

**City of Elmhurst**  
209 North York Street  
Elmhurst, IL 60126

DATE \_\_\_\_\_

CLASS \_\_\_\_\_

ANNUAL FEE \_\_\_\_\_

**APPLICATION FOR CITY RETAILER'S LICENSE  
(Corporate Form)**

The undersigned hereby makes (make) application of the issuance of a city retailer's license for the sale of alcoholic liquor for the term ending \_\_\_\_\_, 20\_\_\_\_\_ and hereby certifies (certify) to the following facts:

NAME OF BUSINESS \_\_\_\_\_

APPLICANT'S CORPORATE NAME \_\_\_\_\_

1. State names of Officers, Directors and Stockholder (5% or more) as indicated, with their respective residence addresses, giving street and number, city and state.

President \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
(Residence Address)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work #

Vice President \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
(Residence Address)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work #

Treasurer \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
(Residence Address)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work #

Director \_\_\_\_\_ SS# \_\_\_\_\_  
\_\_\_\_\_  
(Residence Address) (Date of Birth)  
\_\_\_\_\_  
Home Phone # Work #

Stockholder \_\_\_\_\_ SS# \_\_\_\_\_  
\_\_\_\_\_  
(Residence Address) (Date of Birth)  
\_\_\_\_\_  
Home Phone # Work #

NOTE: Submit additional sheets for other officers, directors or shareholders.

2. Location of place of business for which license is sought:
  - A. \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Exact address by Street & Number)
  - B. \_\_\_\_\_  
(Full description of location, place or premises, specifying floor, room, etc. Attach drawing if necessary.)
3. Date of incorporation \_\_\_\_\_ Under laws of State of \_\_\_\_\_
4. Objects of corporation, as set forth in charter \_\_\_\_\_  
\_\_\_\_\_  
(If insufficient space, attach separate sheet)
5. State principal kind of business \_\_\_\_\_
6. Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant?  
\_\_\_\_\_
7. If Applicant is a club, has it the qualifications described in the Illinois Act relating to alcoholic liquors? \_\_\_\_\_
8. Does the applicant own the premises for which this license is sought? \_\_\_\_\_
9. Has the applicant a lease on such premises covering the full period for which the license is sought? \_\_\_\_\_ If so give:
  - A. Name and address of Lessor \_\_\_\_\_  
\_\_\_\_\_

- B. Period covered by lease: From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_
10. If applicant is licensed as a food dispenser give number \_\_\_\_\_
11. Is the applicant engaged in the manufacture of alcoholic liquors? \_\_\_\_\_  
If so, at what location or locations? \_\_\_\_\_
12. Is the applicant conducting the business of an importing distributor or distributor of alcoholic liquors? \_\_\_\_\_ If so, at what location or locations? \_\_\_\_\_
13. Has any officer, manager or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, ever been convicted of being the keeper of a house of ill fame: or of pandering or other crime or misdemeanor opposed to decency and morality? \_\_\_\_\_  
If so, give name of person so convicted, giving dates and stating offense. \_\_\_\_\_  
\_\_\_\_\_
14. Has any officer, manager or director of said corporation or any stockholder stockholders owning in the aggregate more than five percent (5%) of the stock of said corporation, ever been convicted of any felony under any Federal or State Law? \_\_\_\_\_  
If so, give name of person so convicted, stating date and offenses. \_\_\_\_\_  
\_\_\_\_\_
15. Has the corporation (applicant) or any officer, manager or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation made application for a similar license for this period for any premises other than those described above? \_\_\_\_\_  
If so, give name of applicant, location of premises, date and disposition of application. \_\_\_\_\_  
\_\_\_\_\_
16. Has any license previously issued by State, Federal or Local authorities to the corporation (applicant) or to any officer, manager or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, been revoked? \_\_\_\_\_ If so, give name of licensee and state reasons for the date of revocation. \_\_\_\_\_  
\_\_\_\_\_
17. Will business be conducted by a manager or agent? \_\_\_\_\_ If so, give:
- |                                     |                     |
|-------------------------------------|---------------------|
| A. Name _____<br>(Manager or Agent) | SS# _____           |
| _____                               | Date of Birth _____ |
| (Residence Address)                 | _____               |
| _____                               | Home # _____        |
| Driver's License # _____            | Work # _____        |

