

**VILLAGE OF BROOKFIELD**  
**APPLICATION FOR RETAIL LIQUOR LICENSE**

VILLAGE OF BROOKFIELD  
8820 BROOKFIELD AVENUE  
BROOKFIELD, ILLINOIS 60513

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

Applicant's name \_\_\_\_\_

Mailing address \_\_\_\_\_  
City State Zip

Home 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? \_\_\_\_\_

Federal Employee Identification Number (FEIN) \_\_\_\_\_

Corporation headquarters address (if applicable) \_\_\_\_\_

Registered Agent (if applicable) \_\_\_\_\_

Premise address \_\_\_\_\_

Premise telephone \_\_\_\_\_

Character of business and objects for which corporation was formed (if applicable)

\_\_\_\_\_

Length of time applicant has been in business of such character \_\_\_\_\_

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)

Current Village of Brookfield liquor license number for this premise \_\_\_\_\_

Date of issue \_\_\_\_\_ Date of expiration \_\_\_\_\_

Current Illinois retail liquor license for this premise \_\_\_\_\_

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.)**

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Retailers' Occupation Tax (ROT) Registration Number \_\_\_\_\_

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

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

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

- Yes  No      Have you ever made application for a liquor license which has been denied or declined?
- Yes  No      Have you ever had any previous liquor license suspended, revoked for cause, canceled, surrendered, or otherwise terminated?
- Yes  No      Have you ever been convicted of a felony under any federal or state law?
- 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.*?
- Yes  No      Have you ever been convicted of keeping a house of ill fame?
- Yes  No      Have you ever been convicted of pandering or other crime opposed to decency or morality?
- Yes  No      Has a Federal Wagering Stamp been issued for the proposed licensed premises for the current tax period?
- 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?
- Yes  No      Will the business be conducted by a manager or agent?  
(Managers and agents must possess the same qualifications required of licensee.)
- 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?
- 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?
- Yes  No      Are you, or is any other person directly involved in your business, a public official?

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?

**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 all questions above within 30 days of such change.***

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

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.

Yes  No

Is applicant a law enforcement official?

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?

Yes  No

Is applicant an elected official of the Village of Brookfield?

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?

### **The following must accompany this application:**

- **Certificate of Insurance for 2022 with an additional insured endorsement naming The Village of Brookfield, its officials, employees, agents and volunteers as the additional insured. THIS IS A REQUIREMENT**
- **A copy of the your current articles of incorporation**
- **A copy of a lease for the premises for 2022 for leased locations**
- **Notarize Affidavit**
- **Complete Managers List**

**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

**This list must be kept current throughout the year. Please call 708-485-1114 with any additions, deletions or other changes.**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

<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.	_____		