

License # \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_



## Application for Retailer's Liquor License

### 1. APPLICANT- CORPORATE INFORMATION

- ☐ If you want your renewal application, your license certificate and other PLCC correspondence sent to your "corporate" address, please check the box to the left.

#### A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

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#### B. ILLINOIS BUSINESS TAX NUMBER (IDT OR SALES TAX NO.)

Enter the eight-digit Illinois Department of Revenue Business Tax (Sales Tax) Number. You must have this number for a license to be issued. Attach a copy of your Revenue Business Tax certificate. If you need to obtain this number, call the Illinois Department of Revenue in Chicago at (312) 814-5258 or in Springfield at (217) 785-2889.

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#### C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

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|  |

#### D. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate

|      |
|------|
| NAME |
|      |

**(708) 258-3279**

Updated 02/2024

**WWW.VILLAGEOFPEOTONE.COM**

**208 E MAIN STREET P.O. BOX 430 PEOTONE, IL 60468-0430**

E. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc.

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Email address \_\_\_\_\_ Website \_\_\_\_\_

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of state.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the state of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

NOTE! In the case of a sole proprietorship Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- |    |                                                    |                                              |
|----|----------------------------------------------------|----------------------------------------------|
| A. | <input type="checkbox"/> SOLE PROPRIETORSHIP       | DATE FILED WITH COUNTY CLERK _____           |
| B. | <input type="checkbox"/> PARTNERSHIP               | DATE OF FORMATION _____                      |
| C. | <input type="checkbox"/> ILLINOIS CORPORATION      | DATE OF INCORPORATION _____                  |
| D. | <input type="checkbox"/> FOREIGN CORPORATION       | STATE OF INCORPORATION _____                 |
|    |                                                    | DATE QUALIFIED TO BUSINESS IN ILLINOIS _____ |
| E. | <input type="checkbox"/> LIMITED LIABILITY COMPANY | DATE FORMED _____                            |

If "C", "D" or "E" is checked, indicate your current Secretary of State file number here \_\_\_\_\_  
**Attach a copy of your Certificate of Good Standing.** If you need to obtain this, call the Illinois Secretary of State at (217) 782-6875.

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer of director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **Before completing this section, check Question No. 6 - Eligibility.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

|                                    |        |              |                |           |       |        |
|------------------------------------|--------|--------------|----------------|-----------|-------|--------|
| NAME (LAST, FIRST, MIDDLE INITIAL) |        | HOME ADDRESS |                | CITY      | STATE | ZIP    |
|                                    |        |              |                |           |       |        |
| SOCIAL SECURITY#                   | D.O.B. | SEX          | TITLE/POSITION | TELEPHONE |       | %OWNED |
|                                    |        |              |                |           |       |        |

EMAIL: \_\_\_\_\_

B.

|                                    |        |              |                |           |       |        |
|------------------------------------|--------|--------------|----------------|-----------|-------|--------|
| NAME (LAST, FIRST, MIDDLE INITIAL) |        | HOME ADDRESS |                | CITY      | STATE | ZIP    |
|                                    |        |              |                |           |       |        |
| SOCIAL SECURITY#                   | D.O.B. | SEX          | TITLE/POSITION | TELEPHONE |       | %OWNED |
|                                    |        |              |                |           |       |        |

EMAIL: \_\_\_\_\_

C.

|                                    |        |              |                |           |       |        |
|------------------------------------|--------|--------------|----------------|-----------|-------|--------|
| NAME (LAST, FIRST, MIDDLE INITIAL) |        | HOME ADDRESS |                | CITY      | STATE | ZIP    |
|                                    |        |              |                |           |       |        |
| SOCIAL SECURITY#                   | D.O.B. | SEX          | TITLE/POSITION | TELEPHONE |       | %OWNED |
|                                    |        |              |                |           |       |        |

EMAIL: \_\_\_\_\_

D.

|                                    |        |              |                |           |       |        |
|------------------------------------|--------|--------------|----------------|-----------|-------|--------|
| NAME (LAST, FIRST, MIDDLE INITIAL) |        | HOME ADDRESS |                | CITY      | STATE | ZIP    |
|                                    |        |              |                |           |       |        |
| SOCIAL SECURITY#                   | D.O.B. | SEX          | TITLE/POSITION | TELEPHONE |       | %OWNED |
|                                    |        |              |                |           |       |        |

EMAIL: \_\_\_\_\_

#### 4. BUSINESS PREMISE INFORMATION

- ☐ If you want your renewal application, your license certificate and other PLCC correspondence sent to your business premise address, please check the box to the left.

