



Village of Algonquin

The Gem of the Fox River Valley

Dear New Liquor License Applicant:

This Liquor License Applicant package contains a letter from the Chief of Police, a Liquor License Application, and the link to [Chapter 33 of the Algonquin Municipal Code](#) (Liquor Control and Liquor Licensing). Complete the application and return it with the appropriate license type fee, the nonrefundable \$500.00 application fee, proof of insurance, copy of your lease (if applicable), BASSET certificate of completion, and any other items that are necessary to complete your application. All items should be returned to the Ganek Municipal Center, 2200 Harnish Drive, Algonquin, Illinois 60102, to my attention.

It may take **up to 45 days** to obtain a background/fingerprint check, which is needed prior to the issuance of the Liquor License. Please allow enough time for this background check to take place **prior to the opening** of your business.

Any questions or concerns that you have may be directed to me between the hours of 8:00 a.m. and 5:00 p.m. by calling 847-658-5609. If I am not available, please ask for Michelle Weber.

Sincerely,

Debby Sosine
Acting Village President/Liquor Commissioner

mw

Enclosures



Village of Algonquin
The Gem of the Fox River Valley
Police Department



Letter of Instruction
Liquor License Applicant

Dear Applicant:

We appreciate your interest in being part of the growing community of businesses in the Village of Algonquin.

An important part of the application process for a liquor license from the Village of Algonquin Liquor Commission includes a background investigation. It is in the best interest of the citizens of the Village of Algonquin to fully protect the integrity of the Liquor Commission's licensing process and ensure the reputation of the Village of Algonquin as a community that welcomes and maintains establishments of good character and reputation.

A copy of your application will be forwarded immediately to my office upon completion and acceptance of your fees. **All managers of the establishment as well as partners, officers, and directors who have direct access and involvement of the day-to-day operations will be required to submit a background investigation.**

As soon as your complete application and fees have been submitted and received by the Village Clerk, you, and the other directors/managers, should make an appointment with our Department for fingerprinting. Please call 847/658-4531 and advise them you need to be fingerprinted for a liquor license application. If you have not successfully submitted your liquor license application, our department is unable to begin the fingerprinting process. The Village does not accept background checks from other agencies.

The fee for this service is \$44.00 per person and payable to the "Village of Algonquin." This non-refundable fee is paid to the various government agencies who will conduct portions of the history. This process can take up to 45 days, so it is advised to set up an appointment as soon as your application has been accepted. Appointment times are set for Monday through Friday 8am-4pm.

If you have any concerns relative to this process, that are not addressed in the letter, please contact my office at 847/658-2723.

We are looking forward to having you in our Village and appreciate your desire to be part of our business community.

Sincerely,

Dennis Walker
Chief of Police

**VILLAGE OF ALGONQUIN
LIQUOR LICENSE APPLICATION**

New Applicant

TO: Liquor Commission
Village of Algonquin
Algonquin, Illinois

FOR OFFICE USE ONLY

APPLICATION FEE _____

LICENSE FEE _____

DATE RECEIVED _____

CHANGE OF OWNERSHIP _____

DATE RECEIVED _____

RECEIVED BY: _____

Applicant:

The undersigned applicant, being duly sworn on oath, makes application for a **Liquor License**, Class _____, and **Auxiliary** (outdoor), if applicable indicate **yes** or **no**, in the Village of Algonquin, Illinois, stating in support thereof;

1. The name of the Liquor License Applicant (Corporation, Individual, or Partnership) as it is to appear on the license is:

(For example, You & Me, Inc., d/b/a Our Place)

If individual, Date of Birth: _____

If corporation, Limited Liability Corporation, or partnership items 15, 16, or 17 must be completed

2. The address and phone number of the Business (Algonquin street address only):

Address: _____

Phone: (_____) _____ (if business not yet open, phone number of contact person)

3. The Applicant (if an individual) is a citizen of the United States (circle one):

YES YES

NO

N/A

If naturalized, please attach a copy of the naturalization papers.

