



Liquor Control Commissioner
19 E. Chicago Avenue, Hinsdale, IL 60521

**APPLICATION FOR VILLAGE OF HINSDALE
LOCAL LIQUOR LICENSE***

***This application requests information required under Chapter 3, Title 3, Liquor Control, Hinsdale Village Code, as amended. Failure to provide any applicable information will result in the automatic denial of a license. The acceptance of the fee herein does not constitute approval by the Village of Hinsdale of the application for a liquor license. The Hinsdale Liquor Control Code strictly limits the types of liquor licenses, who may qualify for a license, the premises that may be licensed, and the uses, events, and activities that may be conducted in conjunction with a license. The Hinsdale Zoning Code also regulates the uses, events, and activities that may be conducted within licensed premises. Each applicant is responsible for reviewing and complying with all applicable regulations. Local liquor licenses allow the licensee to sell, offer for sale, or dispense alcoholic liquor only at the premises specified on the license. Please direct any questions to the Village Clerk at 630.789.7011 or clerk@villageofhinsdale.org.**

FOR OFFICE USE ONLY

Date Received: _____

Disposition: Granted Denied Date: _____

DOCUMENTS ON FILE:

State Liquor License Certificate of Insurance Surety Bond

BASSETT Training Background Check Fingerprinting

PAYMENT INFORMATION: Check # _____ Check Amount \$ _____

PART A- LICENSE CLASSES* & FEES: *Check all that apply*

	Class	Description	Annual Fee(s)	
<input type="checkbox"/>		Initial Application*	\$500	<i>*First-time applicants only</i>
	A	Packaged Sales		
<input type="checkbox"/>	A1	Beer/Wine	\$2,500	
<input type="checkbox"/>	A2	Liquor/Beer/Wine	\$3,000	
<input type="checkbox"/>	A3	Boutique	\$1,250	
<input type="checkbox"/>	A4	Consumption	\$500**	
	B	Restaurant		
<input type="checkbox"/>	B1	Beer/Wine	\$2,000	
<input type="checkbox"/>	B2	Liquor/Beer/Wine	\$3,000*	
<input type="checkbox"/>	B3	B.Y.O.B.	\$1,000**	
<input type="checkbox"/>	B4	Packaged Sales	\$500**	
<input type="checkbox"/>	B5	Liquor/Beer/Wine	\$2,500*	
<input type="checkbox"/>	C	Personal Services	\$750	
	D	Special Events		
<input type="checkbox"/>	D1	Annual	\$750	
<input type="checkbox"/>	D2	Single/One-Time	\$100	
			Total Paid:	\$_____

*A full description of each license classification can be found on the Village website. www.villageofhinsdale.org Please navigate to the Village code to find this information.

Note: B2 Restaurant license authorizes evening service, B5 Restaurant license authorizes morning service. Check the Village code for exact hours service is permitted.

**** B.Y.O.B. and Packaged Sales are add-ons to the basic license class and require case by case approval of the Village Board of Trustees.**

PART B- BUSINESS INFORMATION: *To be completed by all applicants*

The applicant certifies to the Village of Hinsdale that the following facts are true and correct:

1. _____
Name of Applicant

2. _____
Legal Name of Business *(This is the name that will appear on your local license, and must be the same as is used to make license application to the State of Illinois.)*

3. _____ Hinsdale, Illinois 60521
Business Address (the “Subject Premises”)

4. Business Telephone # _____ Business Fax: _____

E-mail Address: _____

Business Website: _____

5. _____ Date Business Commenced
Type of Business

Hours of Business Operation:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

6. _____ # of years applicant has been in the type of business referenced in # 5 above.

7. Provide percentage of gross annual sales attributable to the sale of alcoholic liquor at the Subject Premises (estimated): \$ _____

8. _____ Own the Subject Premises; or _____ Lease Subject Premises

Term of Lease: _____ to _____

_____ Telephone Number of Lessor
Name of Lessor

_____ Address of Lessor (including City/State/Zip)

PART C - SPECIAL EVENT LICENSE: *To be completed by Class D2 Special Event applicants only*

The applicant certifies to the Village of Hinsdale that the following facts are true and correct:

1. _____
Name of Event, as it should appear on License

2. _____
Provide a brief description of the special event

3. Date of Event: _____
Start Time: _____ Finish Time: _____

4. Approximate number of persons in attendance: _____

5. _____ Hinsdale, Illinois 60521
Event Location – Address

6. Provide name and phone number for two persons available during event:
Contact #1: _____
Name Phone Number
Contact #2: _____
Name Phone Number

PART D - SOLE PROPRIETORSHIP: *The following information must be supplied by the individual business owner*

1. Name: _____

2. Address: _____

City, State, Zip: _____

Telephone #: _____

E-mail address: _____

3. Date and Place of Birth: _____

4. Are you a citizen of the United States? _____ Yes _____ No

If you are a naturalized citizen, state the date, place, and court of naturalization:

