



The Village of Arlington Heights

33 South Arlington Heights Road
Arlington Heights, Illinois 60005

Liquor Licenses

(847) 368 - 5100

INSTRUCTIONS TO NEW LIQUOR LICENSE APPLICANTS

Liquor licenses are not transferrable. A new owner must be approved for a liquor license before selling or serving liquor.

Materials to be submitted:

NOTE: An incomplete submittal will delay processing your application.

1. ___ Completed Liquor **Application** with **\$135 fee** made payable to: Village of Arlington Heights.
2. ___ Written **notice** from current owner/landlord acknowledging we can accept your paperwork. An executed lease or deed is acceptable if it is available.
3. ___ Completed **Background Check** Authorization Form (individually completed) and completed Additional Liquor **Applicant Form** (individually completed by each person).
4. ___ **Ownership Verification Paperwork** Depending on structure, this can be Articles of Organization, Operating Agreements, Stock Ownership Documents, Share Certificates etc. Owners of the Business Entity must be listed.
5. ___ **Floor Plan** (no larger than 8½" x 11") showing the layout. Restaurants, please indicate table and chair seating arrangements and bar area. Include # of Seats, # of High chairs, and # of Bar Stools. Other establishments should include a layout showing the areas where liquor will be displayed and stored. Submitted floor plan must match layout at walk through.
6. ___ **Menu** (if applicant is a restaurant).

The items below must be provided **prior to release** of Liquor License:

7. ___ Copy of **BASSET** cards
8. ___ Copy of Executed **Lease** or Deed
9. ___ Certificate of Dram Shop **Insurance**

PROCESS:

The process for a liquor license takes between 8 and 10 weeks. Prior to beginning the application process, check with the Planning Department (847-368-5200) to see if the property is eligible for a liquor license. Also, applicants must apply for a business license with the Building Department (847-368-5577).

After all of the necessary materials have been submitted and the application is deemed complete, the application will be sent to the Police Department to begin the background check. **Background checks take approximately 4 weeks.** Applicants will be notified by Manager's Office when to set up an appointment for fingerprinting with the Police Department. "*Applicant*" includes all principals, partners, officers, shareholders, directors, members, managers (if an LLC) holding an aggregate amount of 5% or more interest in the Business Entity. Also, includes on-site Managers.

Once a satisfactory background report is received, applicants will be scheduled for an **interview** before the Village Board, meeting as a Committee-of-the-Whole. Meetings are usually held on the first and third Mondays of each month in the evening. **One week prior to the interview, a pre-interview and walk through of the facility will be conducted with the Assistant Village Manager.** At least one of the applicants must be in attendance at the pre-interview.

If the Board recommends approval of the application, the recommendation is usually approved at the Village Board meeting immediately following the Committee-of-the-Whole liquor interview. Once all outstanding items are submitted, liquor licenses will be available within two days. The pro-rated amount of the annual license will be due at the time of liquor license pick up. **After receiving the local liquor license, applicants will then need to get the State of Illinois retail liquor license** <https://www2.illinois.gov/ilcc>

Date received _____



The Village of Arlington Heights
33 South Arlington Heights Road
Arlington Heights, Illinois 60005
3/21/2023

Application for a NEW Retail Liquor Dealer's License

Provision of the Liquor License Application is NO assurance that a liquor license will be granted. A liquor license is NOT transferable.

See Chapter 13, Municipal Code Chapter 13; Alcoholic Liquor Dealers (vah.com) for definitions, requirements and restrictions of each Class.

_____ **Print Name and Title** of individual who is authorized to sign application for the Business Entity

_____ (Print) Business Entity

_____ (Print) Establishment Name (doing business as)

Hereby makes application for a Class _____ License, for the above titled year and tenders the sum of \$ _____; the annual fee for said license.

