



VILLAGE OF ROSEMONT

HEALTH & LICENSE DEPARTMENT
9501 WEST DEVON AVE, 2ND FLOOR, ROSEMONT, ILLINOIS 60018
(847) 825-4404

LIQUOR LICENSE RENEWAL

FOR OFFICE USE ONLY

DATE RECEIVED: _____ AMOUNT PAID: _____ CHECK NUMBER: _____
LICENSE NUMBER: _____ LIQUOR CLASS: _____ APPROVED DENIED

DOCUMENTS TO INCLUDE:

COMPLETED RENEWAL APPLICATION INSURANCE MANAGER BASSET CERTIFICATE

ALL INFORMATION IN THIS FORM MUST BE COMPLETED IN BLACK INK OR MAY BE TYPEWRITTEN. EVERY QUESTION MUST BE ANSWERED. ILLEGIBLE ANSWERS WILL BE CONSIDERED INCOMPLETE AND WILL DELAY ISSUANCE OF LICENSE. FALSE OR MISLEADING ANSWERS MAY RESULT IN REFUSAL OF ISSUANCE OF THIS LICENSE.

BUSINESS INFORMATION

BUSINESS NAME:		
CORPORATE NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
WEBSITE:	BUSINESS EMAIL:	

APPLICANT INFORMATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
RELATIONSHIP TO THE BUSINESS FOR WHICH THE LICENSE IS SOUGHT: <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER:		

DESCRIPTION/NATURE OF BUSINESS: _____

LIQUOR TO BE SERVED AND SOLD : ALCOHOLIC LIQUOR BEER & WINE ONLY WINE ONLY

HOURS OF OPERATION: MON _____ TUES _____ WED _____ TH _____ FRI _____ SAT _____ SUN _____

DIRECTORS/OFFICERS/LLC MANAGERS/LLC MEMBERS/PARTNERS/SHAREHOLDERS
ANY SHAREHOLDER OWNING MORE THAN 5% OF THE AGGREGATE STOCK MUST BE IDENTIFIED BELOW

NAME:	TITLE:
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:	
ADDRESS:	
PHONE:	% OF OWNERSHIP:
DATE OF BIRTH:	PLACE OF BIRTH: SOCIAL SECURITY #
NAME:	TITLE:
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:	
ADDRESS:	
PHONE:	% OF OWNERSHIP:
DATE OF BIRTH:	PLACE OF BIRTH: SOCIAL SECURITY #
NAME:	TITLE:
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:	
ADDRESS:	
PHONE:	% OF OWNERSHIP:
DATE OF BIRTH:	PLACE OF BIRTH: SOCIAL SECURITY #
NAME:	TITLE:
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:	
ADDRESS:	
PHONE:	% OF OWNERSHIP:
DATE OF BIRTH:	PLACE OF BIRTH: SOCIAL SECURITY #
NAME:	TITLE:
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OTHER:	
ADDRESS:	
PHONE:	% OF OWNERSHIP:
DATE OF BIRTH:	PLACE OF BIRTH: SOCIAL SECURITY #

LOCAL MANAGER INFORMATION

THIS SECTION MUST BE COMPLETED BY EACH INDIVIDUAL HAVING SUPERVISORY OR MANAGEMENT RESPONSIBILITY OVER THE CONDUCT OF BUSINESS AT THE PREMISES FOR WHICH A LIQUOR LICENSE IS BEING SOUGHT. ADD ADDITIONAL SHEETS AS NECESSARY. *BASSET CERTIFICATE AND FINGERPRINTS MUST BE ON FILE WITH LICENSING DEPARTMENT.

NAME: _____ TITLE: _____

DATE OF HIRE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BIRTHDATE: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY # _____

FINGERPRINTS ON FILE BASSET CERTIFICATE ON FILE

NEW MANAGERS MUST COMPLETE THE MANAGER FORM ON THE FOLLOWING PAGE AND BE FINGERPRINTED AT ACCURATE BIOMETRICS

AFFADAVIT

I, _____, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, HAVE COMPLETED THIS APPLICATION AND ENSURE THAT THE STATEMENTS MADE THEREIN ARE TRUE, COMPLETE AND CORRECT. THE INTENT FOR COMPLETING THIS APPLICATION IS FOR THE PURPOSE OF RENEWING OUR LIQUOR LICENSE WITH THE VILLAGE OF ROSEMONT. OTHER THAN SET FORTH IN THIS RENEWAL APPLICATION, THERE HAS BEEN NO MATERIAL CHANGE IN THE PREMISES; AND THE ANSWERS MADE TO QUESTIONS IN THE ORIGINAL APPLICATION ARE STILL TRUE AND ACCURATE. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO NOTIFY THE LIQUOR CONTROL COMMISSIONER OF ANY FACT REQUESTED IN THIS APPLICATION OR OMISSION OF ANY FACT PERTINENT TO THIS APPLICATION SHALL CONSTITUTE GOOD CAUSE FOR THE LIQUOR CONTROL COMMISSIONER TO DENY THIS APPLICATION AND/OR REVOKE ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION

I FURTHER GIVE MY PERMISSION TO THE VILLAGE OF ROSEMONT TO CONDUCT A BACKGROUND INVESTIGATION, WHICH MAY INCLUDE FINGERPRINTING, AS REQUIRED BY THE FOREGOING APPLICATION.

