

Village of Broadview, Illinois

2350 W. 25th Street, Broadview, Illinois
(708) 681-3600 / Fax (708) 681-2018

THE HONORABLE KATRINA THOMPSON
Village President and Liquor Commissioner

Application for Alcoholic Liquor License

Pursuant to the provisions of Title 3, Chapter 3 of the Village of Broadview Municipal Code regulating the sale of alcoholic liquor in the Village of Broadview, Illinois, County of Cook and State of Illinois, and amendments thereto now in full force and effect. The undersigned hereby make(s) application for the issuance of a Class _____ Village liquor license for the sale of alcoholic liquor for the term beginning January 1, 2019 and ending December 31, 2019, and hereby certify(ies) to the following facts:

Please check the applicable box:

New Business: _____ Renewal: _____

Change Ownership: _____

1. Applicant

- a. Corporation Name: _____
- b. Parent Corporation Name (if corporation named above is a corporate doing business as name): _____
- c. Doing Business As Name ("non corporate") _____
- d. Broadview Business Location Address _____
- e. Business Address (if different than business location address): _____

- f. Business Phone: _____
- g. Business Fax: _____
- h. Cell phone of Applicant or agent of Applicant: _____
- i. Business Website: _____
- j. Business Email: _____
- k. Illinois Business Tax Number (IBT#): _____
- l. Federal Employer Identification Number (FEIN): _____
- m. State of Illinois Liquor License Number: _____
- n. Date you first received the Local Liquor License for this location: _____
- o. Type of Business (select one):
 - (i) Sole proprietorship _____
Name of Owner _____
Social Security Number: _____
Date of birth: _____
Driver's license number: _____
Address of Owner _____
Phone number of Owner _____

Date assumed name filed with county clerk _____

(ii) Partnership _____

Partner's Name _____

Social Security # _____

Date of birth: _____

Driver's license # _____

Partner's Address _____

Partner's Phone # _____

Partnership Interest _____ (percentage interest)

Partner's Name _____

Social Security # _____

Date of birth: _____

Driver's license # _____

Partner's Address _____

Partner's Phone # _____

Partnership Interest _____ (percentage interest)

Partner's Name _____

Social Security # _____

Date of birth: _____

Driver's license # _____

Partner's Address _____

Partner's Phone # _____

Partnership Interest _____ (percentage interest)

Date of partnership formation _____

Date assumed name application filed _____

(iii) Illinois corporation _____ Foreign corporation _____
Date of incorporation _____ State of Incorporation _____
Principal's Names _____

Social Security # _____

Date of birth: _____

Driver's license # _____

Principal's Address _____

Principal's Phone # _____

Ownership Interest _____ (percentage interest)

Principal's Names _____

Social Security # _____

Date of birth: _____

Driver's license # _____

Principal's Address _____

Principal's Phone # _____

Ownership Interest _____ (percentage interest)

Principal's Names _____

Social Security # _____

Date of birth: _____

Driver's license # _____

Principal's Address _____

Principal's Phone # _____

Ownership Interest _____ (percentage interest) _____

List of officers _____

(iv) LLC _____

Date formed _____

State of Formation _____

Member's Name _____

Social Security # _____

Date of birth: _____

Driver's license # _____

Member's Address _____

Member's Phone # _____

Ownership Interest _____ (percentage interest) _____

Member's Name _____

Social Security # _____

Date of birth: _____

Driver's license # _____

Member's Address _____

Member's Phone # _____

Ownership Interest _____ (percentage interest) _____

Member's Name _____

Social Security # _____

Date of birth: _____

Driver's license # _____

Member's Address _____

Member's Phone # _____

Ownership Interest _____ (percentage interest)

List of officers _____

2. Business Type & Liquor Service Information

a. Business Type (check all that apply):

restaurant _____ package liquor store: _____
grocery store: _____ bar/tavern: _____
drug store/pharmacy: _____ combination store _____
convenience store: _____ gas station: _____
other (describe): _____

b. Describe Nature of Business: _____

c. Liquor to be Served and/or Sold (check all that apply):

- i. Alcoholic Liquor _____
- ii. Beer & Wine only _____
- iii. Wine only _____

d. Hours of operation: _____

3. Business Specific Information (for restaurants with bars or restaurants that serve alcoholic beverages)

- a. Does the Applicant seek to sell and/or serve liquor upon the premises of a restaurant? _____ (if No, proceed to section 4)

- b. Does the Applicant maintain and conduct business to the public from the premises as an establishment where meals are actually & regularly served?