Please check the box for the liquor license you will be applying for:

FOOD SERVICE LICENSE			SPECIALTY LICENSE			PACKAGE LICENSE		
CLASS	AMOUNT	CHECK BOX	CLASS	AMOUNT	CHECK BOX	CLASS	AMOUNT	CHECK BOX
CLASS A	\$3,800		CLASS C	\$650		CLASS B	\$3,700	
CLASS A SUPPLEMENTAL	\$650		CLASS DD	\$4,600		CLASS BB	\$2,700	
CLASS AA	\$4,600		CLASS F	SEE CHAP. 13-501, V(J)		CLASS T	NO FEE	
CLASS AA SUPPLEMENTAL	\$200		CLASS G	\$4,600		CLASS O	\$1,400	
CLASS E	\$2,700		CLASS H	\$650		CLASS N HOTEL RETAIL	\$1,000	
			CLASS I	\$3,000		CLASS N HOTEL IN-ROOM	\$1,000	
			CLASS K	\$1,400		CLASS N HOTEL BOTH	\$1,400	
			CLASS L	\$4,600				
			CLASS M	\$3,000				
			CLASS P	\$2,200				
			CLASS P1	\$650				

Is this a publicly traded company: Yes _____ No _____

Ownership Information, continued:

3-3.

Name (First, Middle Initial, Last)	Home Address		City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ()Yes ()No, Citizen of:			If Applicable, Place of Naturalization and Date:		

3-4.

Name (First, Middle Initial, Last)	Home Address		City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ()Yes ()No, Citizen of:			If Applicable, Place of Naturalization and Date:		

3-5.

Name (First, Middle Initial, Last)	Home Address		City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ()Yes ()No, Citizen of:			If Applicable, Place of Naturalization and Date:		

3-6.

Name (First, Middle Initial, Last)	Home Address		City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ()Yes ()No, Citizen of:			If Applicable, Place of Naturalization and Date:		

3-7.

Name (First, Middle Initial, Last)	Home Address		City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ()Yes ()No, Citizen of:			If Applicable, Place of Naturalization and Date:		

3-8.

Name (First, Middle Initial, Last)	Home Address		City	State	Zip Code
Email Address	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ()Yes ()No, Citizen of:			If Applicable, Place of Naturalization and Date:		

4. BUSINESS ESTABLISHMENT LOCATION

Address:	Arlington Heights, IL	Zip Code:	Phone #:
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What major streets/intersections is your business near?

Has this location held a liquor license before? Yes () No ()	If yes, list type of liquor license:
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Is the establishment open for business? Yes () **or** list anticipated opening date:

Has a business license been applied for? Yes () No () Will Apply ()

Hours of Operation for Liquor Sales: (check Section 13-503 for **ALLOWED** hours)

MON	TUES	WED	THURS	FRI	SAT	SUN

Ownership/Use of Location:

Owned () Provide Proof of Ownership (e.g. title policy, deed)

Leased () Provide copy of signed lease for full period of license

Date Lease Expires: _____

*Please note: Any sublease arrangement must have landlord's approval. Please provide a signed letter from the landlord stating approval.

Landlord:	Contact Person:	Phone #:
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Address, City, State, Zip:

5. MANAGER INFORMATION (This is the person(s) who will be responsible for the on-site management of the establishment)

On-Site Manager(s) Information:

1) Name: _____ Email: _____

Address: _____ City: _____ Cell Phone: _____

2) Name: _____ Email: _____

Address: _____ City: _____ Cell Phone: _____

A. Does your manager possess the qualifications required to obtain State and Local Licenses to operate an alcoholic business? Yes () No ()

B. Does your manager have a BASSET card? Yes () No () Applying ()

(Please note: A copy of the manager's BASSET card must be on file with the Village Manager's Office)

C. I understand that as new managers are employed, they must be fingerprinted and submit a copy of their BASSET card. Yes () No ()

6. I understand Dram Shop Insurance MUST be provided prior to opening the location for business and that the insurance shall remain in force during the period for which

the license is issued. The evidence of insurance shall also provide that the insurance company shall give at least 10 days notice to the Village prior to any cancellation. In addition, the **Village of Arlington Heights, IL** must be listed as a Certificate Holder and there must be a coverage limit for liquor liability of **not less than \$1,000,000 per occurrence**.
Yes () No ()

7. I acknowledge the requirement of BASSET certification, as detailed in Chapter 13 Article II, Section 204 of the Municipal Code, within the time period specified by the ordinance. In addition, I understand that copies of BASSET certificates for all employees must be kept on file at the place of business. Yes () No ()

8. Has **any principal, partner, officer, member, manager, or employee of the business** entity given management duties ever:

A. Been **convicted** of a Felony or Misdemeanor (as described in Section 13-301)?

Yes () No ()

B. Been **convicted** of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or forfeited their bond for failure to appear in court to answer charges for any such violation?