C. Authority conferred upon him by the corporation with relation to the operation or management of the business for which this license is sought \_\_\_\_\_

If such business is to be conducted by a manager or agent, then Form C.Z. 503, to be executed and filed by such manager or agent as supplementary to this application.

Any change in ownership consenting to more than five percent (5%) within licensing period must be reported and approved by the local liquor control commission.

18. Does any violation exist as to the licensee or licensed premises of Chapter 43, Illinois Revised Statutes as amended from time to time? \_\_\_\_\_

19. Attach Dram Shop Insurance Policy; include City of Elmhurst as additional insured. Original Certificate of Insurance is required. Binders not accepted.

NOTE: Certificates of Completion for State of Illinois certified Alcohol Awareness Program for Managers, bartenders and servers should be attached to this application in accordance with Elmhurst Municipal Code 36.03 (j).

AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF \_\_\_\_\_)

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the City of Elmhurst 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 and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief:

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_ A.D., 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**SUPPLEMENTARY APPLICATION FOR CITY RETAILER'S LICENSE  
By Manager or Agent**

The undersigned on oath states that under the terms of Chapter 43, Illinois Revised Statutes, 1969, and the City Code of the City of Elmhurst, that he has no impediment prohibiting him from obtaining a liquor license within the City of Elmhurst on the date hereof.

That under the terms of the Statute and Ordinance he is qualified to act as manager or agent for the Corporation by which he is employed.

Further, I swear or affirm that I will not violate any of the ordinances of the City of Elmhurst 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 and that the statements contained in the application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_ A.D., 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**City of Elmhurst**  
209 North York Street  
Elmhurst, IL 60126

DATE \_\_\_\_\_

CLASS \_\_\_\_\_

ANNUAL FEE \_\_\_\_\_

**APPLICATION FOR CITY RETAILER'S LICENSE  
(Individual Form)**

The undersigned hereby makes (make) application of the issuance of a city retailer's license for the sale of alcoholic liquor for the term ending \_\_\_\_\_, 20\_\_\_\_ and hereby certifies (certify) to the following facts:

NAME OF BUSINESS \_\_\_\_\_

APPLICANT'S CORPORATE NAME \_\_\_\_\_

PARTNER #1 OR SOLE PROPRIETOR

1. (a) NAME \_\_\_\_\_ Social Security # \_\_\_\_\_

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

(b) Residence Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
(Give City, Street and Number, & Zip Code)

(c) Have you ever been convicted of a felony under any Federal or State Law? \_\_\_\_\_  
If so, give date and state offense. \_\_\_\_\_

(d) Have you ever been convicted of being a keeper of a house of ill fame; or of pandering or other crimes or misdemeanor opposed to decency and morality? \_\_\_\_\_  
If so, give dates and state offense. \_\_\_\_\_

(e) Have you ever been convicted of a violation of a Federal or State liquor law? \_\_\_\_\_  
If so, give dates and state offenses. \_\_\_\_\_

(f) Have you made application for a similar license for premises other than described in this application? \_\_\_\_\_ If so, give date, location of premises and disposition of application. \_\_\_\_\_

(g) Has any license previously issued to you by State, Federal or local authorities been revoked? \_\_\_\_\_ If so, state reasons therefore and date of revocation \_\_\_\_\_  
\_\_\_\_\_

**PARTNER #2**

1. (a) NAME \_\_\_\_\_ Social Security # \_\_\_\_\_

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

(b) Residence Address \_\_\_\_\_ Phone # \_\_\_\_\_

(Give City, Street and Number, & Zip Code)

