CITY OF CRYSTAL LAKE

Application:
License to Sell Liquor

New Applicant ☐
Renewal ☐

Date: _____

Application for License to Sell Liquor

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.

$_____ Full Payment ☐ Partial Payment ☐ Pro Rated ☐

APPLICATION MADE ON BEHALF OF A *PARTNERSHIP, CORPORATION OR LLC*:
(*If none of the officers or directors of the corporation live within the City limits of Crystal Lake, the corporation must designate a Registered Agent, who must reside within the City limits of Crystal Lake*.)

Firm is a: ☐ Partnership ☐ Corporation ☐ LLC

Legal Name of Partnership, Corporation, LLC_____

Date of incorporation or date of partnership formation _____

State object for which it was organized _____

The following information is required of all Partners, Officers, & Directors.
(If additional space is needed, please use separate sheet)

_____
First Name Middle Initial Last Name Title/Office Held

_____
Home Address City State Zip Code

_____
Home Phone # Cell Phone# E-mail

_____
Date of Birth Place of Birth Social Security # Driver's License #

Is applicant a U.S. citizen? _____ Time & place of naturalization _____

_____
First Name Middle Initial Last Name Title/Office Held

_____

Home Address City State Zip Code

_____

Home Phone # Cell Phone# E-mail

_____

Date of Birth Place of Birth Social Security # Driver's License #

Is applicant a U.S. citizen? _____ Time & place of naturalization _____

_____

First Name Middle Initial Last Name Title/Office Held

_____

Home Address City State Zip Code

_____

Home Phone # Cell Phone# E-mail

_____

Date of Birth Place of Birth Social Security # Driver's License #

Is applicant a U.S. citizen? _____ Time & place of naturalization _____

APPLICATION MADE ON BEHALF OF A *SOLE PROPRIETORSHIP*:

_____

First Name Middle Initial Last Name Home Phone Number

_____

Home Address City State Zip Code

_____

Date of Birth Place of Birth Social Security # Driver's License #

Is applicant a US citizen? ____ Time & place of naturalization_____

_____

Character of business Length of time applicant has been in business

LIQUOR LICENSE IS SOUGHT FOR THE FOLLOWING BUSINESS:

_____

Exact name business is conducted under (DBA) Principal kind of business

_____

Street Address Phone Number

PERSON TO CONTACT:

_____

Name Phone Number E-Mail

_____

Address City State Zip

PROPERY INFORMATION:

Does the applicant own or lease the premises for which this license is sought?
☐ Own (Provide proof of ownership) ☐ Lease (Provide a copy of the lease)

If leased, please provide:

_____

Name of Lessor Address

_____Period covered by lease:_____

City State Zip Code

REGISTERED AGENT FOR BUSINESS:

If applicant/s are not a resident of the City of Crystal Lake, the application must include the name of a registered agent and the required information regarding the registered agent. The registered agent must reside within the corporate limits of the City of Crystal Lake.

Current Agent ☐
Change in Agent ☐
(New Registered Agents must be fingerprinted by the Police Department)
N/A ☐

_____

First Name Middle Initial Last Name Phone Number

_____

Home Address Drivers License #

_____

Social Security # Date of Birth Place of Birth

US citizen? _____ Time & place of naturalization_____

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:

- 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 & 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 ☐**

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)