 - c. Are premises provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve suitable food? _____
 - d. Does the restaurant have a current cook county health department permit? _____ (please attach).
 - e. How many tables are/will be in the restaurant? _____
 - f. What is the seating capacity of the restaurant? _____
 - g. Is there an existing or proposed menu? _____ (please attach)
 - h. Does the restaurant currently hold or has applied for a Village of Broadview Food License? _____ Issuance date: _____
 - i. What is the square footage of the premises? _____
4. Business Specific Information (for package stores and combination bar/package stores)
- a. Does the Applicant seek to sell liquor upon the premises of a package store? _____ (if No, proceed to section 5)
 - b. Is the package store used only for retail sale of alcoholic liquor in original packages to persons at least 21 years of age for consumption off the premises? _____
 - c. What is the square footage of the premises? _____
5. Business Specific Information (for grocery stores and combination stores)
- a. Does the Applicant seek to sell liquor upon the premises of a grocery store and/or combination store? _____ (if No, proceed to section 6)
 - b. Does the grocery store premise consist of a grocery store and combination store under one roof? _____
 - c. Does the business have a current cook county health department permit to operate? _____

d. What is the square footage of the premises? _____

6. Business Specific Information (for bars/taverns and clubs):

a. Does the Applicant seek to sell and/or serve liquor upon the premises?
_____ (if No, proceed to section 7).

b. How many tables are/will be in the premises? _____

c. What is the seating/occupancy capacity of the premises? _____

d. What is the square footage of the premises? _____

7. Premises Ownership Information

a. Does the Applicant own the premises for which this license is sought?
_____ (if Yes, proceed to section 7).

b. Does the Applicant possess a lease on such premises covering the full
period for which such license is sought? _____
(please attach).

c. What is the period covered by the lease? _____

d. What is the name of the landlord? _____

e. What is the phone number of the landlord? _____

f. What is the address of the landlord? _____

8. Managers. Please list the names, addresses and phone numbers of the on-site managers.

Manager's Name _____

Manager's Address _____

Manager's Phone _____

Please have the manager complete a manager's form. The license holder shall notify the Local Liquor control Commissioner's Office when any person is no longer a manager and will have any new manager apply with the Local Liquor Control Commissioner's Office for approval before employing any person as a manager. All Managers are required to have BASSET (Beverage Alcohol Sellers and Servers Education Training.)

9. Certificate of Insurance

If alcohol is to be consumed on the premises or sold from the premises, you must attach a photocopy of your "Certificate of Insurance" (not the "Policy Declaration"). The Certificate of Insurance must show that you have liquor liability insurance and must include the following information:

- a. Applicant named as the insured
- b. Address of the location where the liquor is being consumed or sold
- c. Dates of coverage and coverage limits.

ELIGIBILITY QUESTIONS

1. Is the Applicant disqualified to receive a liquor license by reason of any matter contained in the Village of Broadview Municipal Code and/or laws of the State of Illinois? CIRCLE ONE: YES NO

2. Does the Applicant acknowledge that he has read and understands the Village of Broadview Liquor License Ordinance, business license ordinances and all other ordinances regulating your proposed licenses and all amendments to date, and agrees not to violate any laws of the Village of Broadview, the State of Illinois, or of the United States in the conduct of his/her place of business?

CIRCLE ONE: YES NO

3. Does the Applicant owe any fines, penalties or fees to the Village of Broadview? CIRCLE ONE: YES NO

4. Since the date of the last application have there been any changes to the make up of the entity ownership? CIRCLE ONE: YES NO

5. If so, have you completed an Entity Change Form? CIRCLE ONE: YES NO

6. Has the Applicant or any officer, manager, or director of said corporation, or limited liability company ("LLC"), or any stockholder or stockholders, or members owning in the aggregate more than five percent (5%) of the stock of such corporation, or interest in the LLC ever been convicted of any felony under the criminal code of Illinois?

CIRCLE ONE: YES NO

If answer is yes, please give name of person so convicted, stating date and offense

10. Has the Applicant or the corporation or any officer, manager, or director of said corporation, or limited liability company (LLC), or any stockholder or stockholders, or members owning in the aggregate more than five percent (5%) of the stock of such corporation, or interest in the LLC made application for a similar license for the period for any premises other than those described in this application?

CIRCLE ONE: YES NO

If answer is yes, complete following:

LOCATION OF PREMISES _____

11. Is any law enforcement official, president, member of the council or commission, member of a town board of trustees, or member of a county board, directly or indirectly interested in the business for which license is sought?

CIRCLE ONE: YES NO

12. Has any license previously issued by State, Federal or local authorities to the Applicant or to any officer, manager, or director of the Applicant, or any stockholder or stockholders or member owning in the aggregate more than five percent (5%) of the stock or membership interest of such corporation or LLC been revoked?

CIRCLE ONE: YES NO

If answer is yes, give name of licensee and state reasons for and date of revocation

13. Have the managers, servers and clerks completed the Bassett (Beverage Alcohol Sellers and Servers Education and Training) program?

CIRCLE ONE: YES NO

14. What authority has been conferred upon the manager by the corporation with relation to the operation or management of the business for which this license is sought:

15. Are alcoholic liquors stored but not sold at any location other than one given?

CIRCLE ONE: YES NO

IF ANSWER IS YES, complete the following:

STREET ADDRESS

CITY, STATE & ZIP

16. Is the location of Applicant's business for which license is sought within 100 feet of any church, school, hospital, home for the elderly, or indigent persons or for veterans, their wives or children, or any military or naval station?

CIRCLE ONE: YES NO

17. Is the location which the license is being sought within 1500 feet of any building on the main campus of any university or college?