(c) Have you ever been convicted of a felony under any Federal or State Law? \_\_\_\_\_  
If so, give date and state offense. \_\_\_\_\_

(d) Have you ever been convicted of being a keeper of a house of ill fame; or of  
pandering or other crimes or misdemeanor opposed to decency and morality? \_\_\_\_\_  
If so, give dates and state offense. \_\_\_\_\_  
\_\_\_\_\_

(e) Have you ever been convicted of a violation of a Federal or State liquor law? \_\_\_\_\_  
If so, give dates and state offenses. \_\_\_\_\_

(f) Have you made application for a similar license for premises other than described  
in this application? \_\_\_\_\_ If so, give date, location of premises and  
disposition of application. \_\_\_\_\_

(g) Has any license previously issued to you by State, Federal or local authorities  
been revoked? \_\_\_\_\_ If so, state reasons therefore and date of revocation \_\_\_\_\_  
\_\_\_\_\_

NOTE: Attach additional sheets for other partners with information as above.

**BUSINESS INFORMATION**

1. Location of place of business for which license is being sought:  
(A) \_\_\_\_\_  
(Exact address by Street and Number) (Zip Code)  
  
(B) \_\_\_\_\_  
(Full description of location, place or premises, specifying floor, room, etc. Attach drawing is necessary.)
2. Has any of the partner(s) made a similar application for a similar other license on premises other than described in this application? \_\_\_\_\_
3. State principal kind of business \_\_\_\_\_
4. What is the length of time that the applicant has been in a business of that nature? \_\_\_\_\_  
\_\_\_\_\_
5. In dollar value, what is the amount of goods, wares and merchandise on hand at the time this application is made? \_\_\_\_\_
6. Does applicant seek a license to sell alcoholic liquor on the premises as a restaurant? \_\_\_\_\_  
\_\_\_\_\_
7. Has applicant a lease on such premises covering the full period for which the license is sought? \_\_\_\_\_  
(a) Name, Address and Phone # or Lessor \_\_\_\_\_  
\_\_\_\_\_  
(b) Period covered by lease  
From: \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_
8. If applicant licenses as a food dispenser, give number \_\_\_\_\_
9. Is any law enforcing public official, mayor, alderman, member of city council or commission, or any president or member of the County Board directly or indirectly interested in the business for which the license e is sought? \_\_\_\_\_
10. Is the applicant engaged in the manufacture of alcoholic liquors? \_\_\_\_\_
11. Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? \_\_\_\_\_

12. Will the business be conducted by a manager or agent? \_\_\_\_\_  
 If so, give Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_  
 Driver's License # \_\_\_\_\_

13. Do you hold any other current business licenses issued by the City of Elmhurst? \_\_\_\_\_  
 If so, Type \_\_\_\_\_  
 Location \_\_\_\_\_

14. Attach Dram Shop Insurance Policy; include City of Elmhurst as additional insured. Original Certificate of Insurance is required. Binders not accepted.

NOTE: Certificates of Completion for State of Illinois certified Alcohol Awareness Program for Managers, bartenders and servers should be attached to this application in accordance with Elmhurst Municipal Code 36.03 (j).

AFFIDAVIT

STATE OF ILLINOIS        )  
   )    SS  
 COUNTY OF \_\_\_\_\_)

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the City of Elmhurst 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 and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief:

\_\_\_\_\_  
 Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_ A.D., 20\_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

**APPENDIX A – BACKGROUND DATA**

1. Name, Last, First – Middle – In Full

2. Alias – Nickname	3. Social Security #	4. Phone (Work/home)
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5. Current Address

6. Date of Birth	7. Place of Birth
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8. Height	9. Weight	10. Eye Color	11. Hair Color	12. Martial Status
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12. Spouse’s Name	13. Maiden Name
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14. Name and Address of Spouse if separated or divorced

15. Children and Dependants – Include Step-Children and Adoptions

Name	Date of Birth – Place of Birth	Living With Whom

16. List all residences for the past ten (10) years from present:

From	To	Street & Number	City	State

17. Education: List all elementary, junior high, high schools and colleges attended below:

Name	Location	Dates Attended	Graduated?

