Citizen Serve Walkthrough and FAQs

1. The online liquor licensing portal is hosted by Citizen Serve. You will receive email notifications from Citizen Serve showing that your application is complete or if additional information is needed. The first step will be to click on the link: "Apply For / Renew a License."

| A REAL PROPERTY OF THE PROPERT | | Home | Services | My Account | LOGIN Contact |
|--|---|-----------------|---------------|---------------------|------------------|
| | WELCOME TO THE CITY OF CRYSTAL LAKE ONLIN | IE POR | ΓAL | | |
| Thank you for visiting our w | rebsite, through this portal you have access to our online services listed below. We value your i email us at mnebel@crystallake.org. | ínput, if you l | have any comr | nents or suggestion | ons please |
| Thank you for visiting our we contact us. | osite, through this portal you have access to all of our online services for licensing. We value your in | iput, if you ha | ve any commer | its or suggestions | please |
| Online Services | You Need | | | | |
| | LICENSING For Liquor License Renewal, Liquor License Applications, Video Gaming License Renewal, or Commercial Refuse License Renewal, please follow the Blue link below. APPLY FOR / OR RENEW A LICENSE → LEARN MORE ABOUT LICENSING → | | | | |
| 2015 COPYRIGHT BY ONLINE | SOLUTIONS, LLC | | | | |

2. To renew your license, you will click on the "Register Now" link on the right-hand side of the screen.

| A REAL PROPERTY OF THE PROPERT | | | Home | Services | My Account | Login Contact | | |
|--|----------------|--|--|-------------------------------|--------------------------|------------------|--|--|
| LOGIN Home / My Account / Login | | | | | | | | |
| Already ha | ve an account? | | New to our Porta If this is your first time using our quick, click the link below to get REGISTER NOW → | portal you'll nee started. | id to register first. Re | gistering is | | |

3. To register an account for your liquor license renewal, you will first click on "Business Owner" for the registration type.

| THE THE PARTY OF T | | | Home | Services | My Account | Login Contact |
|--|---------------------------------|---|--------------------------|--------------|------------|------------------|
| | | REGISTER Home / My Account / Register | | | | |
| | Please include your middle name | IMPORTANT or middle initial with your first name, if | you don't have one pleas | e disregard. | | |
| Registration Type: | indic | ates a required field | | | • | |
| | | | | | | |

4. Next, you will enter your email address, name, phone number, and home and business addresses. It is important to enter the correct email address. The City will contact you in the future via email for your liquor license renewal.

| | | | Homo | Sapricos | My Account | |
|----------------------------|---|-----------|-------------|---------------|------------|---------|
| THE SUMME | | | Home | Services | Wy Account | Contact |
| | REGISTER Home / My Account / Register | | | | | |
| Please include your middle | IMPORTANT name or middle initial with your first name, if you do | on't have | e one pleas | se disregard. | | |
| | indicates a required field | | | | | |
| Registration Type: | Business Owner | | | | | |
| Email: | sample@sample.com | | | | | |
| | Your email address is accepted. | | | | | |
| Confirm Email: | sample@sample.com | | | | | |
| | Your email address is accepted. | | | | | |
| First Name: | Test | | | | | |
| Last Name: | Sample | | | | | |
| Home Address: | | | | | | |
| | | | | | | |
| City, State, Zip: | | | | | | |
| Business Name: | Test | | | | | |
| Mailing Address: | Test | | | | | |
| | | | | | | |
| City, State, Zip: | Test TS | | 60014 | | | |
| | at least one phone number is required | | | | | |
| Home Phone: | (815) 459-2020 | | | | | |

5. You will then enter a username and password to access your account. *IMPORTANT: Make sure to keep a record of your username and password.

| Home Phone: | (815) 459-2020 | |
|-------------------|---|--|
| Cell Phone: | | |
| Work Phone: | | |
| Fax: | | |
| | | |
| User Name: | Sample | |
| Password: | | |
| Confirm Password: | | |
| | Your passwords match. | |

6. Next, you will select the ownership type for your business. Ownership types that can be selected are: 501(c)(3) Nonprofit Organization, Corporation, Partnership, LLC, or Sole Proprietorship.

| Ownership Type: | • |
|-----------------|---|

7. After selecting the Ownership Type, will then enter the Officer and Business/Organization information. The following is the information required for an LLC.

