Village of Westchester

10300 ROOSEVELT ROAD, WESTCHESTER, IL 60154
(708)345-0020 FAX (708)345-2873
WWW.WESTCHESTER-IL.ORG

Village President
SAM D. PULIA

Village Clerk
SHERBY J. MILLER

Trustees
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CARL C. CELESTINO
FRANK PERRY
CELESTINE REDA
NICK STEKER
TOM YURKOVICH

Village Manager
JANET M. MATTHYS

Village Attorney
MICHAEL K. DURKIN

LIQUOR LICENSE RENEWALS

In an attempt to make the renewal process a bit easier, please note a few changes to the 2017 process. Attached to this letter is the Liquor License Application. Please indicate on page two (2) that you intend to renew your application – if you wish to change your liquor classification, indicate "new" and complete the entire packet. You will be contact for further discussion. For renewals, indicate any changes that have occurred within your organization, of which the Village is not already aware, on pages five (5) through nineteen (19). If there are no changes to your organizational structure, these pages may remain blank and we will consider your previous application to be correct. Your liquor license renewal request will not be considered complete unless pages twenty (20) through twenty-two (22) are filled in, signed, and notarized. It is vital that the Village maintain an accurate record of contact information of any and all staff that may sell or serve alcohol in your organization. In addition to the contact information, you must submit any BASSET cards for employees who the Village did not previously have listed. You must return this entire packet to Village Hall before the December 30th deadline in order to receive your liquor license for 2017. Police enforcement of 2017 liquor licenses will begin on January 1, 2017.

Liquor Control Commission

The process for obtaining a liquor license can take several weeks to complete. Submittal of an application does not guarantee the issuance of a license. To ensure your application is processed in the most efficient manner possible, please complete all the criteria outlined below.

- ☐ Completed Application
- ☐ Applicable affidavit(s)
- ☐ Remit Application fee of $500.00 payable to the Village of Westchester
- ☐ Fully executed copy of lease or proof of property ownership
- ☐ Copy of business floor plan
- ☐ Certificate of Liability Insurance (Dram Shop Insurance) in the amount of $ 1,000,000.00 with the Village of Westchester listed as additionally insured
- ☐ Proof of Citizenship, if born outside of the United States
- ☐ Copy of your Articles of Incorporation
- ☐ Application authority
- ☐ Proof of completion of a State Certified Beverage Alcohol Sellers and Servers Education and Training (BASSET) program for all persons who sell or serve alcoholic beverages, all management personnel working on premises, and anyone whose job description entails the checking of identification for the purchases of alcoholic beverages, pursuant to that license.

Submission of application, $500.00 application fee, and $50 per person for fingerprinting should be directed to the office of the Westchester Liquor Commission at Village Hall, 10300 W. Roosevelt. Rd., Westchester, IL 60154. Submission of finger print fee of $50.00 per person (contact the Westchester Police Department at 708-345-0060 to process fingerprints for background check). Questions should be directed to the Office of the Westchester Liquor Commissioner at 708-345-0020 ext 590.

Application for Retail Liquor License

(All information must be completed. Please print.)
(For renewals, identify any changes from the previous year's information)

ANY FALSE OR DELIBERATELY MISLEADING INFORMATION GIVEN IN RESPONSE TO QUESTIONS ON THIS APPLICATION SHALL BE THE GROUNDS AND BASIS FOR DENIAL AND/OR REVOCATION OF A LIQUOR LICENSE.

Date this Application is being submitted: _____

For Office Use Only

New □ Renewal □ Special Use □

Date Issued: _____

Class: _____ License No. _____

Fee: $_____

Submit the appropriate payment, **made payable to the Village of Westchester**, with this application. If the license is denied, your payment will be returned. Failure to submit the appropriate fee will result in the application being denied and returned.

