



Village of Lemont
 418 Main Street
 Lemont, IL 60439

**RENEWAL APPLICATION
 FOR VILLAGE LIQUOR
 RETAILER'S LICENSE**

January 1, 2019 - December 31, 2019

The renewal form must be completed in its entirety even if there has been no change in information. In addition, we are required to have a current Certificate of Insurance on file NAMING THE VILLAGE OF LEMONT AS AN ADDITIONAL INSURED.

If your insurance expired in 2018, you are required to submit your Certificate of Insurance along with this renewal application before your Liquor License certificate will be issued. If your insurance expires in 2019, you need to submit a current certificate of insurance to us upon expiring.

A background check must be completed any time there is a change of manager.

The undersigned hereby makes renewal application for the issuance of a Village Retailer's License for the sale of alcoholic liquor for the term beginning January 1, 2019, and ending December 31, 2019, and hereby certify(ies) to the following facts:

Person Completing This Application	
Name:	Title:
Address:	
Work Phone:	
Relationship to Business: <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Shareholder <input type="checkbox"/> Other _____	
Email:	

Business Information	
Business Name:	
Business Address:	
Business Phone:	Employer Identification Number (EIN):
Email:	
License Classification:	

Corporate/Partnership Information (Provide all name of all owners of more than 5%)	
Corporation Name (include any DBA name):	
Corporate Registered Agent/Contact:	
Corporate HQ Address:	
Corporate Phone:	Corporate Contact Cell Phone:
State of Incorporation:	Date of Incorporation:
Identify the Business Entity's Officers and their Titles Below	
1. Name:	Title:
Home Address:	
Home Phone:	Cell Phone:
Email Address:	
2. Name:	Title:
Home Address:	
Home Phone:	Cell Phone:
Email Address:	

3. Name:	Title:
Home Address:	
Home Phone:	Cell Phone:
Email Address:	
4. Name:	Title:
Home Address:	
Home Phone:	
Email Address:	
5. Name:	Title:
Home Address:	
Home Phone:	Cell Phone:
Email Address:	
Since your last liquor license renewal filing, has any person acquired more than 5% ownership OR do you have any new members? If yes, identify the names below.	
Name:	Name:
Name:	Name:

Manager Information*
Name:
Home Address:
Home Phone:
Cell Phone:
Email:
Date of Hire:

Associate/Secondary Manager Information*
Name:
Home Address:
Home Phone:
Cell Phone:
Email:
Date of Hire:

***All managers MUST have fingerprints and background checks on file with the Liquor Commissioner's Office. New managers must contact the Executive Assistant at 630-257-1590 for information.**

Liquor License Background
1. Does the licensee hold a liquor license at another premise? ___ Yes ___ No If YES, identify the name(s) and address(es) of other establishment(s)
2. Has any person or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense or alcohol/controlled substance related traffic offenses since the filing of the last application of your Liquor License? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe the charge, the date, the city and state where the charge was brought, and the disposition.
3. Has any action been initiated by an jurisdiction against the licensee, the business, manager, agent or employee for violation of any law with respect to the service of alcoholic beverages since the filing of the last application of your Liquor License? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe the violation and the results below.

Please note that the person signing the affidavit below is stating that the statements provided in this application are true, complete and correct. The Notary Public is verifying the identity of the person signing this affidavit. THEREFORE, THE SIGNATURE OF THE APPLICANT AND THE SIGNATURE AND SEAL OF THE NOTARY PUBLIC ARE REQUIRED PRIOR TO ISSUANCE OF THE LIQUOR LICENSE.

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, have read this application and the statements are true, complete and correct. The statements are made for the purpose of inducing the Village of Lemont to renew our liquor license. Other than as set forth by this renewal application, there has been no material change in the premises; and the answers made to questions in the original application are still true and accurate. I have read Title V of the Lemont, Illinois Municipal Code Relating to Business Licenses and Regulations and I (or we) swear (or affirm) that I will not violate any of the ordinances of the Village of Lemont or the laws of the State of Illinois or the laws of the United States of America.

Signature of Applicant

Subscribed and Sworn to
Before me this _____
Day of _____, 20____

Notary Public (SEAL)

Return completed form to:
Linda Molitor
Village of Lemont
418 Main Street
Lemont, IL 60439

OFFICAL USE ONLY		
Requirements	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
<input type="checkbox"/> Fee	NOTES	
<input type="checkbox"/> Insurance		
<input type="checkbox"/> Renewal Application		
Approval Signature: _____ Date: _____		