

VILLAGE OF ROBBINS  
APPLICATION FOR LIQUOR LICENSE

CLASS A \$1500.00 CLASS C \$ 900.00 CLASS E \$ 900.00  
CLASS B \$1300.00 CLASS D \$1100.00 CLASS F \$ 500.00

SURETY BOND REQUIRED IS \$2500

1) Information on person completing this application

A. Name: \_\_\_\_\_

B. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

C. Date of Birth (00/00/0000): \_\_\_\_\_

D. Place of Birth (City, State): \_\_\_\_\_

E. Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Home Phone No: \_\_\_\_\_ Cell No. \_\_\_\_\_

G. Work Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

H. Residential Address: \_\_\_\_\_

I. Driver's License Number: \_\_\_\_\_

J. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

K. Social Security Number: \_\_\_\_\_

L. Vehicles Owned with Registration Numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M. Other home addresses with the last 10 years:

I. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
II. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
III. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
IV. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
V. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
VI. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

THE FURNISHING OF ANY INACCURATE INFORMATION SHALL BE CAUSE FOR LICENSE REVOCATION.

N. Businesses owned or operated within the last 10 years that required a liquor License, stating (a) Name of Businesses; (b) License number; (c) Address; and (d) Phone Number.

I.

Business Name License #

Address Phone Number

Dates Owned: From: \_\_\_\_\_ To: \_\_\_\_\_

List any Liquor License incident requiring Police Intervention: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Date: \_\_\_\_\_

II.

Business Name License #

Address Phone Number

Dates Owned: From: \_\_\_\_\_ To: \_\_\_\_\_

List any Liquor License incident requiring Police Intervention: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Date: \_\_\_\_\_

III.

Business Name License #

Address Phone Number

Dates Owned: From: \_\_\_\_\_ To: \_\_\_\_\_

List any Liquor License incident requiring Police Intervention: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Date: \_\_\_\_\_

IV.

Business Name

License #

Address

Phone Number

Dates Owned: From: \_\_\_\_\_ To: \_\_\_\_\_

List any Liquor License incident requiring Police Intervention: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Date: \_\_\_\_\_

V.

Business Name

License #

Address

Phone Number

Dates Owned: From: \_\_\_\_\_ To: \_\_\_\_\_

List any Liquor License incident requiring Police Intervention: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Date: \_\_\_\_\_

VI.

Business Name

License #

Address

Phone Number

Dates Owned: From: \_\_\_\_\_ To: \_\_\_\_\_

List any Liquor License incident requiring Police Intervention: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Date: \_\_\_\_\_

O. State your relationship to the business for which the license is sought. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE INFORMATION PROVIDED IN NOS 1(A)-(Q) MUST BE PROVIDED FOR EACH INDIVIDUAL WHO AT ANY PARTICULAR TIME BE THE PERSON ON THE PREMISES WHO HAS SUPERVISORY OR MANAGEMENT RESPONSIBILITY OVER THE EMPLOYEES. PLEASE PROVIDE SUCH INFORMATION ON SEPARATE SHEETS OF PAPER. EACH SUCH MANAGEMENT PERSON MUST BE FINGERPRINTED BY THE ROBBINS POLICE DEPARTMENT. APPOINTMENTS FOR FINGERPRINTING MUST BE MADE 72 HOURS IN ADVANCE. NO FINGERPRINTING WILL BE DONE WITHOUT SUCH AN APPOINTMENT.**

2) Name of Corporation to which license is to be issued: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Name, address, and phone number under which the licensed business shall be operated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone No.( \_\_\_\_\_ ) \_\_\_\_\_

4) Description of the premises at which business will be operated:  
Total square feet: \_\_\_\_\_ Bar Area Sq. Ft.: \_\_\_\_\_ Kitchen Area Sq. Ft.: \_\_\_\_\_  
No. of Tables: \_\_\_\_\_ No. of Parking Spaces: \_\_\_\_\_  
Type of Food Served: \_\_\_\_\_  
\_\_\_\_\_

5) Does this corporation own the building or the space in which the business is located? \_\_\_\_\_  
(If not, you must attach a copy of your Lease to this Application)

6) The expiration date of the lease is: \_\_\_\_\_

7) Do you have or intend to have a management contact with another entity or person, who is not a bona fide employee, to manage the licensed business for you? \_\_\_\_\_

8) If the answer to number seven (7) is yes, state the name and address of the manager or management company: \_\_\_\_\_  
\_\_\_\_\_

THE FURNISHING OF ANY INACCURATE INFORMATION SHALL BE CAUSE FOR LICENSE REVOCATION.

- 9) Date of incorporation of your company \_\_\_\_\_  
(Attach a copy of the Articles of Incorporation)
- 10) Has the corporation ever been dissolved, either voluntarily or involuntarily? \_\_\_\_\_  
If so , state the date of reinstatement: \_\_\_\_\_
- 11) If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact businesses in Illinois.
- 12) List the names, addresses, date of birth, telephone numbers and Social Security numbers of all Officers and Directors. If the corporate applicant is an entity publicly traded on a recognized national exchange, this section need not be completed, provided that all appropriate information is supplied with respect to the managers of the premises as set forth in Question number 1.

<u>Name</u>	<u>Address</u>	<u>Office Held</u>

<u>Date Of Birth</u>	<u>Social Security No.</u>	<u>Phone No.</u>

<u>Name</u>	<u>Address</u>	<u>Office Held</u>

<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Phone No.</u>

<u>Name</u>	<u>Address</u>	<u>Office Held</u>

<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Phone No.</u>

<u>Name</u>	<u>Address</u>	<u>Office Held</u>

<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Phone No.</u>

THE FURNISHING OF ANY INACCURATE INFORMATION SHALL BE CAUSE FOR LICENSE REVOCATION.