Pursuant to the provisions of Chapter 5.36, Liquor Sales, of the Municipal Code of the Village of Westchester, the undersigned hereby makes application for the issuance of a Class _____ (to be selected from the class of licenses listed below) Village retail sales liquor license for the term beginning _____ and ending _____, and hereby certifies to the following facts:

LIQUOR LICENSES

Class Type	Description	Annual Fee
A	Authorizes the retail sale of alcoholic liquors in its original package, not for consumption on the premises where sold.	$2,500.00
B	Authorizes the retail sale of beer and wine only in its original package, not for consumption on the premises where sold.	$2,500.00
C	Authorizes the retail sale or dispensing of alcoholic liquor on a temporary basis during a special event sponsored by the licensee for members and their guests on the licensed premises, provided that the special events are conducted by nonprofit organizations.	An annual fee of $200.00 will be required in January of each year, or a fee of $50.00 for each special event permit.
D-1	Authorizes the retail sale of beer or wine for consumption on the premises when the primary business conducted on the premises is that of a restaurant, when seating is predominantly or exclusively used for dining purposes.	$2,100.00
D-2	Authorizes the retail sale of alcoholic liquor for consumption on the premises where sold when the primary business conducted on said premises is that of a restaurant when the seating is predominantly or exclusively used for dining purposes.	$3,000.00
D-3	Authorizes the retail sale of alcoholic liquor for consumption on the premises when the primary business conducted on said premises is that of a banquet facility.	$3,000.00

D-4	Authorizes the retail sale of alcoholic liquor for consumption on the premises where sold, when the primary business conducted on said premises is that of a restaurant when the ratio of seating predominantly or exclusively used for dining purposes to that seating for the bar or lounge areas equals or exceeds three to one (3:1), and when the bar area has a minimum seating of twenty.	$3,500.00
D-5	Allows BYOB for the consumption of beer and wine only, brought onto the premises of a restaurant by a patron for their personal consumption while being served a meal in said establishment. License is subject to conditions and restrictions in ordinance 5.36.080 (8).	$500.00
F	Authorizes the retail sale of alcoholic liquor for consumption at a golf course/country club, or at a restaurant, bar/lounge operating in connection with a golf course/county club, and where the primary business conducted is that of a golf course/country club.	$3,000.00
G	Allows the consumption of alcoholic liquor at the Westchester Park District's Mayfair Banquet Facility. The Westchester Park District, as liquor license holder, may provide alcoholic liquor for consumption in conjunction with a meal package.	$500.00
H	Authorizes the retail sale of alcoholic liquors for consumption off the premises and the sale of beer and wine for consumption on the premises, as an incidental part of a grocery store that has a minimum gross floor area of 50,000 square feet.	$5,500.00
I-1	Authorizes the sale of alcoholic liquors for consumption on the premises when the premises is authorized and licensed by the Village of Westchester under the Illinois Video Gaming Act to provide video gaming, and the sale of any food and beverages, including alcohol, shall account for forty-nine percent (49%) or less of the licensed establishment's annual gross sales revenue from all sources.	$5,000.00
I-2	Authorizes the sale of beer and wine only for consumption on the premises when the premises is authorized and licensed by the Village of Westchester under the Illinois Video Gaming Act to provide video gaming, and the sale of any food and beverages, including alcohol, shall account for forty-nine percent (49%) or less of the licensed establishment's annual gross sales revenue from all sources.	$5,000.00

1. Identify the person filling out and submitting this application.

Name: _____ Date of Birth: _____
Social Security Number: _____
Address: _____
Address: _____
Driver's License Number: _____ Telephone: _____
Email Address: _____

2. Applicant's Name:_____
(Applicant's Name is the corporate, or co-partnership or individual, or limited liability company name that the liquor license will be issued to.)

Supplemental Form "A" must be completed for all applicants or officers, directors, managers, or shareholders owning directly or beneficially 5% in aggregate or more of corporate stock, or for a partnership all co-partners, for a club, the officers, and directors, and managers, for a limited liability company, the manager and managing members.

3. Applicant's Mailing Address: _____
_____
Name of Applicant's Business: _____
Address of Business for which this license is sought: _____
_____
Phone Number: _____

4. If Business is owned by a Sole Proprietor:

(Must submit to Police Background Check)

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Date of Birth: _____

United States Citizen: Yes □ No □ If no, of what Country are you a citizen?

_____

5. If the business is a corporation, state:

Corporate Name: _____

"Doing Business As" Name, if Different than Corporate Name: _____

_____

Date of Incorporation _____

State of Incorporation if different than Illinois: _____

If a foreign corporation, has it been registered with the Secretary of State, of the State of Illinois as a foreign corporation? _____

Under what name? _____

Has it been registered with the County Recorder as doing business under an assumed name? _____ If so, what name? _____

Purpose for which Corporation was formed:_____

Registered Agent: _____

Produce Articles of Incorporation and Illinois Certificate of good standing.