CIRCLE ONE: YES NO

18. If alcoholic liquors are sold for consumption on the premises or by individual drink is there located therein in any bar, counter or shelf or substitute therefore?

CIRCLE ONE: YES NO

IF ANSWER IS YES, please answer the following:

a. Is the bar, counter or shelf or substitute therefor a service bar for the purpose of mixing and preparing drinks to be consumed at tables located in said premises?

CIRCLE ONE: YES NO

b. Is the bar, counter or shelf or substitute therefore a lunch counter in a restaurant establishment where the serving of meals is at all times the principal business of said establishment?

CIRCLE ONE: YES NO

19. Has any manufacturer, distributor or importing distributor directly or indirectly furnished, loaned or rented any interior decorations other than signs for inside or outside use (except signs existing prior to February 1, 1934) costing in the aggregate more than \$100.00 in any one calendar year for use in or about premises for which license is sought?

CIRCLE ONE: YES NO

20. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this 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?

CIRCLE ONE: YES NO

If answer is yes, give particulars:

21. Is there any sign or advertisement on proposed premises using the word "saloon" or "bar"?

CIRCLE ONE: YES NO

If answer is yes, please give particulars:

22. Is the Applicant an importing distributor or a distributor of alcoholic liquors, as defined in the Illinois Act relating to alcoholic liquors?

CIRCLE ONE: YES NO

23. Does Applicant furnish or intend to furnish to patrons entertainment in any form in connection with this business?

CIRCLE ONE: YES NO

If answer is yes, describe specifically the type of entertainment offered or to be offered:

24. Is the Applicant engaged in the manufacture of alcoholic liquors?

CIRCLE ONE: YES NO

25. State date you began liquor business from this premises

DAY MONTH YEAR

26. Does Applicant engage in liquor business at any locations in State of Illinois other than that described above?

CIRCLE ONE: YES NO

If yes, give address of all locations

27. Has Applicant ever been refused a liquor license by any Municipal or State body?

CIRCLE ONE: YES NO

If yes, please give full particulars

28. Are the Applicant and all of the officers and directors indicated in this application, citizens of the United States?

CIRCLE ONE: YES NO

29. If not, are any naturalized citizens?

a. Which Court of Law was the citizen naturalized in? _____

b. What is the naturalization number? _____

**VILLAGE OF BROADVIEW LIQUOR LICENSE
AFFIDAVIT**

The undersigned hereby makes application for a Class ____ Liquor License. The undersigned Applicant and/or duly appointed representative, has reviewed this completed application and state that it is true and correct to the best of my knowledge. I agree to report any changes to the content of this application, whether they occur before or after a license is issued, to the Village of Broadview within thirty (30) days. I agree to notify the Village of Broadview of any and all changes in corporate stockholder shares, corporate officers, and directors or any changes to the membership interest in the limited liability company. Further, I understand that the license issued is not transferable.

If this is a corporate or limited liability Applicant, the undersigned further swear that we are duly constituted by Applicant and as such are authorized and empowered by resolution to execute this application for an on behalf of said Applicant. It is understood that the acceptance and depositing of the application fee herein tendered does not constitute acceptance of the liquor license application. I understand that any false statements of information given on this renewal application or information submitted to the local liquor Control Commissioner's office of the Village of Broadview will be considered cause to revoke the local liquor license. I swear that I will not violate any of the ordinances of the Village of Broadview or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein; that I have read and understand Title 3, Chapter 3 of the Village of Broadview Municipal Code and that the statements contained in this application are true and correct.

Signature of Applicant (non corporate)

Date

Name of Applicant (corporate or LLC)

By: _____
Its President

Date

Attest:

Its Secretary

Date

Subscribed and sworn
before me this _____
day of _____, 2009

Notary Public

CONSENT TO INSPECT LICENSED PREMISES

I, _____, am the Owner (or duly authorized representative) of the Premises making application or renewal thereof for a Village of Broadview Liquor License.

The Premises to be licensed is known as _____ and is located at _____, Broadview, Illinois.

I hereby affirm that I have the authority and am authorized to sign documents and legally bind the premises named herein.

I HEREBY GRANT MY CONSENT TO THE VILLAGE OF BROADVIEW AND ITS EMPLOYEES, POLICE OFFICERS, OFFICIALS TO CONDUCT INSPECTIONS OF THE ABOVE LISTED PREMISES AT ANY REASONABLE TIME, INCLUDING BUT NOT LIMITED TO INSPECTIONS DURING OPERATING HOURS OF THE PREMISES OR AT ANY TIME THE PREMISES IS OPEN TO THE PUBLIC.

By granting this consent, I understand and acknowledge that I waive any right that I may now or here in after have to deny any employee, police officer or official of the Village access to my Premises for the purpose of and inspection(s) and any right to complain that said persons conducting the inspection did not have a warrant therefor.

I hereby acknowledge that the consent given herein was a free and voluntary act and that the same may not be withdrawn during the period which the Village of Broadview liquor license is valid.

Date: _____

Printed Name of Owner or
Authorized Representative

Official Title of Signatory

Signature of Owner or Authorized
Representative