



Village of Third Lake
 87 N Lake Ave.
 Third Lake, IL 60030
 (847) 223-8422
 www.thirdlakevillage.com

FOR OFFICE USE

LICENSE NO: # _____
 LICENSE FEE: \$ _____
 DATE PAID: _____

APPLICATION FOR LIQUOR LICENSE

- ☐ New Business (If applicant holds a current State Liquor License, attach a copy.)
☐ Annual Renewal

APPLICANT INFORMATION

Name:

Mailing Address:

Phone:

Email:

Legal Status of Applicant: ☐ Sole Owner ☐ Partnership ☐ Corporation ☐ Not-for-profit corporation
☐ Other (explain):

Class of License Applied For:

EIN or SSN of applicant:

ROT number of applicant:

Additional Applicants (If more than one additional applicant, list on back)

Name:

Mailing Address:

Phone:

Email:

BUSINESS INFORMATION

Business Name (DBA:

Corporation Name:

Business Address:

Mailing Address:

Business Phone:

Business Fax:

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

- | | | |
|--|---|--|
| <input type="checkbox"/> DRUG STORE/PHARMACY | <input type="checkbox"/> LIQUOR STORE | <input type="checkbox"/> CONVENIENCE & GAS |
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> DEPARTMENT STORE | <input type="checkbox"/> SMALL GROCERY |
| <input type="checkbox"/> CONVENIENCE | <input type="checkbox"/> BAR/TAVERN | <input type="checkbox"/> GAS STATION |
| <input type="checkbox"/> SUPERMARKET | <input type="checkbox"/> HOTEL/MOTEL | <input type="checkbox"/> OTHER _____ |

Rights to property:

- ☐ I hereby certify that the property is owned by the applicant
☐ I hereby certify that the property is leased from the landlord
☐ I hereby certify that the property is managed via an operating or management agreement

Landlord Name:

Phone:

Landlord Address:

Landlord Email Address:

ELIGIBILITY QUESTIONS	
------------------------------	--

IF ANY QUESTIONS ARE ANSWERED WITH A "YES", ATTACH A FULL WRITTEN EXPLANATION TO THIS DOCUMENT

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has the applicant ever been convicted of a felony? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has the applicant ever been convicted of keeping a place of prostitution or keeping a place of juvenile prostitution, promoting prostitution that involves keeping a place of prostitution, or promoting juvenile prostitution that involves keeping a place of juvenile prostitution? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has that applicant ever been convicted of pandering? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has the applicant ever been convicted of a violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor and/or has the applicant ever forfeited a bond to appear in court to answer charges for an such violation? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has the applicant ever been convicted of a gambling offense as proscribed by any of subsections (A)(3) through (A)(1) of section 28-1 of, or as proscribed by section 28-1.1 or 28-3 of, the "Criminal Code of 1961," as heretofore or hereafter amended, or as proscribed by any statute replaced by any of the aforesaid statutory provisions? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has the applicant ever made an application for a liquor license which has been denied? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has the applicant ever had an previous liquor license revoked? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Is the applicant a law enforcing public official, a member of a local liquor control commission, a mayor, alderman, or member of any city council or commission, a president, trustee or member of any village board of trustees, or any president or member of a county board? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Does the applicant hold a federal wagering stamp or a federal gaming device stamp issued for the current tax period? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has the federal wagering stamp or federal gaming stamp been issued for the premises identified in the Business Information section on page 1? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | If applying for a GAMING license, has the applicant ever made an application with the Illinois Gaming Board for a video gaming license which has been denied? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | If applying for a GAMING license, has the applicant ever had any previous gaming license revoked? |

Each person signing this application AND each manager employed or to be employed at the licensed premises shall submit a completed License Personal Interest Form.

Dated: _____

Applicant Signature: _____

Name of Applicant (print): _____

Title: _____

Applicant Signature: _____

STATE OF ILLINOIS)
) SS.

Name of Applicant (print): _____

COUNTY OF LAKE)

Title: _____

Subscribed and Sworn to before me this

day of _____, 20_____.

Application must be signed by:

Applicant:

Signed by:

Notary Public
(SEAL)

Sole Owner
Partnership
Corporation
All Others

Sole Owner
At least two (2) partners
Corporate president and secretary or two (2) authorized agents
At least two (2) authorized agents