



## RENEWAL LIQUOR LICENSE APPLICATION CHECKLIST

Owner Name \_\_\_\_\_

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

DBA/Assumed Name (if applicable) \_\_\_\_\_

Date completed

Renewal application complete w/ signatures and notaries \_\_\_\_\_

Employee Listing with Basset Certifications for each  
(30 days to submit Basset from date of hire of new employees) \_\_\_\_\_

### **Certificate of Insurance Additional Insured Requirements**

Dram Shop / Liquor Liability of \$1,000,000.00 Listing VOFL \_\_\_\_\_

Per occurrence Liability of \$1,000,000.00 Listing VOFL \_\_\_\_\_

General aggregate Liability of \$1,000,000.00 Listing VOFL \_\_\_\_\_

Copy of current Illinois State Liquor License \_\_\_\_\_

For Corporations and LLCs - Articles of Incorporation/Organization \_\_\_\_\_

**\*\* Is your DBA/Assumed Name renewed with the secretary of state? \*\***

If NEW Owner or NEW Manager, Supplemental application for each new applicant, managers, officers (including copy of Basset and color copy of driver's license). \_\_\_\_\_

**Please note: Payments will be requested after your application has been approved and your license is ready for pick up. Applications will not be processed until all items have been received.**



For Office Use:

Verification of Previous to Existing Owner(s) and Manager(s) Status \_\_\_\_\_

Fingerprinting Results Received for all new applicant, managers, officers \_\_\_\_\_

Verification of Active Illinois State Liquor License \_\_\_\_\_

Verification of Active Corporation/LLC Status \_\_\_\_\_

If DBA/Assumed Name provided – Verify Active Status \_\_\_\_\_

Verification of all Bassets certifications with State \_\_\_\_\_

Invoice \_\_\_\_\_

License Certificate \_\_\_\_\_

Payment \_\_\_\_\_

\_\_\_\_\_  
Received and reviewed by Date

\_\_\_\_\_  
Police Department Review and Approval Date



# VILLAGE OF FOX LAKE LIQUOR LICENSE RENEWAL 2021-2022 License

TO THE MAYOR/LIQUOR COMMISSIONER OF THE VILLAGE OF FOX LAKE, ILLINOIS

The undersigned applies for a renewal of a Village of Fox Lake Liquor License, under the applicable ordinance provisions of the Village, for the license period ending and for the premises located and described herein. The applicant attests that the ownership, partnership or corporation membership remains the same as listed on the original application and understands that **any changes require immediate notification to the Village Clerk's Office and the completion of a new application.** The license applied for is for the license period ending midnight on the **30<sup>th</sup> day of June 2022.**

All persons in possession of a liquor license are required to maintain appropriate dram shop insurance in the amount required by statutory limits. The applicant will not violate any of the laws of the said state of Illinois or of the United States or any ordinances of the Village of Fox Lake in the conduct of the aforesaid business.

Name of Business \_\_\_\_\_ Today's Date \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Location of License \_\_\_\_\_ Bus. Phone \_\_\_\_\_

FEIN Number \_\_\_\_\_ Sales Tax Number \_\_\_\_\_

IL State Liquor License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_
2. Type of Application:  
\_\_\_\_ Individual    \_\_\_\_ Partnership    \_\_\_\_ Corporation/LLC    \_\_\_\_ Not for Profit/Club
3. Owner Address \_\_\_\_\_
4. Telephone \_\_\_\_\_ Email \_\_\_\_\_
5. Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_
6. Class of License Applying for \_\_\_\_\_
7. Do you have a Village of Fox Lake Business License? YES \_\_\_\_ NO \_\_\_\_ Issue Date \_\_\_\_\_
8. Are you a citizen of the United States? YES \_\_\_\_ NO \_\_\_\_
9. Have you ever been convicted of a felony? YES \_\_\_\_ NO \_\_\_\_  
If yes, please state charges of which you were convicted; where and when it was committed, as well as state of U.S. court in which conviction took place and final disposition.
10. Have you or one of your employees ever been convicted of pandering? YES \_\_\_\_ NO \_\_\_\_

11. Have you or one of your employees received a violation from Village of Fox Lake Police Department in the previous licensing year?  
YES \_\_\_ NO \_\_\_ If yes, date \_\_\_\_\_ Violation \_\_\_\_\_

\_\_\_\_\_

12. Have you or one of your employees received a liquor related violation and/or have been required to attend a Liquor Hearing required by the Village of Fox Lake Police Department or any other jurisdiction either directly or as an interest in a corporation and/or partnership?  
YES \_\_\_ NO \_\_\_ If yes, date \_\_\_\_\_ Results \_\_\_\_\_

\_\_\_\_\_

13. Partnership/Corporation Information Required.

A. Corporation ID Number: \_\_\_\_\_

B. Name of Partners/Corporation Officers/Stockholder/Directors:

Name	Address	% Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. List all managers of persons who operates as a manager in the owners absence  
List ALL Managers or Supervisors:

Name	Address	Title	Cell Phone	Hire Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Are the premises owned by the applicant? YES \_\_\_ NO \_\_\_

16. Are the premises leased by the applicant? YES \_\_\_ NO \_\_\_

17. Are the premises held in trust? YES \_\_\_ NO \_\_\_

Name the trustees as follows:

Name	Address	Trust #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name the beneficiaries as follows:

Name	Address
_____	_____
_____	_____
_____	_____

18. Have you ever been convicted of a gambling offense as prescribed by subsection (a) (3) through (a) (10) of Section 28-1 or by Section 28-3 of the Criminal Code of Illinois? YES \_\_\_ NO \_\_\_

If yes, please state offense, date of conviction, sentence imposed and jurisdiction in which convicted.

\_\_\_\_\_

19. Has a federal gaming device stamp or a federal wagering stamp been issued to applicant for the current taxing period? YES \_\_\_ NO \_\_\_

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

\_\_\_\_\_  
Title of Applicant

By: \_\_\_\_\_  
President (if corporation)

By: \_\_\_\_\_  
Secretary (if corporation)

VERIFICATION

\_\_\_\_\_ being first duly sworn, upon oath deposes and says that he/she is the \_\_\_\_\_ and duly authorized agent of the applicant herein and that he/she has read the foregoing application renewal and all matters set forth therein that he knows the contents thereof and that the statements therein are true in substance and in fact.

Subscribed and sworn to me, before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**EMPLOYEE LIST**

List the FULL name and address of ALL employees involved in the sale or serving of alcohol. A copy of BASSET certificate for each must accompany this application.

ALL FIELDS ARE REQUIRED

Name:	Date of Hire:	Address City, State, Zip:
Position Title:	BASSET Issued Date & Expiration	

Name:	Date of Hire:	Address City, State, Zip:
Position Title:	BASSET Issued Date & Expiration	

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Position Title:	BASSET Issued Date & Expiration	

**ALL FIELDS MUST BE COMPLETED. IF FIELDS ARE LEFT BLANK THE APPLICATION WILL NOT BE PROCESSED AND THE ISSUANCE OF THE LICENSE MAY BE DELAYED.**

It shall be the duty of the licensee to supplement the original application from time to time so as to supply complete information on changes to information supplied on the application, including, but not limited to, officers, owners, managers, sellers or servers. Such supplemental information shall be provided to the Village Clerk within three (3) business days after any change occurs. (Ord. 2016-18, 5-24-2016)

Acknowledgement of the requirement's in the Ordinance above \_\_\_\_\_ (Initials of Applicant Owner or Corporation Representative).

**EMPLOYEE LIST (Continued)**

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