

**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 handing 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 sections 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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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): \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (include area 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 (include area code): \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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, please 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 can not 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 \_\_\_\_\_

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

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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. Do you have a lease for the premises for which this license is sought for at least the term of the license? 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: \_\_\_\_\_

16a. Do you currently possess a Video Gaming license issued by the State of Illinois?  
Yes \_\_\_\_\_ No \_\_\_\_\_

16b. If no to 16a., do you currently have an application pending with the State of Illinois for a Video Gaming License?  
Yes \_\_\_\_\_ No \_\_\_\_\_

17. 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: \_\_\_\_\_

18. Has the applicant or any partners or stockholders ever owned a liquor license before?

Yes \_\_\_\_\_ If yes, where? \_\_\_\_\_ No \_\_\_\_\_

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

19. 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