##### A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business that will be selling or serving beverages at the licensed premises. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate

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##### B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

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##### C. ADDRESS

In the next four boxes enter the address, city, state, and Zip Code of the business premises. This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate. If you are purchasing a business that is currently operating, the Commission requires some proof that the business has changed hands - a bill of sale, closing statement, lease, or the previous original liquor license certificate, etc. We request this information because we will need this documentation to inactivate the old license and issue a new license. You should also contact the Illinois Department of Revenue at (312) 814-3063 concerning the filing of a Bulk Sales Stop Order if applicable.

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##### D. BUSINESS TYPE

Check the one box which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- |                                                |                                              |                                               |
|------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| A. <input type="checkbox"/> DRUGSTORE PHARMACY | E. <input type="checkbox"/> LIQUOR STORE     | I. <input type="checkbox"/> CONVENIENCE & GAS |
| B. <input type="checkbox"/> RESTAURANT         | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY     |
| C. <input type="checkbox"/> CONVENIENCE        | G. <input type="checkbox"/> BAR/TAVERN       | K. <input type="checkbox"/> GAS STATION       |
| D. <input type="checkbox"/> SUPERMARKET        | H. <input type="checkbox"/> HOTEL/MOTEL      | L. <input type="checkbox"/> OTHER             |

##### E. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

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F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide copy of the current lease and the landlord's name, telephone number, street address, city, state, zip code, county and email address.

|               |      |                     |          |        |
|---------------|------|---------------------|----------|--------|
| LANDLORD NAME |      | AREA CODE/TELEPHONE |          |        |
|               |      |                     |          |        |
| ADDRESS       | CITY | ST                  | ZIP CODE | COUNTY |
|               |      |                     |          |        |

EMAIL \_\_\_\_\_

5. PREVIOUS LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. FIRST LIQUOR LICENSE APPLICATION-LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc., first application for a Local liquor license at any premises. If you check "no", indicate the date of your first Local liquor license application. Also indicate whether the license(s) was granted, denied or withdrawn. Provide the address of any Local liquor license application. **If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances**

IS THIS YOUR FIRST LOCAL LICENSE APPLICATION? YES ☐

IF NO, PROVIDE DATE FIRST APPLIED: \_\_\_\_\_

DISPOSTION: ☐ GRANTED ☐ DENIED

B. PREVIOUS LIQUOR LICENSE INFORMATION

☐ WITHDRAWN ☐ EXPIRED

Please enter any previous local liquor license number, the date issued, the date it expires, the municipality or county that issued the license, and the date you began selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date the Village of Peotone liquor license is issued.

| MUNICIPALITY/COUNTY<br>ISSUING LICENSE | LOCAL<br>LICENSE# | DATE<br>ISSUED | EXPIRATION DATE | DATE YOU BEGAN<br>LIQUOR SALES |
|----------------------------------------|-------------------|----------------|-----------------|--------------------------------|
|                                        |                   |                |                 |                                |
|                                        |                   |                |                 |                                |

### C. TYPE OF LIQUOR LICENSE

Check which describes the manner in which you intend to sell alcoholic beverages to consumers.

- |                                    |                                   |                                  |                                  |
|------------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Class A   | <input type="checkbox"/> Class D1 | <input type="checkbox"/> Class O | <input type="checkbox"/> Class N |
| <input type="checkbox"/> Class C-2 | <input type="checkbox"/> Class E  | <input type="checkbox"/> Class M | <input type="checkbox"/> Class B |
| <input type="checkbox"/> Class D   | <input type="checkbox"/> Class F  | <input type="checkbox"/> Class V |                                  |