| Ownership Type: | LLC | v |
|------------------------------------|------------|---|
| Business Legal Name: | Test | |
| Date of Incorporation: | 01/01/2019 | |
| Object for which it was organized: | Test | |
| Social Security Number: | Test | |
| Drivers License Number: | Test | |
| Date and Place of Birth: | Test | |
| Citizenship: | | |
| Time & Place of Naturalization: | | |
| | | |
| Officer Name: | Test | |
| Title of Office Held: | Test | |
| Social Security Number: | Test | |
| Drivers License Number: | Test | |
| Address: | Test | |
| Phone Number: | Test | |
| Date and Place of Birth: | Test | |
| Citizenship: | | |
| Time & Place of Naturalization: | | |
| | | |

If you have more than one Officer, there are additional boxes to enter the information. After entering all the necessary information in each field, you will then click "submit" to register your account.

| Officer 3: | | |
|---------------------------------|--------|--|
| Title of Office Held: | | |
| Social Security Number: | | |
| Drivers License Number: | | |
| Citizenship: | | |
| Date and Place of Birth: | | |
| Address: | | |
| Phone Number: | | |
| Time & Place of Naturalization: | | |
| | SUBMIT | |
| | | |

8. The next page will ask for information specific to your license. You will first select the registration type.

| ATTELL LATE | | Home | Services | My Account | LOGOUT. TEST Contact |
|-------------------|--|------|----------|------------|-------------------------|
| | APPLY FOR A LICENSE Home / Services / Licensing / Apply for a license | | | | |
| Application Type: | indicates a required field | | ¥ | | |

9. You will enter "Liquor License" for both the Application Type and the Sub-Type. Here, you will enter your business name and address.

| | | Home | Services | My Account | LOGOUT, TEST Contact |
|--|---|-------|----------|------------|-------------------------|
| | APPLY FOR A LICENSE Home / Services / Licensing / Apply for a license | | | | |
| Application Type: Sub Type: Business Name: Address or Parcel #: | I indicates a required field Liquor License Liquor License Test Test Crystal Lake IL 6 FIND ADDRESS | 50014 | ¥ | Θ | |

10. If the portal does not locate your address, please click on the "Use This Address" box.

| | The address you entered could not be found, would you like to proceed with this address or enter a new address. USE THIS ADDRESS ENTER A DIFFERENT ADDRESS ENTER A DIFFERENT ADDRESS | x ne Services | Looourt, TEST My Account Contact |
|-------------------|---|---------------|-------------------------------------|
| Application Type: | Liquor License | • | |
| Sub Type: | Liquor License | • | |

11. Make sure to select renewal. If you do not know your liquor license classification, please contact City Hall at (815) 459-2020. Helpful links to understand your liquor license classification or other common questions are available on the left-hand side of the screen.

| A CONTRACT OF CONTRACT. | | | | | Home | Services | My Account | LOGOUT, TEST Contact |
|---|---|------|---|----|------|----------|------------|-------------------------|
| | APPLY FOR A LICI Home / Services / Licensing / Apply fo | ENSE | е | | | | | |
| | indicates a required field | | | | | | | |
| Application Type: | Liquor License | | | | | • | | |
| Sub Type: | Liquor License | | | | | • | | |
| Business Name: | Test | | | | | | | |
| Address: | 100 W Woodstock St | | | | | | 9 | |
| | Crystal Lake | IL | | 60 | 014 | | | |
| Parcel #: | | | | | | | | |
| Property Owner: | | | | | | | | |
| | ENTER A DIFFERENT ADDRESS → | | | | | | | |
| Click Here for Application Instructions | | | | | | | | |
| Click Here for Liquor License FAQs | | | | | | | | |
| Click Here for License Classification Details | | | | | | | | |
| License Classification: | Class 01 | | | | | ٣ | | |
| Application Type: | Renewal | | | | | ۲ | | |
| | | | | | | | | |

12. Next, you will enter the Establishment, Contact, and Property information.

| ## ESTABLISHMENT INFORMATION | | |
|----------------------------------|---------------------------------------|---|
| Legal Name: | Test | |
| DBA: | Test | |
| Phone Number: | (815) 459-2020 | |
| | | |
| CONTACT INFORMATION | | |
| Contact Person: | Test - Test Sample | |
| | | |
| Registered Agent: | Ť | 0 |
| Agent Status: | · · · · · · · · · · · · · · · · · · · | |
| Citizenship: | | |
| Time & Place of Naturalization: | | |
| | | |
| III PROPERTY INFORMATION | | |
| Is this for a new construction?: | No | |
| Own or Lease: | Lease | |
| Name of Lessor: | Test | |
| Address of Lessor: | Test | |
| Period Covered by Lease: | Test | |
| Attach Lease Agreement: | Select File Picture 1.PNG | |

If you own your building, you will move on to the verification questions. If you lease your building, you will be asked to enter the name and address of the lessor, the period covered by the lease, and then you must attach a copy of the lease agreement.