The identity of all directors:

Director: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

Director: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

Director: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

I***f you need additional room attach another sheet of paper and identify the question number.***

The identity of all officers **(All of whom must submit to Police Background Check):**

a. President: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

b. Vice President: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

c. Secretary: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

d. Treasurer: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

The identity of all the shareholders owing at least 5% in aggregate of the stock **(All of whom must submit to Police Background Check):**

% of Stock _____: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

% of Stock _____: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

% of Stock _____: Name: _____

Address _____

City/State/Zip: _____

Phone Number: _____

If you need additional room attach another sheet of paper and identify the question number.

8. If the Business is a Limited Liability Company:

LLC Name: _____
Doing Business As Name, if Different than L.L.C. Name:_____
Date of Organization _____
Purpose for which L.L.C. was formed:_____
Registered Agent:_____
State of Organization, if different than Illinois: _____
If a foreign LLC, has it been registered with the Secretary of State, of the State of Illinois, as a foreign LLC? _____
Under what name? _____
Has it been registered with the County Recorder as doing business under an assumed name?_____ If so, what name? _____
Purpose for which the LLC was formed: _____
Registered Agent:_____
Produce Articles of Organization and Illinois Certificate of good standing.

The identity of all Organizers:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

The identity of all the Members **(All of whom must submit to Police Background Check):**

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

If you need additional room attach another sheet of paper and identify the question number.

The identity of all the Managers **(All of whom must submit to Police Background Check):**

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

The identity of every Member liable in their capacity as a member for all or specified debts, obligations, or liabilities of the company, and specifically, liable for any fines, imposed on the L.L.C. for any ordinance violations **(All of whom must submit to Police Background Check):**

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Produce the L.L.C.: Articles of Organization Operating Agreement

If the Managing Member of the LLC is a Corporation, Identify:

Corporate Name:_____
Doing Business As Name, if Different than Corporate Name: _____
Date of Incorporation _____
State of Incorporation if different than Illinois: _____
If a foreign corporation, has it been registered with the Secretary of State, of the State of Illinois, as a foreign corporation? _____
Under what name? _____
Has it been registered with the County Recorder as doing business under an assumed name? _____ If so, what name? _____

Purpose for which Corporation was formed:_____
Registered Agent:_____
Produce Articles of Incorporation and Illinois Certificate of good standing.

The identity of all directors:

Director: Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Director: Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Director: Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Director: Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

The identity of all officers:
(Must submit to Police Background Check)

a. President: Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

b. Vice President: Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

c. Secretary: Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

d. Treasurer: Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

9. If applicable, the date of the filing of the "assumed name" of the business with the County Clerk. ***Produce a photocopy of the acknowledgment of filing under the assumed name from the County Clerk***

10. The number, the date of issuance and the date of expiration of the applicant's current Village of Westchester Retail Liquor License(s):_____
Produce a photocopy

11. The number, the date of issuance and the date of expiration of the applicant's current State of Illinois Retail Liquor License(s):_____
Produce a photocopy

12. The address of the applicant when the first application for a Westchester Liquor License was made: _____.

13. The date the applicant began liquor sales at his place of business: _____.

14. The address of applicant's warehouse if he warehouses liquor: _____
_____. Phone: _____.

15. The applicant's Retailer's Occupation Tax (ROT) Registration Number:
_____. ***Produce a photocopy***

16. The applicant's document locator number on his Federal Special Tax Stamp:
_____. ***Produce a photocopy***

17. Whether the applicant is delinquent in the payment of the Retailer's Occupational Tax (Sales Tax), and if so, the reasons for it: _____
_____.
If you need additional room, attach another sheet of paper and identify the question number

18. Have you or any persons identified in this application or Supplemental "Form A" ever applied for a liquor license prior to this application?

□ YES □ NO

If your answer is yes, please identify the person or persons, and explain whether or not the liquor license was approved.
_____.

If the liquor license was not approved, please explain the circumstances. _____

_____.

If you need additional room, attach another sheet of paper and identify the question number

19. Has any liquor license or business license previously issued to you, your business or any of the persons identified in this application or required to complete Supplemental "Form A" or any business or businesses that the persons identified in Supplemental "Form A"

had an interest in, ever been revoked, suspended or fined by a Local Municipal, State, or Federal authority?