### 6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions must be answered. If the questions are not checked, the application will be rejected. If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- A. ☐ YES ☐ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- B. ☐ YES ☐ NO Are you delinquent under the "cash beer" law?
- C. ☐ YES ☐ NO Are you delinquent under the "30-day credit" law?
- D. ☐ YES ☐ NO Have you ever applied for and been denied a liquor license?
- E. ☐ YES ☐ NO Have you had any previous liquor license revoked?
- F. ☐ YES ☐ NO Have you ever been convicted of a felony?
- G. ☐ YES ☐ NO Have you ever been convicted of a gambling offense as defined under the section 5/16-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)-1 l, "gambling", 720 ILCS 5/28-1.l(a)-(d) "syndicated gambling", and 720 ILCS 5/28-3 "keeping a gambling place"?
- H. ☐ YES ☐ NO Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)
- I. ☐ YES ☐ NO Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- J. ☐ YES ☐ NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a license, or suppliers of alcoholic products?
- K. ☐ YES ☐ NO If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or resident aliens with legal status?
- L. ☐ YES ☐ NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? (5 ILCS 100/10-65(c))

### 7. HOURS OF OPERATION

**List** the daily hours open for business. (This information will assist Commission field agents in choosing an inspection time which causes the least disruption to business.)

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

8. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. An owner, an officer, a partner or an officially authorized agent of the business must sign the application. The signature must be an original-rubber stamps are not accepted.

I, THE UNDESIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF PEOTONE TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IF QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE VILLAGE OF PEOTONE, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, PEOTONE LIQUOR ORDINANCES, VILLAGE OF PEOTONE ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AUTHORIZED AGENT

\_\_\_\_\_  
TITLE/POSITION

\_\_\_\_\_  
DATE

**VILLAGE OF PEOTONE**  
**LIQUOR LICENSE**  
**BACKGROUND INVESTIGATION FORM**

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL \_\_\_\_\_

**BACKGROUND CHECK SHEET:**

D.O.B.: \_\_\_\_\_

DRIVER'S LICENSE#: \_\_\_\_\_

NEW OR RENEWAL PERMIT: \_\_\_\_\_

List all addresses where you have lived within the last five (5) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

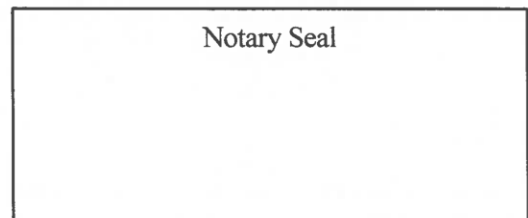
I hereby authorize any person who is contacted by the Peotone Police Department to release any information pertaining to the background investigation including, but not limited to records or information relating to my past business performance, financial stability, military, police, driving records and character for use by the Peotone Police Department in consideration of my application for Liquor License within the Village of Peotone and for no other purpose.

In connection with my application referred to above, I authorize the Village of Peotone to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public



**BOND FOR RETAIL DEALER IN ALCOHOLIC LIQUORS**

KNOW ALL MEN BY THESE PRESENTS: That \_\_\_\_\_ of  
the Village of Peotone, County of Will and State of Illinois, hereinafter  
called the Principal, and \_\_\_\_\_ of  
\_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
----- hereinafter called the sureties, are held and  
firmly bound unto the Village of Peotone, a municipal corporation, in the sum of One  
Thousand Dollars (\$1,000.00), for the payment whereof to the said Village of Peotone, the  
principal and said sureties bind themselves, their heirs, executors, administrators and  
assigns jointly and severally firmly by these presents.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

WHEREAS, the above named Principal has been granted a license as a beverage dealer under  
the provisions of the Municipal Code of the Village of Peotone, which license  
will expire on the 3Q1h of March, 20\_\_\_\_

NOW, THEREFORE, the condition of the foregoing obligation is such that if the said  
Principal, his agents and employees, shall comply with all the provisions of said ordinance  
hereinbefore described, and any and all other ordinances of said Village and laws of the  
State of Illinois, now in force or which may hereafter be in force in said Village relating to  
the operation of the business of a beverage dealer, as defined in said ordinance; and if said  
principal, his agents or employees shall not violate said ordinances or any ordinances, rule  
or regulations now in force or which may hereafter be in force in otherwise it shall remain  
in full force and effect.

SIGNED, SEALED AND DELIVERED BY: \_\_\_\_\_ (SEAL)  
BOND COMPANY

IN THE PRESENCE OF:

\_\_\_\_\_  
Notary Name (SEAL)