13. You will then be asked to respond to each verification question.

| # VERIFICATION QUESTIONS | | |
|---|-------|--|
| Has applicant made application for a similar license for | Yes 🔻 | |
| premises other than described in this application?: | | |
| State date, location of premises and disposition of application: | Test | |
| | | |
| Has a previous license by any state or subdivision, or the | No T | |
| federal government been revoked?: | | |
| Has applicant (including any partners, directors, or officers), | No | |
| 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?: | | |
| | | |
| Does the applicant agree not to allow gambling devices or | Yes | |
| gambling on the premises? (Except for those license holders | | |
| that hold a supplemental Class 28 Liquor License): | | |
| | | |
| The applicant will not violate any of the laws of the State of | Tes | |
| Illinois, of the United States, or any ordinance of the City in the | | |
| conduct of his place of business.: | | |
| | | |

14. If you are a Crystal Lake resident, you select "in Crystal Lake." You will then see information to schedule an appointment with the Crystal Lake Police Department to conduct your fingerprinting and background check.

| Applicant lives (select one): | in Crystal Lake | • |
|---|---------------------------------------|---|
| Schedule an appointment with the Crystal Lake | e Police Department at (815) 356-3620 | |
| Arrive 10 minutes early to pay the \$50.00 fee fo | or each request. | |

15. If you are not a Crystal Lake resident, but you live in the State of Illinois, information will populate for you to complete the fingerprinting and background check.



16. If you do not live in the State of Illinois, please contact us at City Hall at (815) 459-2020.

| Applicant lives (select one): outside the State of Illinois | * |
|---|---|
|---|---|

17. Before submitting your application, you will be asked to upload documents, sign electronically, click to confirm you have answered all questions truthfully, and then choose if you are making the full payment or if you are on the 50% installment plan.

Please make sure to upload the current and active insurance, liquor liability, and surety bond information.

| Proof of Liquor Liability Insurance: | Select File Picture 1.PNG |
|--|--|
| Liquor Liability Insurance Expiration: | 09/01/2019 |
| Surety Bond (\$1000 payable to City of Crystal Lake): | Select File Picture 1.PNG |
| Surety Bond Expiration: | 09/01/2019 |
| Upload signed affidavit Click Here for form: | Select File Picture 1.PNG |
| TO THE LIQUOR CONTROL COMMISSIONER OF THE CIT | TY OF CRYSTAL LAKE, ILLINOIS: |
| TO THE LIQUOR CONTROL COMMISSIONER OF THE CIT The undersigned hereby makes application for a Liquor I Owner / Registered Agent Signature: Partner / Manager Signature: | TY OF CRYSTAL LAKE, ILLINOIS: License, as listed above, under the provisions of the City of Crystal Lake Liquor Licensing Ordinance. signature.png 🔟 Sign Here |
| TO THE LIQUOR CONTROL COMMISSIONER OF THE CIT The undersigned hereby makes application for a Liquor I Owner / Registered Agent Signature: Partner / Manager Signature: I agree to the terms and conditions of the application and | TY OF CRYSTAL LAKE, ILLINOIS: License, as listed above, under the provisions of the City of Crystal Lake Liquor Licensing Ordinance. signature.png 💼 Sign Here I have answered all questions truthfully and accurately |
| TO THE LIQUOR CONTROL COMMISSIONER OF THE CIT The undersigned hereby makes application for a Liquor I Owner / Registered Agent Signature: Partner / Manager Signature: I agree to the terms and conditions of the application and Payment Type: | TY OF CRYSTAL LAKE, ILLINOIS: License, as listed above, under the provisions of the City of Crystal Lake Liquor Licensing Ordinance. signature.png Sign Here d have answered all questions truthfully and accurately Check this box to confirm above statement Full Amount |

18. After you submit your application, please remit payment to the City of Crystal Lake either by check or by credit card at City Hall. You also have the option to save your application progress. You can then return at a later time to the same point where you last entered information.