4. The Applicant has been in business since _____

5. The **Renewal Applicant** has applied for and been granted State Liquor License # _____

Said License was granted on _____ Expiration Date _____

6. **New Liquor License Applicant** is to provide a copy of the State Liquor License to the Village of Algonquin Liquor Commissioner prior to the issuance of their local Liquor License. (Copy of local Liquor License is provided to initiate State Liquor License process.)

7. The Applicant has registered with the Illinois Department of Revenue and has been assigned

State Sales Tax No _____ Expiration Date _____

8. The value of goods, wares, and merchandise (including inventory) on hand as of today's date is

\$ _____.

9. Liquor revenues for this business are specifically for the sale of **(specify which one)**

beer, beer and wine, or alcoholic liquor _____

for consumption **ON** or **OFF** the premises _____

(Specify on the above line if the license requested is for liquor consumption on or off premises or both.)

10. Type of business _____
(Tavern, Restaurant, Convenience Store, Grocery Store, Gas Station, other (if other describe)).
11. How will employees be trained for liquor sales? _____
12. The general description, and approximate square footage of the premises or place of business which is to be operated under the proposed license _____

Attach a scaled drawing of the premises showing all ingress and egress locations, windows, and location of bar. On initial applications, or whenever there has been remodeling, you must include photographs depicting the interior of the premises showing all ingress and egress locations, windows, bar, and service areas.

13. If an Applicant, Shareholder, or Partner has applied for, held, or holds an interest in any other Liquor License, please provide the following information for all such interests. Use a separate sheet of paper if necessary.

Name of license holder: _____

Location: _____

Dates held: _____

14. The Applicant agrees to or answers in the affirmative to the following statements:

- A) The applicant owns said place of business or has a lease on said place of business for the period which the license is issued. (IF LEASED, A COPY OF THE LEASE SHALL BE ATTACHED HERETO.)
- B) The Applicant will not allow illegal gambling or other illegal activities on the premises.
- C) The Applicant has neither been convicted of a felony nor disqualified to receive a license by reason of any matter or thing contained in the Liquor Control and Liquor Licensing Ordinance for the Village of Algonquin, McHenry and Kane Counties, Illinois, passed and approved on May 4, 1965, the laws of the State of Illinois, or the United States of America, or any other Ordinance of the Village of Algonquin.
- D) A liquor license held by the Applicant, a corporation of which the applicant is a shareholder, officer, or director, or a partnership of which the applicant belongs, has neither been revoked nor suspended by any licensing body.
If the license has either been revoked or suspended, the applicant shall explain, on a separate sheet of paper, the circumstances, date and location of said suspension or revocation, and attach it to and make it a part of this application.
- E) The Applicant will not violate any of the laws of the State of Illinois, or the United States of America, or any Ordinance of the Village of Algonquin in the conduct of the place of business described above.
- F) The Applicant hereby files with this application a Certificate of Insurance by a company authorized to do business in the State of Illinois, certifying that the applicant has in force and effect the insurance required by the Village of Algonquin and agrees to maintain said insurance for the duration of this licensing period. (Include a copy of Certificate of Insurance.)

CORPORATION

15. CORPORATION (Strike out if not applicable.)

The Applicant is a Corporation, and the person signing the application is a duly authorized agent of said Applicant Corporation, and the following representations are made in connection with this application:

A) Objectives as stated on Corporate Charter: _____

B) Number of shares authorized _____ Class: _____
Number of shares issued _____ Class: _____
The Corporate Charter was issued to the Applicant:
1. By the State of _____
2. Date of incorporation _____
3. Corporate registration number _____

A copy of Applicant Corporation's last annual report is attached as a part of this application.

C) Officers and Directors (CORPORATION)

The names, complete addresses, social security numbers, phone numbers, and dates of birth of all officers and directors of the applicant corporation are (use additional paper if necessary):

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

Phone: ()

Title: _____

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

Phone: ()

Title: _____

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

Phone: ()

Title: _____

D) MANAGER (CORPORATION)

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premise and shall have an actual, regular presence at the facility:

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (____) _____

BASSET Training Completion Date: _____ (include a copy of certificate)

E) STOCKHOLDER (CORPORATION)

Names of stockholders owning 5% or more of the stock of the Applicant or agent who will conduct the business are:

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Number of Shares: _____

_____ Phone: (____) _____

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (____) _____

_____ Number of Shares: _____

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (____) _____

_____ Number of Shares: _____

CORPORATION INFORMATION ENDS

(If more space is needed, please add an extra sheet.)

