

VILLAGE OF BROOKFIELD
APPLICATION FOR RETAIL LIQUOR LICENSE

FOR LICENSE YEAR 2009

EXPIRES DECEMBER 31, 2009

TO BE FILED WITH CHECKS MADE PAYABLE TO:

VILLAGE OF BROOKFIELD
8820 BROOKFIELD AVENUE
BROOKFIELD, ILLINOIS 60513

Original Application

Application Fee: \$500.00 Non-Refundable

No Application Fee for Class 8 License

Check box for the class of license applying for:

- | | | |
|--------------------------|---------------|------------|
| <input type="checkbox"/> | Class 2..... | \$1,800.00 |
| <input type="checkbox"/> | Class 2A..... | \$1,750.00 |
| <input type="checkbox"/> | Class 3..... | \$1,275.00 |
| <input type="checkbox"/> | Class 4..... | \$ 350.00 |
| <input type="checkbox"/> | Class 5..... | \$ 600.00 |
| <input type="checkbox"/> | Class 6..... | \$ 600.00 |
| <input type="checkbox"/> | Class 7..... | \$1,000.00 |
| <input type="checkbox"/> | Class 7A..... | \$1,000.00 |
| <input type="checkbox"/> | Class 8..... | \$ 30.00 |
- (unless waived)

- Class 9..... \$ 300.00
- Class 10..... \$1,600.00
- Class 11..... \$1,250.00
- Class 11A..... \$1,250.00
- Class S20% of fee for Class
1-7 license
- Class S1.....20% of fee for Class
1-7 license
- Class B.....no additional fee to
holder of Class 1, 2, 4, 5, 7, 8 or 9 License

Please enter "N/A" for any of the following that are "Not Applicable"

1. Applicant's name _____
Mailing address _____
City State Zip
Home address _____
City State Zip
Business address _____
City State Zip
Telephone numbers (work) _____ (home) _____
Email Address (Primary) _____
Email Address (Alternate) _____
Date of birth _____ Place of birth _____
Are you a U.S. Citizen? _____
Date of naturalization _____ Place of naturalization _____
Are you a resident of the Village of Brookfield? _____
Do you own or are you the beneficial owner of the business for which the license is sought? _____
2. Business name _____
3. Federal Employee Identification Number (FEIN) _____
4. Corporation headquarters address (if applicable) _____
5. Registered Agent (if applicable) _____
6. Premise address _____

7. Premise telephone _____
8. Character of business and objects for which corporation was formed (if applicable)

9. Length of time applicant has been in business of such character _____
10. Check and complete if applicable:
- Assumed Name – Date filed with County Clerk _____
 - Partnership – Date of formation _____
 - Illinois Corp. – Date of incorporation _____
(Corporation must attach a Certificate of Good Standing and copy of
Articles of Incorporation.)
 - L.L.C. – Date of incorporation _____
 - Foreign Corp. – State of incorporation _____
 - Foreign Corp. – Is the corporation qualified to transact business in
Illinois? _____ (Attach Certificate to Transact Business in Illinois)
11. Current Village of Brookfield liquor license number for this premise _____
Date of issue _____ Date of expiration _____
12. Current Illinois retail liquor license for this premise _____

13. If premise is leased, name, address, and telephone number of the landlord:
(Attach a copy of executed lease)
(If premises are owned, attach a copy of Deed or other proof of ownership.)

14. Retailers' Occupation Tax (ROT) Registration Number _____

15. What is the amount of goods, wares, and merchandise on hand at premises at the time of application? (for renewal application only)

16. Yes No Are you delinquent in payment of the Retailers' Occupation Tax (sales tax)?
17. Yes No Are you delinquent under the cash beer law?
18. Yes No Are you delinquent under the 30 day credit law?
19. Yes No Are you delinquent under the 15 day credit law?
20. Yes No Are you delinquent with your Village of Brookfield water bill?
21. Yes No Are you delinquent with any Village of Brookfield invoices?

If any questions 22-34 are answered "Yes," attach a sheet to this application giving full explanation, particulars, and/or copies of documents.

22. Yes No Have you ever made application for a liquor license which has been denied or declined?
23. Yes No Have you ever had any previous liquor license suspended, revoked for cause, canceled, surrendered, or otherwise terminated?