□ YES □ NO

If the answer is yes, please identify the previous authority and explain the circumstances.

_____

_____.

If you need additional room, attach another sheet of paper and identify the question number

20. Have you or any of the persons identified in this application or required to complete Supplemental "Form A" ever been convicted of a felony under any Federal or State law?

□ YES □ NO

If the answer is yes, please identify each person and explain each and every incident, including the date and jurisdiction of arrest. _____

_____

_____.

If you need additional room, attach another sheet of paper and identify the question number

21. Have you, or anyone named in this application or required to complete Supplemental "Form A" ever been convicted of being the keeper of a house of ill fame, pandering, or any other crime or misdemeanor pertaining to decency and/or morality?

□ YES □ NO

If the answer is yes, please identify the jurisdiction of arrest and explain the circumstances.

_____

_____.

If you need additional room, attach another sheet of paper and identify the question number

22. Have you or anyone named in this application or required to complete Supplemental "Form A" ever forfeited an appearance bond for any violation?

□ YES □ NO

If yes, state the person(s) name, the offense and/or violation and reason for the bond forfeiture. _____

_____

_____.

If you need additional room, attach another sheet of paper and identify the question number

23. Have you or anyone named in this application or required to complete Supplemental "Form A," ever been convicted of being the keeper or of keeping a house of ill fame?

□ YES □ NO

If yes, state the person(s) name, the offense and/or violation and state the circumstances surrounding the arrest and conviction. _____

_____

_____.

If you need additional room, attach another sheet of paper and identify the question number

24. Have you or anyone named in this application or required to complete Supplemental "Form A," ever been convicted of pandering or another crime or misdemeanor opposed to decency and morality?

□ YES □ NO

If yes, state the person(s) name, the offense and/or violation and state the circumstances surrounding the arrest and conviction. _____

_____

_____.

If you need additional room, attach another sheet of paper and identify the question number

25. Have you or anyone named in this application or required to complete Supplemental "Form A" ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, subsequent to the passage of the

Illinois Liquor Control Act of 1934 or forfeited his/her bond to appear in court to answer charges for any such violation?

□ YES □ NO

If yes, state the person(s) name, the offense and/or violation and state the circumstances surrounding the arrest and conviction. _____

_____

_____.

If you need additional room, attach another sheet of paper and identify the question number

26. Have you or anyone named in this application or required to complete Supplemental "Form A" ever been convicted of a violation of 720 ILCS 5/28-1 subsections (a) (3) through (a) (11) or 720 ILCS 5/28- 1.1 or 720 ILCS 5/28-3 of, the Criminal Code of 1961, or as proscribed by a statute replaced by any of the aforesaid statutory provisions?

□ YES □ NO

If your answer to any of the above is yes, state the person(s) name, the offense and/or violation and state the circumstances surrounding the arrest and conviction.

_____

_____

_____.

If you need additional room, attach another sheet of paper and identify the question number

27. Do you or anyone named in this application or required to complete Supplemental "Form A" or the entity seeking a liquor license in the Village of Westchester, have a federal wagering stamp issued to them by the federal government?

□ YES □ NO

If yes, state the person(s) name, and produce a photocopy of the federal wagering stamp.

_____

_____.

If you need additional room, attach another sheet of paper and identify the question number

28. If you or anyone named in this application or required to complete Supplemental "Form A" or the entity seeking a liquor license in the Village of Westchester, have a federal

wagering stamp issued by the federal government, are you, or anyone named in this application or required to complete Supplemental "Form A," or the entity, eligible to be issued a license under the Raffles Act or the Illinois Pull Tabs and Jar Games Act?

□ YES □ NO

If the answer is yes, state the specific section of the Raffles Act, or Illinois Pull Tabs and Jar Games Act, that applies.

_____

_____

If you need additional room, attach another sheet of paper and identify the question number

29. What is the principal type of business to be conducted on the premises:_____ _____.

30. What other types of sales, business, or anticipated entertainment do you intend to conduct on the premises, besides liquor sales (including video gaming)?