LIMITED LIABILITY CORPORATION

16. LIMITED LIABILITY CORPORATION: (Strike out if not applicable.)

A) MEMBERS (LIMITED LIABILITY CORPORATION)

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

B) MANAGER (LIMITED LIABILITY CORPORATION)

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premises and shall have an actual, regular presence at the facility:

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

BASSET Training Completion Date: _____ (include a copy of certificate)

LIMITED LIABILITY CORPORATION INFORMATION ENDS

(If more space is needed, please add an extra sheet.)

PARTNERSHIP

17. PARTNERSHIP (Strike out if not applicable.)

The Applicant is a partnership and the names and addresses of those persons who are either limited or general partners or are in some other manner entitled to share in the profits are as follows (use additional paper if necessary):

A) MEMBERS (PARTNERSHIP)

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

Title: _____

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

Title: _____

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

Title: _____

B) MANAGER (PARTNERSHIP)

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premises and shall have an actual, regular presence at the facility:

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone (_____)

BASSET Training Completion Date: _____ (include a copy of certificate)

PARTNERSHIP INFORMATION ENDS (If more space is needed, please add an extra sheet.)

SOLE PROPRIETORSHIP (INDIVIDUAL)

18. SOLE PROPRIETORSHIPS (INDIVIDUAL) (Strike out if not applicable.)

The Applicant is an individual entitled to the profits of this business and his/her name, address and other pertinent information is required as follows (use additional paper if necessary):

A) SOLE PROPRIETORSHIP (INDIVIDUAL)

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

Title: _____

B) MANAGER (SOLE PROPRIETORSHIP-INDIVIDUAL)

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premises and shall have an actual, regular presence at the facility:

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____)

BASSET Training Completion Date: _____ (include a copy of certificate)

SOLE PROPRIETORSHIP-INDIVIDUAL INFORMATION ENDS

(If more space is needed, please add an extra sheet.)

19. All below questions must be answered. Use N/A if question does not apply.

A)

1. Is the Applicant a resident of the Village of Algonquin? Y N
2. With reference to an Applicant Partnership, are all members of said Applicant Partnership qualified to obtain a license? Y N
3. With reference to an Applicant Corporation, is any officer, manager, director, stockholder, or stockholder owning in the aggregate more than five (5) percent of the stock of the Applicant Corporation excluded from obtaining a license for any reason other than citizenship and residence within the Village of Algonquin? Y N

B) Is the Applicant of good character and reputation in the community? Y N

C) Has the Applicant ever been convicted of a felony under any Federal or State law?

Y N

D) Has the Applicant ever been convicted of being a keeper, or is keeping, a house of ill fame?

Y N

E) Has the Applicant ever been convicted of pandering or other crimes or misdemeanor opposed to decency or morality? Y N

F) Has the Applicant ever had a Liquor License revoked for any cause? Y N

G) Has the Applicant either been convicted of any Federal or State law concerning manufacture, possession, or sale of alcoholic liquor, or has the Applicant ever forfeited his bond to appear in court to answer charges for a violation of said Federal or State law? Y N

H) Is the Applicant eligible for a State of Illinois Liquor License? Y N

I) Is the Applicant either an Algonquin law enforcing public official or does the President or any member of the Board of Trustees of the Village of Algonquin have any interest either directly or indirectly in the applicant business? Y N

The APPLICANT notes by his signature below that he/she has read and understands [Chapter 33](#). Further, it should be noted that there must be enough employees and supervision of personnel involved with the sale of liquor to satisfy the requirements within Chapter 33. Also, the Applicant must recognize that the regulations of Chapter 33 that apply to the License and Establishment also apply to any agents of the business involved with the sale of liquor.

Applicant _____

(Please Print Name of Business as stated in #1 of this application.)