13) List the names, addresses, dates of birth and Social Security Numbers of all shareholders owning in the aggregate more than 5% of the stock of the corporation. If the corporate applicant is a publicly traded entity on a recognized national exchange, this section need not be completed, so long as the appropriate information is supplied with respect to managers pursuant to Question number 1.

<u>Name</u>	<u>Address</u>	<u>Percent of Stock Held</u>
<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Phone No.</u>

<u>Name</u>	<u>Address</u>	<u>Percent of Stock Held</u>
<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Phone No.</u>

<u>Name</u>	<u>Address</u>	<u>Percent of Stock Held</u>
<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Phone No.</u>

<u>Name</u>	<u>Address</u>	<u>Percent of Stock Held</u>
<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Phone No.</u>

14) Is the corporation a subsidiary of a parent corporation? \_\_\_\_\_ If so, state the name of the parent corporation. (The Liquor Commission has the right to require that the parent company complete a similar Application). \_\_\_\_\_

15) Has any person listed in numbers 13 and 14 or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? \_\_\_\_\_ If so, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilt, whether satisfactorily completed or not. \_\_\_\_\_

16) Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 13 and 14? If so, explain: \_\_\_\_\_

THE FURNISHING OF ANY INACCURATE INFORMATION SHALL BE CAUSE FOR LICENSE REVOCATION.

17) If this a new license application, what kind of business was previously conducted in the space which you intend to operate your business? \_\_\_\_\_  
\_\_\_\_\_

18) State the value of goods, ware an merchandise to be used in the business that are purchased and on hand at this time: \_\_\_\_\_  
\_\_\_\_\_

19) How long has the corporation been in business of retail sale of alcohol? \_\_\_\_\_

20) Is any person listed in numbers 13 and 14 or any of your managers an elected public official? \_\_\_\_\_  
If so, state the office and united of government.

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

21) Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public officials? \_\_\_\_\_

If so, state the particulars. \_\_\_\_\_  
\_\_\_\_\_

22) Does any person listed in number 13 or 14 or any of your managers hold any law enforcement office? If so, name the title and agency.

1. Person \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

2. Person \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

*(When answering questions 23 through 30, the term "person" shall include any partnership in which the person was a partner or any corporation in which the person was or is more than a 5% shareholder)*

23) In the past two years, has any person listed in numbers 13 and 14 or any of your managers made any political contributions to any member of the Robbins Board of Trustees or to any member of the Illinois State Liquor Commission? \_\_\_\_\_

24) If the answer to question 23 is yes, state each one and the amount.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

THE FURNISHING OF ANY INACCURATE INFORMATION SHALL BE CAUSE FOR LICENSE REVOCATION.

25) Does any person listed in numbers 13 and 14 or any of your managers possess a current Federal Wagering or Gambling Device Stamp. \_\_\_\_\_ If so, state the reasons. \_\_\_\_\_

26) Has any person listed in numbers 13 and 14 or any of your managers ever held another liquor license in the United States? \_\_\_\_\_ If so, state the dates, city and state of each license.

License Holder \_\_\_\_\_ Date \_\_\_\_\_

City, State \_\_\_\_\_

License Holder \_\_\_\_\_ Date \_\_\_\_\_

City, State \_\_\_\_\_

27) Has any person listed in numbers 13 or 14 or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal Government or by any state, county or local government? \_\_\_\_\_ If so, explain. \_\_\_\_\_

28) Has any person listed in numbers 13 or 14 or any of your managers ever been denied a liquor license from any jurisdiction? \_\_\_\_\_ If so, state the particulars. \_\_\_\_\_

29) Other than when making an initial application for a license, has any person listed in numbers 13 or 14 or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? \_\_\_\_\_

30) Other than when making an initial application for a license has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? \_\_\_\_\_

31) If the answer to either questions numbers twenty-nine (29) and thirty (30) is yes, list each and every charge the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.

Charge \_\_\_\_\_ Date \_\_\_\_\_

Jurisdiction \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

Jurisdiction \_\_\_\_\_ Disposition \_\_\_\_\_

THE FURNISHING OF ANY INACCURATE INFORMATION SHALL BE CAUSE FOR LICENSE REVOCATION.

If no charges were involved, state the reason for the investigation or hearing. \_\_\_\_\_

32) Does the business which is proposed to be licensed currently carry Dram Shop Insurance coverage for the premises? \_\_\_\_\_ (attach copy)

33) If the premises are leased, does the owner of the premises carry Dram Shop or Liability Insurance coverage? \_\_\_\_\_ (attach copy)

34) If this is a renewal application, has the ownership or management changed in any manner since the prior application? If yes, please explain: \_\_\_\_\_

If a manager has added to a business, that person must contact Robbins Police Department at (708)385-4121 to set an appointment to be fingerprinted. The appointment should be made Monday through Friday from 9:00 am to 5:00 pm.

**A License is not transferable under any circumstances. At such time as any person or entity becomes a 5% stockholder who was not named as such at the time of Application, the license issued pursuant to this Application will become void. If you anticipate a sale of the business, or a 5% change in ownership. It is your sole responsibility to assure that a re-application process is started well ahead the change .ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED. An approval for a license takes a minimum of forty-five (45) days and may take much longer.**

**THE SURETY BOND REQUIRED MUST ACCOMPANY THIS APPLICATION AT THE TIME OF FILING.**

**Corporate Seal  
(If Applicant is a Corporation)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed Name of Applicant**