5. Driver's License Number: _____

6. Social Security Number: _____

PART E - PARTNERSHIP: *The following information must be supplied by all persons entitled to share in the partnership profits. (Attach a separate sheet for each additional person if more than two partners exist.)*

Person 1

1. _____
Name
2. _____
Address

City, State, Zip
3. _____
Telephone Number
4. _____
E-mail address
5. _____
Date and Place of Birth
6. Are you a citizen of the United
United States? ___ Yes ___ No
If you are a naturalized citizen, state the
date, place and court of naturalization:

7. _____
Driver's License Number

Social Security Number
8. State the exact type and proportion
of your individual interest in the
partnership:

Person 2

1. _____
Name
2. _____
Address

City, State, Zip
3. _____
Telephone Number
4. _____
E-mail address
5. _____
Date and Place of Birth
6. Are you a citizen of the United
United States? ___ Yes ___ No
If you are a naturalized citizen, state the
date, place and court of naturalization:

7. _____
Driver's License Number

Social Security Number
8. State the exact type and proportion
of your individual interest in the
partnership:

PART F - CORPORATION: *The following information must be supplied if the applicant is a corporation*

1. _____
Applicant's Corporate Name

2. _____
Applicant's Corporate Address

City, State, Zip Code

3. _____
Applicant's Corporate Telephone Number

4. _____
Date of and State of Incorporation

5. _____
Name of Applicant's Registered Agent for Service in Illinois

Address of Registered Agent City, State, Zip Code

6. Object(s) of corporation, as set forth in charter:

7. List the names, residence address, date of birth, social security number, position and the percentage of ownership of all officers, directors and stockholders owning, in the aggregate, more than five percent (5%) of the stock in the corporation. (Use additional paper, if necessary.)

Name	Home Address	Date of Birth	Social Security #	Position/ Title	% of Ownership

PART H – ELIGIBILITY QUESTIONS: *To be completed by all applicants and any other person listed in Parts D, E, F and G.*

- | YES | NO | |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you delinquent in the payment of any Illinois Business Tax (sales, withholding, etc.)? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever applied for and been denied a liquor license? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any previous liquor license revoked? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Do you possess a current federal wagering stamp? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a gambling offense as defined and enumerated in the Illinois Liquor Control Act, 235 ILCS 5/6-2(16)? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Are you a Village employee or a law enforcing official of the Village or any other government or governmental agency? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Except for merchandise credit in the ordinary course of business, have you received or borrowed money, credit or anything of value, directly or indirectly from any other licensee, supplier, manufacturer, importer, distributor, or representative thereof, of alcoholic products? |

If the answer to any of the above questions was 'yes', a written detailed explanation must be provided below:

Subscribed:

Printed Name: _____

Signature: _____

Title/Capacity: _____

PART I - CERTIFICATION: *This application must be signed by an owner, officer, partner or authorized agent of the business. The signature must be an original—rubber stamps are not acceptable.*

The applicant hereby acknowledges and agrees that:

1. A Village of Hinsdale Liquor License is a privilege and may be revoked pursuant to the ordinances of this Village, or the laws of the State of Illinois or the United States of America;
2. The applicant, or any officer, director, stockholder, member, partner or designated manager of the applicant shall, upon the request of the local liquor control commissioner, and in connection with this application and any Liquor License issued pursuant thereto, submit to finger-printing by the Hinsdale Police Department or other agency designated by the local liquor control commissioner;
3. The applicant shall pay the administrative expenses, including without limitation court costs and attorneys' fees, incurred by the Village of Hinsdale in connection with any hearing before the local liquor control commissioner concerning this application or any Liquor License issued pursuant thereto;
4. The applicant has read, understands, and will not violate any of, the ordinances of this Village, or the laws of the State of Illinois or of the United States of America, in the conduct of business on the Subject Premises;
5. The statements contained in this application are true and correct to the best of the applicant's knowledge and belief;
6. If any information provided in this application changes or becomes incomplete or inapplicable for any reason following submission of this application or during the term of any license issued pursuant to this application, the applicant shall submit a supplemental application containing the new or corrected information within thirty (30) days following the change, and that failure to submit a supplemental application within said five days shall be grounds for denial of the application for, or suspension or revocation of, the license;
7. The Village of Hinsdale, or its authorized agent, shall have the right to enter the Subject Premises for the purpose of inspecting to ensure compliance with all applicable codes and ordinances;
8. The applicant, any involved owner, any designated manager, any partner, and any officer, manager, director, and stockholder owning in the aggregate more than five percent (5%) of the stock in an applicant corporation or club are eligible to receive a Liquor License under the ordinances of this Village, the laws of the State of Illinois and the United States of America; and
9. In the case of a renewal application, the applicant has paid in full, by cashier's check, certified check, money order, or cash, any and all taxes owed by applicant to the Village of Hinsdale.

Print Name of Applicant/Authorized Agent

Title/Position

Date

Signature

SUBSCRIBED AND SWORN

to before me this _____ day of

_____, _____.

Notary Public