_____

Be specific. If you need additional room, attach another sheet of paper and identify the question number. An application for a video gaming license can only be completed after successfully obtaining the proper liquor license. Issuance of a local liquor license does not guarantee issuance of a video gaming license.

31. If you, your partners, or shareholders with at least a 5% interest, currently own, operate, or have any interest in another business or businesses, provide the name(s), and address(es) of each and every business.

_____

_____

_____.

Be specific. If you need additional room, attach another sheet of paper and identify the question number

32. Provide the types of licenses and license numbers currently held at the business or businesses identified in your answer to question 31. In addition to state and local liquor licenses, include state and local entertainment, amusement, food, retail and any other license held. _____

_____

Be specific. If you need additional room, attach another sheet of paper and identify the question number

33. For each and every business identified above in your answers to questions 31 and 32 state the length of time you, your partners or shareholders with at least 5% interest have operated the business(es) described above. _____

_____

_____.

Be specific. If you need additional room, attach another sheet of paper and identify the question number

34. Give a detailed description of the interior of the premises for which you are applying for a liquor license and ***provide a drawing*** (give dimensions) delineating proposed locations for bars and all other fixtures.

_____

_____.

35. What is the total square footage of the business floor area? _____.

36. Do you, the corporation, a partner, the LLC or any shareholder with at least 5% interest own the premises for which the license is being sought?

□ YES □ NO

If the answer is yes, identify the person or entity by name, address and telephone number that owns the premises for which the license is being sought. _____

_____.

If the answer is no, identify the landlord, his/her name, address and telephone number.

_____

_____.

37. What is the expiration date of the lease? _____.
Term of lease must cover the entire licensing period, and must be attached to this application.

38. How much Dram Shop/Liquor Liability Insurance do you have for the business? _____. ***(Coverage in the amount of one million ($1,000,000.00) dollars is required and the coverage must run for the entire licensing period. A copy of the policy is required to be given to the Village, and if the coverage expires during the licensing period January 1, to December 31, the insurance company and the licensee is required to provide this office with a copy of the renewal.***

39. Have you or any persons identified in this application or required to complete Supplemental "Form A" ever been convicted, plead guilty to, or been placed on supervision, for selling alcohol to persons under 21 years of age?

□ YES □ NO

If yes, state the person(s) name, the offense and/or violation and state the circumstances surrounding the arrest and conviction, identify the jurisdiction where the incident took place, and whether or not a fine was imposed and the amount of said fine. _____

_____

_____.

Be specific. If you need additional room, attach another sheet of paper and identify the question number

40. Is any law enforcement official, or any member of the Board of Trustees of the Village of Westchester, directly or indirectly involved in the business for which this license is sought?

□ YES □ NO

If yes, identify the person and/or persons and explain the circumstances. _____
_____
_____.
Be specific. I If you need additional room, attach another sheet of paper and identify the question number

41. If the person and/or persons completing this application are different than the persons and/or persons identified in the answer to question 1 above, please state the:

Name: _____ Date of Birth:_____

Address: _____ Social Security Number:_____

Address: _____ Driver's License Number:_____

Telephone: _____

42. Identify all persons who will be responsible for the operation of the business, and in what capacity, *e.g., owner, manager, agent.* Give their names, addresses, telephone numbers, social security numbers and Driver's License Numbers. Include their date of birth by completing *Supplemental "Form A".*

CONTACT INFORMATION LIST

You must submit (and update as necessary) this form and include a BASSET card for all persons who sell or serve alcoholic beverages, all management personnel working on premises, and anyone whose job description entails the checking of identification for the purchases of alcoholic beverages, pursuant to that license. You may duplicate this form for additional space. This document, with copies of the BASSET card(s), can be emailed to jspencer@westchester-il.org.

NAME: _____

TITLE: _____

PHONE NUMBER: _____

NAME: _____

TITLE: _____

PHONE NUMBER: _____

NAME: _____

TITLE: _____

PHONE NUMBER: _____

NAME: _____

TITLE: _____

PHONE NUMBER: _____

NAME: _____

TITLE: _____

PHONE NUMBER: _____

I swear under penalty of perjury that I have authority to fill out and file this application for a Village of Westchester Liquor License on behalf of the business entity identified in this application as applying for a Village of Westchester Liquor License. I further swear under penalty of perjury that I have authority to act on behalf of the business entity listed on this application. I have made a due and diligent inquiry of all persons heretofore listed and/or involved in the ownership, management or participation in the business that is filing this application for a Village of Westchester Liquor License, in order to answer each and every question. Under penalties of perjury as provided by law, pursuant to Sections 1-109 of the Illinois Code of Civil Procedure, I certify that the statements set forth in this instrument are true and correct.