Yes () No ()

C. Had a liquor license revoked or suspended? Yes () No ()

D. Been denied a liquor license from any jurisdiction? Yes () No ()

E. Been involved with a liquor violation at **any** Local or State level?

Yes () No ()

F. Been delinquent in the payment of **any** Local or State business taxes (sales, food & beverage, withholding, etc.)?

Yes () No ()

G. Held any law enforcement office or a position as an elected or appointed public official?

Yes () No ()

H. Been issued a Federal Gaming Device Stamp? Yes () No ()

I. Been issued a Federal Wagering Stamp? Yes () No ()

J. Been convicted of a gambling offense? Yes () No ()

K. Been convicted of being the keeper of, or is keeping, a house of ill-fame?

Yes () No ()

L. Been convicted of pandering or other crime or misdemeanor opposed to decency and morality?

Yes () No ()

If answered yes to any questions from above, please explain:

9. Are you eligible to receive a State retail liquor license? Yes () No ()

10. Is your business entity valid and in good standing with the State of IL?

Yes () No ()

11. Are you familiar with and do you possess copies of the Liquor Control Laws of the Village of Arlington Heights and the State of Illinois? Yes () No ()

12. Are you **disqualified** to receive a license for any reason by this ordinance, the State of Illinois or other ordinances of this Village? Yes () No ()

13. Do you agree to abide by all laws of the State of Illinois, the United States of America, and by all ordinances, regulations and laws established by the Village of Arlington Heights in the conduct of your place of business? Yes () No ()

14. I acknowledge the requirement to provide 30 days written notice to the Village prior to any individual seeking to acquire 5% or more of the stock of a corporation or the same minimum percentage shares of ownership in an LLC. I also understand that each person seeking to acquire 5% or more shall comply with the provisions of Section 13-203 as though that person were applying for a license as an individual. Yes () No ()

15. I understand that if any information submitted in this application should change during the term of the liquor license, I am required to notify the Village of Arlington Heights Liquor Control Commissioner and submit an amended application containing the new information. Yes () No ()

16. I understand that no liquor license shall be issued for the sale at retail of any alcoholic liquor within 100 feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their spouses or children or any military or navy stations; provided that this prohibition shall not apply to hotels offering restaurant service, regularly organized clubs, or to restaurants, food shops or other places where the sale of alcoholic liquors is not the principal business carried on, if such place of business exempted has been established for such purposes prior to the taking effect of this article. Yes () No ()

17. a. Do you or any person holding an aggregate amount of 5% or more interest in the business entity **currently** hold a liquor license in another jurisdiction?

Yes () No () If answer to question above is "Yes", provide names of the establishments, complete addresses, and dates of ownership.

b. Has a liquor license been **previously issued** to any establishment you or any person holding an aggregate amount of 5% or more interest in the business entity have interest in?

Yes () No () If answer to question above is "Yes", provide names of the establishments, complete addresses, and dates of ownership.

AFFIDAVIT

I, the undersigned, hereby swear and affirm that I am the applicant for the license requested in the foregoing application, that I am of good repute, character and standing and that the answers to questions asked in the foregoing application are true and correct. I further state that I have read and understand the provisions of the Arlington Heights Municipal Code relating to the sale and delivery of alcoholic beverages and that I agree not to violate any of the laws of the State of Illinois, the United States of America, or the ordinances of the Village of Arlington Heights in conducting my/our business.

I further understand that any untrue, incorrect, or misleading information provided in this application is sufficient cause for the refusal to grant any license or the revocation of any license granted in response to this application.

I further give my permission to the Village of Arlington Heights or any agency of the Village to check with any agency or individual named or referred to in this application to verify or clarify any information I have provided in this application.

By signing this document, I agree that:

The current owner and landlord are aware that I have submitted this liquor application.