18. FIREARMS: F.O.I.D. #

TYPE	MAKE	MODEL	CAL.	SERIAL NUMBER

19. Vehicle Operator's License Number: Class:

Restrictions: Expiration Date: State:

Has license ever been suspended or revoked: \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

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20. Employment record for past ten years – include part-time and unemployment periods.

From	Name	Job Title	Why Did You Leave?
To	Address	Description of Your Duties	
Salary	City & State	Supervisor's Name	Co-Worker's Name

From	Name	Job Title	Why Did You Leave?
To	Address	Description of Your Duties	
Salary	City & State	Supervisor's Name	Co-Worker's Name

From	Name	Job Title	Why Did You Leave?
To	Address	Description of Your Duties	
Salary	City & State	Supervisor's Name	Co-Worker's Name

From	Name	Job Title	Why Did You Leave?
To	Address	Description of Your Duties	
Salary	City & State	Supervisor's Name	Co-Worker's Name

21. Have you served in the U.S. Armed Forces? \_\_\_\_\_

**22.**

**ARREST – DETENTION – LITIGATION**  
**Show all arrests including criminal and traffic**

Have you ever been arrested or detained by a Law Enforcement Agency? \_\_\_\_\_

Have you ever been involved in any court action, civil or criminal? (Include all traffic – felony – misdemeanor – in this state or elsewhere) \_\_\_\_\_

Have you ever been fingerprinted for any reason? (Arrest – applicant – service – other) \_\_\_\_\_

If any answer to the above is YES, list date, place and full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 23. GAMBLING

Have you ever had a problem with your participation in gambling or betting activities? \_\_\_

If yes, explain: \_\_\_\_\_

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## REFERENCES

24. CREDIT: List at least four (4): Do not include relatives, former employees, or persons living outside of the United States. (List Stores, Banks, Oil Co.'s., Charge Cards, Etc.)

Name	Address	Phone #

25. CHARACTER: Do not include relatives.

Name	Address	Phone #

26. FINANCIAL STATUS: Give names, companies, banks, to whom you are indebted.

Name	Address	Type	Amount



**REQUEST FOR AND AUTHORITY TO RELEASE INFORMATION**

THIS IS TO REQUEST THAT ANY INFORMATION CONCERNING THE FOLLOWING MATTER BE PROVIDED PURSUANT TO MY APPLICATION FOR A CITY OF ELMHURST LIQUOR LICENSE.

I REQUEST THAT THE CUSTODIAN OF RECORDS IN EACH INSTANCE PERMIT THE RECORD TO BE EXAMINED, COPIED OR OTHERWISE REVIEWED, AND HEREBY RELEASE ANY SUCH INSTITUTION, ORGANIZATION, BUSINESS OR COMPANY, INCLUDING ITS OFFICERS, EMPLOYEES OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY OR ASSOCIATES BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION OR ANY ATTEMPT TO COMPLY WITH IT.

**THE INFORMATION COLLECTED WILL BE HELD CONFIDENTIAL AND IS FOR THE SOLE USE OF THE ELMHURST LIQUOR COMMISSION.**

1. Record of any medical treatment or history of any treatment for mental illness.
2. Records pertaining to any and all employment including service in the armed forces of the United States of America and records of any disciplinary action, court martial, or official reprimands while so employed.
3. Record of any credit history.
4. Record of any criminal arrest or conviction.

THIS AUTHORIZATION IS BEING FREELY GIVEN IN LIGHT OF THE INDIVIDUAL RIGHT TO REFUSE SUCH AUTHORIZATION AS PROTECTED BY FEDERAL LAW.

\_\_\_\_\_  
Full Name - Printed

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

S E A L

\_\_\_\_\_  
Witness