court in which (or law under which) naturalized \_\_\_\_\_

5.

a. Is the applicant the beneficial owner of the business to be operated by the license? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. The complete legal description of premises which are to be operated under such license: \_\_\_\_\_

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

c. Name and address of owner of premises

\_\_\_\_\_

d. If premises are leased, when does the lease expire? \_\_\_\_\_

Have any of the applicants made application for a liquor license at any other premises than described in this application? \_\_\_\_\_ If so, give date: \_\_\_\_\_, location of premises \_\_\_\_\_ and duration of license \_\_\_\_\_.

f. Have any of the applicants had any liquor licenses revoked or suspended? \_\_\_\_\_ If so, state reasons, location, and date of action. \_\_\_\_\_

g. Is the applicant, or any agent or any manager who conducts the business qualified to receive a license under the laws of the State of Illinois? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will he not violate nor permit any of his employees to violate any of the laws of the State of Illinois or of the United States or of this Ordinance in the conduct of his business? \_\_\_\_\_ Yes \_\_\_\_\_ No

h. Have any of the applicants ever been convicted of any felony under Federal or State laws? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, give date and state offense. \_\_\_\_\_

i. Is the location of applicant's business for which license is sought within 100 feet – property line (except institutions of higher learning) of any school, hospital, home for the aged or indigent persons or for veterans, their wives or children or any military or naval station, or 100 feet- building to building – from a church? \_\_\_\_\_

j. Does any law enforcing public official, mayor, alderman, member of a city council or commission, or any president or member of a county board directly or indirectly have financial interest in the business for which license is sought? \_\_\_\_\_

k. Has any manufacturer, importing distributor, or distributor, directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? \_\_\_\_\_

l. Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent engaged in the manufacture of liquors? \_\_\_\_\_ If so, at what location(s)? \_\_\_\_\_

m. Are any of the applicants engaged in the business of an importing distributor or distributor of liquors? \_\_\_\_\_ If so, at what location(s)? \_\_\_\_\_

- n. Has the premises in which the license is to be used had a Federal gaming device stamp or a Federal wagering stamp issued for the current tax period? \_\_\_\_\_ Yes \_\_\_\_\_ No
- o. If the applicant is a corporation, has any officer, manager, director or stockholder owning more than 20% of the stock in the corporation been issued a Federal gaming stamp or a Federal wagering stamp for the current tax period? \_\_\_\_\_ Yes \_\_\_\_\_ No
- p. Have any of the applicants ever been convicted of being the keeper of a house of ill fame or gambling, or of pandering or any other crime or misdemeanor opposed to decency and morality? \_\_\_\_\_ If so, give dates and details. \_\_\_\_\_
- q. Have any of the applicants ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? \_\_\_\_\_ If so, give dates and details. \_\_\_\_\_
- r. Have any of the applicants ever permitted an appearance bond forfeiture for any of the violations mentioned in (p) or (q) above? \_\_\_\_\_
- s. Do any of the applicants hold any public office in Kendall County? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, state the position(s) held. \_\_\_\_\_
- t. Applicants state that they will not violate, or allow or permit any employees to violate any of the laws of the State of Illinois or the United States, or the rules and regulations of the County of Kendall relating to alcoholic beverages in the conduct of this business. \_\_\_\_\_ Yes \_\_\_\_\_ No
- u. Will this business be conducted by a manager or agent? \_\_\_\_\_ If so, give name and residence address of such manager or agent:  
 Name \_\_\_\_\_  
 Residence \_\_\_\_\_  
 (Street and number/City/State/Zip Code)

STATE OF ILLINOIS  
 COUNTY OF KENDALL

I (or we) affirm that I (or we) will not violate any of the ordinances of the County of Kendall or the laws of the State of Illinois or the laws of the United States of America, and 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 (or our) knowledge and belief.

Subscribed and sworn to before me  
 this \_\_\_\_\_ day  
 of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Applicant or Corporation President

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Signature of Partner or Corporation Secretary

Notary Seal

Application approved \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
 Local Liquor Control Commissioner