

City of Crest Hill, Will County Illinois
Office of the Liquor Commissioner
Raymond R. Soliman
Application for Retail Liquor License
(Please Print All Information)

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NOTICE TO ALL APPLICANTS:

Applications are not valid unless completed in full. Applications will be returned if incomplete or inaccurate. A license **will not** be issued until receipt of acceptable application, investigation, review, and actions have been taken. When handling in application a **non-refundable** fee of \$144.00 is due per individual on application for fingerprinting and background check.

Any and all persons listed in section 6 and 7 of the application must be fingerprinted.

1. Date of Application: _____
2. Name of Establishment: _____
3. Location (address) of Establishment: _____
4. Name of person preparing application: _____
5. This application is made on behalf of: (check one)
 - 5a Individual owner of liquor business _____
 - 5b Co-partnership of retail liquor business _____
 - 5c Corporation of retail liquor business _____
 - 5d Club _____

6. Full name(s) and legal address (es) of individuals or co-partners.

Name (Last, First, MI)	Date of Birth	Address	USA Citizenship Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Corporations and Clubs Only

Otherwise, go to question 10.

7. List full names (Last, First, MI) legal addresses (include zip code), and phone numbers of all officers and directors.

Name: _____ Title: _____

Address: _____

Phone Number (include area code): _____

Name: _____ Title: _____

Address: _____

Phone Number (include area code): _____

Name: _____ Title: _____

Address: _____

Phone Number (include area code): _____

Name: _____ Title: _____

Address: _____

Phone Number (include area code): _____

Name: _____ Title: _____

Address: _____

Phone Number (include area code): _____

7a. Name, address, and phone number of corporation or club.

Name: _____

Address _____

Phone Number (include are code): _____

7b. Date of Incorporation: _____

7c. Purpose of Incorporation: _____

7d. Have any of the responsible officers listed above been convicted of a felony?
Yes _____ No _____

8. Name (Last, First, MI) legal address (include zip code) of responsible retail liquor establishment manager.

Name: _____ Date of Birth _____

Address: _____

Phone Number (including area code): _____

9. List all stockholders with 5-percent or greater beneficial interest in the corporation.
(Name: Last, First, MI)

Name _____ Title: _____

Address: _____

Phone Number (include area code): _____

Name: _____ Title: _____

Address: _____

Phone Number (include area code): _____

Name: _____ Title: _____

Address: _____

Phone Number (include area code): _____

Name: _____ Title: _____

Address: _____

Phone Number (include area code): _____

All Applicants

10. Type of Business: _____

Have you made an application for a similar license on property not described on this application?

Yes _____ No _____

11a. Are you now, and have you been in full compliance with all ordinances of the City of Crest Hill, the laws of the State of Illinois, and the laws of the Federal Government, as applicable to your place of business?

Yes _____ No _____ (If no, explain below).

11b. Do you have any outstanding or have you defaulted on any, license fees, tax payments(including amusement tax where applicable) required under City ordinance(s) covering the business establishment where this retail liquor operation is conducted? (If yes, please explain below).

Yes _____ No _____

License cannot be granted to any establishment in violation of 11a or 11b until applicable ordinances are compiled with in full.

12. Has any previous license issued to you by any State or subdivision thereof or by the Federal Government been revoked?

Yes _____ if yes, explain below. No _____

13. If granted a license hereunder will you obey the laws of the State of Illinois and of the United States and the ordinances of the City of Crest Hill?

Yes _____ No _____

14a. Do you own the premises for which this license is sought?

Yes _____ No _____

14b. Have you lease for the premises for which this license is sought?

Yes _____ No _____

14c. Expiration date of lease: _____

14d. List name, address, and phone number of the owner of the premises, if you are renting or leasing. (Name: Last, First, MI)

Name: _____

Address: _____

Phone Number (include area code): _____

15a. Has a Will County Health Certificate been issued for this establishment?

Yes _____ No _____

As a	Tavern Only?	Yes/No
	Restaurant?	Yes/No
	Package store only?	Yes/No
	Club?	Yes/No
	Other	Yes/No

15b. If yes, in 15a, date of expiration of permit: _____

16. Names, legal address, and date-of-birth of all persons employed in or engaged in handling, sale distribution, or service of retail liquor at this place of business.
(Name: Last, First, MI)

Name: _____

Address: _____

Date-of-birth: _____ Position: _____

Name: _____

Address: _____

Date-of-birth: _____ Position: _____

Name: _____

Address: _____

Date-of-birth: _____ Position: _____

17. Has the applicant or any partners or stockholders ever owned a liquor license before?
Yes _____ If yes, where? No _____

18. Has the applicant or any partners or stockholders ever had his/her liquor license suspended?

Yes _____ If yes, explain below. No _____

Signature of Applicant

Each person being fingerprinted must complete the following:

Name: _____

Current Address: _____

City/State/Zip: _____

List your last five (5) years of residency (full address required):

1. _____

2. _____

3. _____

4. _____

5. _____

Social Security Number _____ - _____ - _____

Date-of-Birth _____

Contact Phone Numbers (include area code):

Home: _____

Work: _____

Cell: _____

Place of employment/address:

Establishment: _____

Address: _____

City/State: _____

Spouse's Name (if applicable): _____

Each person being fingerprinted must complete the following:

Name: _____

Current Address: _____

City/State/Zip: _____

List your last five (5) years of residency (full address required):

1. _____

2. _____

3. _____

4. _____

5. _____

Social Security Number _____ - _____ - _____

Date-of-Birth _____

Contact Phone Numbers (include area code):

Home: _____

Work: _____

Cell: _____

Place of employment/address:

Establishment: _____

Address: _____

City/State: _____

Spouse's Name (if applicable): _____

State of Illinois
County of Will SS
City of Crest Hill

_____, being duly sworn on oath, deposes and says that he/she
subscribed his/her name to the foregoing application and that all matters and things
therein set forth are true.

Signature of Applicant

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

Notary Public

Do not write below this line.

Police Chief: I do/do not find all statements made in this application to be true and accurate.

Signed: _____

City Clerk: I do/do not find all statements made in this application to be true and accurate.

Signed: _____

City Attorney: Application Satisfactory Yes _____ No _____
 Bond Satisfactory Yes _____ No _____

Date approved: _____

Liquor Commissioner