And that I am (check what applies):

In negotiations to buy the establishment

In negotiations to sign a lease for this space

Signature of Applicant

Print Name

Title

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

Notary Signature

Stamp



LIQUOR LICENSE APPLICANT BACKGROUND AUTHORIZATION

I authorize and empower the Village of Arlington Heights and its representatives, any consumer reporting agency, or other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation and other relevant information, through correspondence or personal interviews with neighbors, friends or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I am aware and understand that my fingerprints will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Upon written request, I understand that said organization will provide me with information regarding the scope of the investigation if one is made.

I release the Village from any liability for damages resulting from conducting the background investigation.

I certify that I have read this authorization form and understand its meaning and purpose.

_____ Name and Address of Restaurant or Store	
_____ Signature	_____ Date
_____ Print Name	_____ * Date of Birth
_____ Address	_____ * Sex & * Race
_____ City, State, Zip	_____ Driver's License # & State of Issuance

* Sex, Race and Date of Birth are personal identifiers that will not be used in the licensing decision.

Additional Liquor Applicant Information Form
To be filled out individually

I AM: OWNER: _____ ON-SITE MANAGER: _____ OTHER-Explain: _____

1. PRINT NAME _____

2. ESTABLISHMENT NAME & ADDRESS _____

3. DO YOU NOW OR HAVE YOU IN THE PAST HAD AN **OWNERSHIP INTEREST** IN ANY LIQUOR OR RESTAURANT BUSINESS? YES _____ NO _____

IF YES, LIST ALL RESTAURANTS/STORES ADDRESS, CITY & STATE DATES FROM/TO

4. ARE YOU NOW OR HAVE YOU IN THE PAST **MANAGED** ANY LIQUOR OR RESTAURANT BUSINESS? YES _____ NO _____

IF YES, LIST RESTAURANT/STORE NAME CITY & STATE DATES FROM/TO

5. DO YOU HAVE **GENERAL EXPERIENCE** IN ANY LIQUOR OR RESTAURANT BUSINESS? YES _____ NO _____

IF YES, LIST RESTAURANT/STORE NAME CITY & STATE DATES FROM/TO

6. DO YOU CURRENTLY HOLD A LIQUOR LICENSE IN ANOTHER MUNICIPALITY? YES _____ NO _____

IF YES, LIST ESTABLISHMENT NAME CITY & STATE DATES FROM/TO

7. WILL YOU BE WORKING ON-SITE AT THE ESTABLISHMENT? YES _____ NO _____

8. HAVE YOU REVIEWED THE LIQUOR CODE OF THE VILLAGE OF ARLINGTON HEIGHTS? YES _____ NO _____

9. ARE YOU BASSET CERTIFIED? YES _____ NO _____ WILL BE _____ N/A _____

10. HOW MANY EMPLOYEES DO YOU ANTICIPATE WORKING AT THIS BUSINESS?

Additional Liquor Applicant Information Form
To be filled out individually

11. HAVE YOU EVER BEEN ARRESTED FOR ANY VIOLATION OF LIQUOR LAWS OR ANY OTHER CRIMINAL OR CIVIL STATUTE OTHER THAN FOR TRAFFIC OFFENSES?

YES _____ NO _____ IF YES, PLEASE EXPLAIN.

12. HOW ARE YOU FINANCING THE ACQUISITION OF YOUR BUSINESS?

13. NAME ALL PERSONS WHO HAVE 5% INTEREST OR MORE IN THIS BUSINESS ENTITY.

14. DO YOU HAVE A FINANCIAL INTEREST IN ANY OTHER BUSINESS?

YES _____ NO _____ IF YES, GIVE BUSINESS NAME AND ADDRESS.

15. ARE YOU A PARTY TO ANY OPEN LAWSUITS AT THE PRESENT TIME? IF SO, PLEASE BRIEFLY DESCRIBE NATURE OF LAWSUIT.

16. ARE THERE ANY OPEN JUDGMENTS OR LIENS OUTSTANDING AGAINST YOU? IF SO, PLEASE LIST (I.E. FORECLOSURES, COURT ORDERS)

I, _____, do hereby swear and affirm that the above information is accurate to the best of my knowledge. I also acknowledge that I am aware, that if the business entity is a corporation or limited liability company (not traded publicly) there is a Village Ordinance requiring 30 days notice to the Village prior to the change of ownership of more than 5% of the corporate stock of a licensee.

Signature

Date