I understand that any false information given in response to questions on this application shall be the grounds and basis for denial and/or revocation of a liquor license.

_____

Signature Title

Signed and Sworn to before me this

_____ day of _____, 20____.

_____

Notary Public

State of Illinois)
)ss
County of Cook)

The undersigned acknowledges that the granting of a liquor license is a matter of privilege and not a right. The undersigned also acknowledges that the citizens of the Village of Westchester have traditionally and customarily enjoyed and professed a high regard for decency and morality. The undersigned acknowledges that the prevailing community standards of morality and decency dictate that all liquor licensees comply with all Federal and State Laws and local Ordinances.

_____
Signature Title

Signed and Sworn to before me this

_____ day of _____, 20____.

_____
Notary Public

State of Illinois)
)ss
County of Cook)

The undersigned hereby acknowledges that he/she has read and understands all of the Village Ordinances and State Statutes regulating the sale of alcohol, the holders of liquor licenses and the issuance, suspension and revocation of liquor licenses by the Liquor Control Commissioner of the Village of Westchester, Cook County, Illinois. The undersigned swears or affirms that he/she will not violate any of the Ordinances of the Village of Westchester, the Statutes of the State of Illinois or the Laws of the United States of America in the conduct of the place of business described herein.

_____
Signature Title

Signed and Sworn to before me this

_____ day of _____, 20____.

_____
Notary Public

Village of Westchester
Retail Liquor Dealer's License
Supplemental Form "A"

Individuals/Partnerships: Complete this form for each co-partner.

Corporations: Complete this form for each Officer/Director and any stockholder owning in the aggregate more than 5% of the stock.

LLC: Complete this form for each Organizer, Member, and/or Manager in the L.L.C.

Agents or Managers: Complete this form for each Manager or Agent regardless of how the business is conducted. Each time there is an internal change in the corporation, partnership, co-partnership, limited liability company, or other non-natural "person" pertaining to change of name, officers, directors and stockholders holding in the aggregate more than five percent (5%) of the corporation stock, this Supplemental Form "A" must be completed within thirty (30) days of said change. In the event that there is a change in ownership of the licensee corporation, partnership, co-partnership, limited liability company, or other non-natural "person" licensed by the Village of Westchester by another or other such corporations, partnerships, co-partnerships, limited liability companies, or other non-natural "person," such licensee must complete this Supplemental Form "A" within thirty (30) days of the change, if any of the individuals holding in the aggregate more than a five percent (5%) ownership interest in the corporation, partnership, co-partnership, limited liability company, or other non-natural "person" did not own that interest the previous year.

State of Illinois)
)ss
County of Cook)

Full Name: _____

Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (___) ____ – _____ Day Time Telephone Number: (___) ___–_____

Social Security No: _____ Driver's License (& State) No:_____

Birth date: _____ Birthplace: _____

U.S. Citizen? _____ Naturalized? _____ Date: _____

Where Naturalized? _____

Proof of Citizenship is required if born outside the United States:

I have read the license application to which this Form is to be attached and as to those questions that in anyway refer to me, I state under penalties of perjury as provided by law pursuant to Sections 1-109 of the Code of Civil Procedure, that the statements set forth in this instrument are true and correct.

I understand that any false information given in response to questions on this application shall be the grounds and basis for denial and/or revocation of a liquor license.

HAVE YOU APPEARED AT THE WESTCHESTER POLICE DEPARTMENT FOR A FINGERPRINT CHECK? □ YES □ NO

Your application can not be processed without a fingerprint check.

_____
Signature Title

Signed and Sworn to before me this
_____ day of _____, 20____.

_____
Notary Public

ANY FALSE OR DELIBERATELY MISLEADING INFORMATION GIVEN IN RESPONSE TO QUESTIONS ON THIS APPLICATION SHALL BE THE GROUNDS AND BASIS FOR DENIAL AND/OR REVOCATION OF A LIQUOR LICENSE.