



Village of Heyworth

108 S. Buchanan Street
P.O. Box 439
Heyworth, IL 61745-0439
P: (309) 473-2811
F: (309) 473-2291

{LICENSE YEAR: }
{____/____/____ TO }
{____/____/____ }

VILLAGE OF HEYWORTH
LIQUOR LICENSE APPLICATION

This Application must be completed, signed and **sworn to under oath that the answers on this form are true and correct** by the applicant or his/her duly authorized agent, or if the application is being made on behalf of a partnership, firm, association, Club, or corporation, this application must be signed and sworn to by the president and secretary of said entity respectively, and filed with the Village Clerk. All questions must be answered. If any question or section is not applicable, place the letters "N/A" in the place set forth for the answer of the inapplicable question. **A determination that answers on this form are untrue, incomplete or deceptive may be grounds for denying the liquor license for the establishment listed below.** All applications **MUST** be accompanied with the checklist of items herein listed, including the applicable fees and surety bond.

New Application **Renewal Application**

Licensee/Business Name: _____

Business Location Address: _____

Heyworth, IL 61745 _____

Business Phone: () _____ **Fax #:** () _____

Form of Business Organization:

Corporation Limited Liability Company Partnership Individual

Date of Organization: ____/____/____ **State of Organization:** _____

Applicant Information: (Individual/Corporate)

Name: _____ **FEIN:** _____ - _____

Address: _____ **DL#:** _____

Street Address

DOB: ____/____/____

City, State, Zip

Phone #: () _____ **Cell #:** () _____

Email: _____ **Fax #:** () _____

Social Security #: _____ - _____ - _____

LIQUOR LICENSE APPLICATION CHECKLIST

(and necessary documentation to submit with this application to Village Clerk's Office)

New Applications Only:

- ___ Certificate of Occupancy
- ___ Articles of Incorporation
(if Corporation)
- ___ Articles of Organization
(if Limited Liability Company)

New & Renewal Applications:

- ___ Copy of Lease/Proof of Ownership
- ___ Certificate of Dram Shop Insurance
- ___ County Health Dept. Certificate
(if applicable)
- ___ Certificate of Good Standing
(if Corporation or LLC)
- ___ Surety Bond for \$1,000.00 to the
"Village of Heyworth" (valid
through June 30 of following year)
- ___ Personal Information Forms
(Background Checks)
- ___ Copy of State Liquor License
(after receipt of state license)
- ___ Applicable Fees:
 - ___ Application Fee (\$25.00)
 - ___ Fingerprinting Fee
 - ___ License Fee

A STATE OF ILLINOIS LIQUOR LICENSE IS ALSO REQUIRED. CONTACT THE STATE LIQUOR COMMISSION AT EITHER OF THE BELOW CONTACTS FOR FURTHER INFORMATION AND NECESSARY REQUIREMENTS.

Chicago Address:

100 W. Randolph, Ste. 7-801
Chicago, IL 60601
Phone: (312) 814-2206

Springfield Address:

100 West Jefferson, Ste. 3-525
Springfield, IL 62702
Phone: (217) 782-2136

or visit <http://www.state.il.us/lcc>

(Information concerning Local Liquor Ordinances is contained in the Village of Heyworth Code of Ordinances – specifically Title 4 Chapter 2 (4-2) – Liquor Control Ordinance)

FOR OFFICE USE ONLY:

Date Received: ___/___/___ Received By: _____

Police Department Approval: Y or N By: _____

License Issued: Y or N Type of License Issued: Class _____

Effective Date: ___/___/___

CLASS OF LICENSE APPLIED FOR:

(mark with a "X")

- _____ **Class A -** Authorizing the retail sale of all alcoholic beverages for consumption on the premises and other retail sales of such liquor. **(\$1,100.00 Fee)**
- _____ **Class B -** Authorizing the retail sale of beer and wine only for consumption on the premises under limited hours. **(\$800.00 Fee)**
- _____ **Class C -** Authorizing the retail sale of beer only for consumption on the premises as well as retail package sales of beer only. **(\$600.00 Fee)**
- _____ **Class D -** Authorizing the retail package sale of beer and wine only and **not** for consumption on the premises. **(\$600.00 Fee)**
- _____ **Class E -** Authorizing the retail package sale of all alcoholic beverages and **not** for consumption on the premises. **(\$900.00 Fee)**
- _____ **Class NFP -** Authorizing the retail sale of all alcoholic beverages for consumption on the premises for a special benefit or charitable event for which the sponsor shall not derive a profit. (Must attach statement signed by the applicant specifying the purposes of the event, the scheduled beginning and ending times and location.) **(\$25.00 Fee)**
- _____ **Class SE -** Authorizing the retail sale of all alcoholic beverages for consumption on the premises for a special event for which the sponsor shall derive a profit. (Must attach statement signed by the applicant specifying the purposes of the event, the scheduled beginning and ending times and location.) **(\$50.00 Fee)**
- _____ **Class Club -** Authorizing the retail sale of all alcoholic beverages for consumption on the premises. Such license shall only be issued if the applicant qualifies as a "Club" as defined in the Village of Heyworth Liquor Ordinance. **(\$300.00 Fee)**
- _____ **Beer Garden-** If the applicant is requesting a permit for a "beer garden" or "outdoor garden" as defined in the Village of Heyworth Liquor Ordinance, please mark this section.