**SIGN IN THE PRESENCE OF A
NOTARY PUBLIC!**

Signature _____

(Must be signed in the presence of a Notary)

Title _____

(seal)

Day Phone (_____) _____

Evening Phone (_____) _____

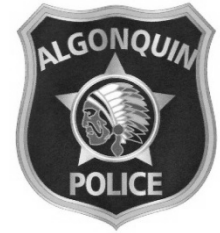
SUBSCRIBED AND SWORN TO before me this _____ day of _____ A.D 20____.

NOTARY PUBLIC



Village of Algonquin

Police Department



Date: _____

Business Name: _____

Address: _____, ALGONQUIN, IL

To Whom It May Concern:

The Village of Algonquin Police Department has an active compliance team that is here to help promote a successful relationship with local businesses, that hold a liquor license, to ensure that they are familiar with current ordinances and state laws. The compliance team completes a minimum of four random compliance checks throughout the year which may include inspections of various items included on the attached "Sample" check list. Should you have any questions regarding the program please contact the Algonquin Police Department.

In addition, pursuant to Village Municipal Code, Chapter 33 Section 34, your establishment is required to verify all employees have successfully completed an approved BASSET program. You are also required to maintain copies of all employees' current BASSET certificates and provide proof of completion for inspection by any authorized member of the Police Department or the Local Liquor Control Commission. Please note, BASSET training is valid for three years following completion.

33.34 BASSET PROGRAM 06-O-69; Amended 2011-O-43, 2011-O-32

A. BASSET Training Required: Successful completion of a BASSET program, or other similar program as approved by the Chief of Police, is required for all persons who sell or serve alcoholic liquor, all management personnel working in a licensed premise, and anyone whose job description entails the checking of identification for the purchase of alcoholic liquor pursuant to the license. Any new owner, manager, employee, or agent requiring BASSET training shall, within 90 days from their first day of employment with a licensee, complete a BASSET approved program. Until successful completion of the program, such person shall work under the supervision of a person who has successfully completed BASSET training.

Failure to comply with this code may result in penalties, including, but not limited to, a \$500 fine for each employee not BASSET certified, as well as being required to complete an in-person training class at the Police Department.

PRESENT THIS LETTER WHEN SUBMITTING YOUR LIQUOR LICENSE APPLICATION OR RENEWAL, SIGNED BY YOUR LOCAL MANAGER, CERTIFYING YOUR ESTABLISHMENT IS IN COMPLIANCE WITH SECTION 34.34, BASSET PROGRAM, OF THE ALGONQUIN MUNICIPAL CODE AND THAT YOU HAVE RECEIVED THE "SAMPLE" LIST OF LC13 COMPLIANCE CHECK REQUIREMENTS.

Questions regarding this program and upcoming class schedules can be directed to the Police Department (847) 658-4531.

Sincerely,

Dennis Walker
Chief of Police

MANAGER'S SIGNATURE

Liquor License Application Check List

In addition to the completed liquor license application, the following must be submitted with your license application:

- ☐ Copy of the lease or proof of ownership (if applicable)
- ☐ Floor Plan
- ☐ Photos of all Egress and Ingress (all doors leading into the establishment and out of the establishment)
- ☐ Articles of Incorporation
- ☐ Domestic Corporate Annual Report or Certificate of Good Standing
- ☐ BASSET Training Agreement Letter (see attached)
- ☐ Copy of the Managers BASSETT Certificate
- ☐ Certificate of Insurance

(No license or permit shall be issued hereunder unless the applicant files with the application an insurance certificate, issued by an insurance company that is authorized to do business in the State, certifying that the applicant, and the owner of the premises housing the establishment from where the liquor will be sold, has in force and effect liquor liability insurance of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate and general liability insurance in an amount not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. "Host" insurance shall not satisfy the terms of this Section.)

- ☐ Non-Refundable Application Fee of \$500
- ☐ License Fee of \$_____ (see [Chapter 33.08 of the Algonquin Municipal Code](#) for fee schedule.)

Incomplete applications will not be accepted.

Following the submission/acceptance of the application and application, the manager listed on the application and the owner, will need to have a background check done (\$44 fee each is required at that time). Please contact the Police Department at 847-658-4531 to set up an appointment.

If you have any questions, please contact Michelle Weber at mweber@algonquin.org or 847/658-5609.