SIGNATURE TITLE/POSITION DATE

[PRINTED NAME]

SUBSCRIBED TO AND SWORN TO BEFORE ME: _____
NOTARY SIGNATURE

THIS _____ DAY OF _____ 20____.

STATE OF _____; COUNTY OF _____

[NOTARY SEAL]

LOCAL MANAGER INFORMATION

*THIS SECTION MUST BE COMPLETED BY EACH INDIVIDUAL HAVING SUPERVISORY OR MANAGEMENT RESPONSIBILITY OVER THE CONDUCT OF BUSINESS AT THE PREMISES FOR WHICH A LIQUOR LICENSE IS BEING SOUGHT. ADD ADDITIONAL SHEETS AS NECESSARY.
PLEASE SUBMIT COPY OF BASSET CERTIFICATE AND FINGERPRINT RECEIPT FROM ACCURATE BIOMETRICS

APPLICANT:		COMPANY:	
NAME OF LOCAL MANAGER:		TITLE:	
DATE OF HIRE BY APPLICANT:			
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		
BIRTHDATE:	PLACE OF BIRTH:	SOCIAL SECURITY #	
DRIVER'S LICENSE/STATE ID #		STATE ISSUED:	

BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED. FOR QUESTIONS ANSWERED "YES" PLEASE PROVIDE DETAILED DOCUMENTATION. INDIVIDUALS COMPLETING THIS FORM MUST BE FINGERPRINTED BY ACCURATE BIOMETRICS. PLEASE SEE ATTACHED FORM.

HAVE YOU EVER BEEN CONVICTED OF:

1. A FELONY UNDER ANY STATE OR FEDERAL LAW?..... YES NO
2. KEEPING A PLACE OF PROSTITUTION OR PROMOTING PROSTITUTION?..... YES NO
3. KEEPING A PLACE OF JUVENILE PROSTITUTION OR PROMOTING JUVENILE PROSTITUTION?..... YES NO
4. PANDERING OR ANY CRIME OR MISDEMEANOR OPPOSED TO DECENCY AND MORALITY?..... YES NO
5. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION UNDER A STATE OR FEDERAL LIQUOR LAW?..... YES NO
6. ANY GAMBLING OFFENSE?..... YES NO

PROVIDE A DETAILED EXPLANATION AND DETAILED DOCUMENTATION FOR ALL "YES" ANSWERS:

HAVE YOU EVER HAD ANY LIQUOR LICENSE SUSPENDED OR REVOKED? YES NO
 IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION:

HAS THE APPLICANT EVER BEEN ISSUED A FEDERAL WAGERING STAMP? YES NO
 IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION:

ARE YOU LICENSED AS A MANUFACTURER OF BEER BY ANY AUTHORITY AND HAVE ANY DIRECT OR INDIRECT INTEREST IN A PERSON/ENTITY LICENSED IN ILLINOIS AS A DISTRIBUTOR OR IMPORTING DISTRIBUTOR? YES NO

ARE YOU LICENSED AS A DISTRIBUTOR OR IMPORTING DISTRIBUTOR IN ILLINOIS AND HAVE ANY DIRECT OR INDIRECT INTEREST IN A PERSON/ENTITY LICENSED AS A MANUFACTURER OF BEER BY ANY AUTHORITY? YES NO

ADDITIONAL INFORMATION

ARE YOU BASSET (BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING) CERTIFIED? YES NO

HAVE YOU COMPLETED A FINGERPRINT CHECK WITH THE VLLAGE OF ROSEMONT WITHIN THE PAST YEAR? YES NO
 IF YES, PLEASE CONTACT THE HEALTH & LICENSE DEPT. TO ENSURE A COPY IS ON FILE.

WILL YOU FAMILIARIZE YOURSELF WITH ALL THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE VILLAGE OF ROSEMONT, PERTAINING TO THE SALE OF ALCOHOLIC LIQUOR AND ABIDE BY THEM? YES NO



Phone: 773-685-5699
Fax: 773-685-5433
www.accuratebiometrics.com

Village of Rosemont Liquor License Fingerprint Applicant Form

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ___/___/___ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security #: _____ - _____ - _____

Place of Birth: (State or Country if outside USA): _____

ORI- IL016990L

(DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY)

TCN# _____ Date Printed _____