Applicant Questionnaire:

Has the Applicant or any person listed on this application ever:

Is the Applicant and/or every person listed on this application:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been convicted of a gambling offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been convicted of being the keeper of a house of ill fame? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been convicted of any other crime or misdemeanor opposed to decency or morality? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Been convicted of any offense relating to pay taxes when due? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Forfeited a bond or other security posted to secure your appearance before any court or other administrative body, including a Local Liquor Control Commission? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Been convicted of a violation of Any Federal, State or Local law Concerning the manufacture, Possession or sale of alcoholic liquor or have forfeited your bond in court to answer charge for any such violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Been issued a federal wagering stamp issued by the federal government, unless the person is eligible to be issued a license under the Raffles Act or the Illinois Pull Tabs and Jar Games Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Had a liquor license revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Disqualified from receiving a liquor license for any other reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Applied for a liquor license in the Village before? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If "yes" to 11 above, was it issued? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. A citizen of the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A person of good character and reputation in the community? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. An owner of the premises to be licensed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If no to #3, have a lease for the premise to be licensed? | <input type="checkbox"/> | <input type="checkbox"/> |

If any answer to questions in the left column above is "yes", you must submit a full statement regarding the response on a separate sheet identifying the offense or action, the date and place of such offense and action, and the ultimate disposition of such offense or action.

CORPORATION AND LLC. OWNED BUSINESSES ONLY

1. Only complete this page if the premise to be licensed is owned by a corporation or limited liability company.
2. On this page, provide the information requested below for each of the following persons: list of all (1) officers; (2) directors; (3) ALL persons owning more than 5% of stock, either directly or beneficially; and (4) the manager(s) of the business.
3. Please copy this page and provide additional names and information if needed.
4. Please type or print all answers legibly.

Position or Title (Check all that apply):

Corporation:	Limited Liability Company:	Partnership:	Employee:
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Member	<input type="checkbox"/> Partner	<input type="checkbox"/> Resident Manager
<input type="checkbox"/> Officer	<input type="checkbox"/> Director	Individual:	
<input type="checkbox"/> Director		<input type="checkbox"/> Sole Proprietor	

Name: _____

Title: _____

Address: _____

Street Address

DL#: _____

City, State, Zip

DOB: ____/____/____

Home Phone #: () _____ - _____

Cell #: () _____ - _____

Business Phone #: () _____ - _____

Fax #: () _____ - _____

Email: _____

Place of Birth: _____

Social Security #: _____ - _____ - _____

% of Ownership: _____ %

Name: _____

Title: _____

Address: _____

Street Address

DL#: _____

City, State, Zip

DOB: ____/____/____

Home Phone #: () _____ - _____

Cell #: () _____ - _____

Business Phone #: () _____ - _____

Fax #: () _____ - _____

Email: _____

Place of Birth: _____

Social Security #: _____ - _____ - _____

% of Ownership: _____ %

ALL APPLICANTS

1. What is the character of the business you intend to operate? (if corporation, state the objects of the corporation as set forth in the corporate charter)

2. Length of time in said business? _____

3. Is any party to this application a Naturalized Citizen? Yes_____ No_____
If "yes," the date and place of naturalization? Date ___/___/___ Place _____

4. Is the premises within 100 feet of a church, grade or high school, hospital, or home for the aged or indigent persons? Yes_____ No_____

5. Is the premises owned or leased? Owned_____ Leased_____
 - a. If leased, it is mandatory that such lease shall be for a term of sufficient length to encompass the period of the license sought. Period covered by lease is from: _____/_____/20__ to: ___/___/20__.
 - b. Copy of lease or proof of ownership **MUST** be submitted with this application.
 - c. If premises is leased, provide names, addresses, and phone numbers of all owners of the property: _____

6. Is the applicant applying for a "**CLUB**" License? Yes_____ No_____
 - a. If so, how many dues-paying members are there? _____
 - b. Attach a list of all dues-paying members' names and addresses.
 - c. Does your "club" meet the qualifications described in the Illinois Liquor Control Act of 1934 and the Village of Heyworth Liquor Ordinance? Yes_____ No_____

7. Is there food sales on the premises? Yes_____ No_____
 - a. If "yes", attach copy of current McLean County Health Department Food Certificate.

8. Is 51% or more of the business revenues expected to be from food sales?
Yes_____ No_____

9. Provide the following information for the person managing the ongoing affairs of the premises, unless already completed in the corporation section above.

Name: _____

DL#: _____

Address: _____

DOB: ___/___/___

Street Address

Place of Birth: _____

City, State, Zip

Home Phone #: () _____ - _____

Cell #: () _____ - _____

Business Phone #: () _____ - _____

Fax #: () _____ - _____

Email: _____

SSN#: _____ - _____ - _____

AFFIDAVIT OF APPLICANT

STATE OF ILLINOIS)
) SS
COUNTY OF MCLEAN)

I/We, the undersigned being first duly sworn upon our oath(s) state and depose as follows:

1. I/We understand that the foregoing information is set forth so that we might obtain a liquor license.
2. I/We understand that the answers and information herein provided are material to the question as to whether or not I/we are entitled under the laws of the State of Illinois and the Village of Heyworth to obtain a liquor license.
3. I/We understand that making a false affidavit constitutes perjury where a false answer is knowingly made to a material question as hereinbefore stated.
4. I/We hereby agree to conduct all business operation of the applicant in compliance with the Ordinances and laws of the Village of Heyworth and the laws of the State of Illinois.
5. I/We hereby agree to obey all lawful orders of the Village of Heyworth Police Department and the Local Liquor Control Commissioner.
6. I/We hereby agree to pay when due, all taxes of any nature or kind due to the Village of Heyworth, the State of Illinois, or the United States Government.
7. I/We have personally prepared the answers to the above questions.
8. I/We have reread the questions and information contained herein, and finds them to be wholly true, and I/we wholly understand them.

Applicant/Title

Applicant/Title

Applicant/Title

Subscribed and sworn to before me
this ____ day of _____, 20 ____ A.D.

Notary Public