24. Yes No Have you ever been convicted of a felony under any federal or state law?
25. Yes No Have you ever been convicted of a gambling offense under subsection 28-1(a)(3) through (a)(10) or Section 28-3 of the "Illinois Criminal Code," 720 ILCS 5/1-1 *et seq.*?
26. Yes No Have you ever been convicted of keeping a house of ill fame?
27. Yes No Have you ever been convicted of pandering or other crime opposed to decency or morality?
28. Yes No Has a Federal Wagering Stamp been issued for the proposed licensed premises for the current tax period?
29. Yes No Have you, or any partnership, member or manager owning more than 20% of the stock been issued a federal wagering stamp by the federal government for the current tax period?
30. Yes No Will the business be conducted by a manager or agent?
(Managers and agents must possess the same qualifications required of licensee.)
31. Yes No Is the business located within 100 feet of any church, school, hospital, mortuary, home for the aged, indigent persons or for veterans and their families, or any military or naval station?
32. Yes No Is there any established premises having the same class retail liquor license, with the same opening and closing hours, located on the same block as this proposed establishment?
31. Yes No Are you, or is any other person directly involved in your business, a public official?
32. Yes No Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?

33. Yes No

Every individual applicant, sole owner, partners, corporate Officers or directors (whether or not they own any stock), stockholders owning in the aggregate more than 5% of the stock (including officer, directors, and stockholders of more than 5% for all corporate stockholders), and managers must supply the requested information. If additional space is needed, type or print information in the same format and attach the sheet to this application. NOTE: You must notify the Village of Brookfield Local Liquor Commission in writing of any changes in the information listed in Questions 4 or 32 of this application within 30 days of such change.

Name	Complete Address	Sex	Birth Date	Social Sec. #	Position	% ownership

34. Yes No

Will any other business be conducted or operated at the address provided in question no. 6. If so, describe the nature of that business.

35. Yes No

Is applicant a law enforcement official?

36. Yes No

If applicant is a corporation, is any person owning more than 5% of the shares of stock in the corporation a law enforcement official?

37. Yes No

Is applicant an elected official of the Village of Brookfield?

38. Yes No

If applicant is a corporation, is any person owning more than 5% of the shares of stock in the corporation an elected official of the Village of Brookfield?

=PERSONAL CHECKLIST:

Please use this checklist to verify that all information is attached to the application, so your license application process will not be delayed.

- Yes No Attach a current Certificate of Liability Insurance (Dram Shop) in the maximum limits indemnifying the Village of Brookfield, Illinois?
- Yes No Is the affidavit page of this application notarized?
- Yes No Have all onsite owners and/or managers, corporate officers, directors and shareholders owning more than 5% of stock in the corporation fingerprinted?
- Yes No Attached a current copy of the Articles of Incorporation?
- Yes No Paid all application fees and processing charges?
- Yes No Attached a certificate from the Illinois Secretary of State's office noting:
- 1) The corporation is in good standing with their office?
 - 2) If a foreign corporation, authorization to transact business in Illinois?
- Yes No Attached a copy of deed or other proof of ownership for the premises?
- Yes No Attached a copy of the lease (if the premises are leased) that would be in force for the period of time for the license being sought?
- (If business is owned please specify. If we have a valid lease on file, please advise, and no new copy will be needed).***
- Yes No Attached a list of the name(s), telephone numbers, social security numbers, date of birth, and principal domicile addresses of managers of existing or proposed establishment?

Yes No

Attached a written statement from the applicant whether the applicant has ever been convicted of a misdemeanor, gambling offense or felony, and, if so, the particulars thereof?

NOTE: This application for Retail Liquor License is subject to all provisions and conditions of Chapter 3, Alcoholic Liquor, of the Village of Brookfield Code of Ordinances, Brookfield, Illinois, and the Illinois Liquor Control Act and must be submitted in original form only. Photocopies and facsimiles will not be accepted.

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of inducing the Village of Brookfield to issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for.

That undersigned further covenants and agrees that any misrepresentations made by the applicant herein, or any violation of the terms and conditions of this application or of any of the laws, statutes, ordinances, rules, regulations and covenants above described, shall be just cause for revocation by the Local Liquor Control Commissioner, after a hearing on said matter, of the license herein applied for.

Signature of Applicant or Authorized Agent

Signature of Applicant or Authorized Agent

Title or Position

Title or Position

Date Signed

Date Signed

NOTE: IF THE LICENSE IS TO BE ISSUED TO A PARTNERSHIP, FIRM, ASSOCIATION, CLUB, OR CORPORATION, TWO PARTNERS, THE PRESIDENT AND SECRETARY, OR TWO AUTHORIZED AGENTS MUST SIGN. EQUIVALENT OFFICERS MUST SIGN FOR A NOT-FOR-PROFIT ORGANIZATION OR ASSOCIATION.

STATE OF ILLINOIS)
)
COUNTY OF)

This instrument was acknowledged before me on _____, 20____, by _____ (as _____ of _____).

(SEAL)

Notary Public

Managers List 2009

Business Name _____

<u>Name</u>	<u>Address</u>	<u>24-Hour Phone No.</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

**Please notify Village of Brookfield Police Investigations Unit of any changes throughout the year.