

CITY OF CRYSTAL LAKE



Application: License to Sell Liquor

Return Completed Form To:
City of Crystal Lake
100 W. Woodstock St.
Crystal Lake, IL 60014
Attn: City Manager's Office

Enclosures:

- Completed, signed and notarized application.
- Liquor Liability Insurance
- Surety Bond
- Lease (only if new applicant or information has changed)
- Background checks (new applicant or change in officers/owners/LLC managers and establishment manager)
- Certificate of Occupancy (new construction or new ownership)
- Applicable Fees



License to Sell Liquor

Office Use Only

Date Received _____

Fees Paid _____

New Applicant or Renewal

Establishment Information Partnership Corporation LLC Sole Proprietorship

Legal Name

DBA

Address of Establishment

Phone Number

Date of Incorporation

Object for which it was organized

Officers/Members/LLC Managers Information (For owners, only those having 5% or greater ownership interest in the establishment)

Title/Office Held

First, Middle Initial, Last Name

Date and Place of Birth

Address

Phone Number

Citizenship Yes No

If no, please present documentation issued by the United States Citizenship and Immigration Services authorizing the person's presence in the United States.

Title/Office Held

First, Middle Initial, Last Name

Date and Place of Birth

Address

Phone Number

Citizenship Yes No

If no, please present documentation issued by the United States Citizenship and Immigration Services authorizing the person's presence in the United States.

Title/Office Held

First, Middle Initial, Last Name

Date and Place of Birth

Address

Phone Number

Citizenship Yes No

If no, please present documentation issued by the United States Citizenship and Immigration Services authorizing the person's presence in the United States.

Manager (Individual having day-to-day operational control of the licensed business. This individual will also accept on behalf of applicant all notices, including, but not limited to notices of violations or notices of hearings.)

Current Manager Change Manager

First, Middle Initial, Last Name

Date and Place of Birth

Address

Phone Number

Citizenship Yes No

If no, please present documentation issued by the United States Citizenship and Immigration Services authorizing the person's presence in the United States.

Contact Person (individual completing application)

First, Middle Initial, Last Name

Address

Phone Number

Email Address

Property Information

Own Lease (please complete the below information)

Name of Lessor

Address

Period Covered by Lease

BOTH APPLICATION AND AFFIDAVIT MUST BE SIGNED AS FOLLOWS:

- Sole Proprietorship- By Owner
- Partnership- By both Owners, or
- Corporation- by President and Secretary
- LLC- by President and Secretary

VERIFICATION:

- The applicant authorizes the establishment manager to accept all notices, including notices of violations or notices of hearings, on the applicant's behalf.
YES **NO**

- The applicant will comply with the Illinois Liquor Control Act of 1934 (235 ILCS 5/1 et. seq.), including but not limited to the provisions of 235 ILCS 5/6-27.1 regarding certification of servers for completion of training, by a licensed Beverage and Alcohol Sellers and Servers Education and Training (BASSET) provider and shall comply with each of the following:
 - Each licensee shall at all times have available for inspection by the City on the licensed premises, a copy of the current certification of completion of BASSET training, issued by a BASSET training provider licensed by the Illinois Liquor Control Commission, to all servers at the licensed premises as well as managers of the licensed establishment.
YES NO
 - No licensee, manager or other employee of an establishment covered under the provisions of this chapter shall serve, vend or check identification unless such a licensee, manager or other employee possesses a current certification of BASSET training from a BASSET training provider licensed by the Illinois Liquor Control Commission.
YES NO
 - Employees hired by licensed establishments will obtain BASSET certification issued by a BASSET training provider, licensed by the Illinois Liquor Control Commission, within 90 days of their employment. New employees (within the first 90 days of employment) shall be under the supervision of another BASSET certified employee prior to the new employee receiving BASSET certification.
YES NO
- Has applicant made application for a similar license for premises other than described in this application? **YES NO** (If yes, state date, location of premises and disposition of application)

- Has a previous license by any state or subdivision, or the federal government been revoked? **YES NO** (If yes, state reasons, jurisdiction & date of revocation.)

- Has applicant (including any partners, directors, or officers), ever been convicted of a felony under any Federal or State law and would be disqualified to receive a license by reason of any matter or thing contained in this Section, laws of this State or the ordinances of this City? **YES NO**
- Does the applicant agree not to allow gambling devices or gambling on the premises? (Except for those license holders that hold a supplemental Class 28 Liquor License)
YES NO Class "28" Holder
- The applicant will not violate any of the laws of the State of Illinois, of the United States, or any ordinance of the City in the conduct of his place of business. **YES NO**

**TO THE LIQUOR CONTROL COMMISSIONER OF THE CITY OF CRYSTAL LAKE,
ILLINOIS:** The undersigned hereby makes application for a Class _____ Liquor License under the provisions of the City of Crystal Lake Liquor Licensing Ordinance.

Please sign below:

Printed Full Name

Title

Applicant Signature

Date

Printed Full Name

Title

Applicant Signature

Date

AFFIDAVIT

STATE OF _____)
) **SS**
COUNTY OF _____)

I (we) swear that I (we) will not violate any of the ordinances of the City of Crystal Lake or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

(Affidavit must be signed in front of a notary public.)

Please sign below:

Printed Full Name Title

Applicant Signature Date

Printed Full Name Title

Applicant Signature Date

Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public

My commission expires: _____

(SEAL)