

Dear Applicant:

Enclosed please find a liquor license application and a copy of Chapter 4, Article II of the Plainfield Municipal Code regarding Liquor License Dealers. As the Village Clerk, I assist the Village President, Michael P. Collins, who is the Liquor Commissioner, as prescribed by Village Ordinance.

It is important that the following information be submitted to the Office of the Village Clerk before actual issuance of the license:

1. The application completed in its entirety, signed and notarized, along with the required license fee. A \$250 nonrefundable application fee for all license classes is required.
2. A surety bond in the amount of \$1,000 to the Village of Plainfield with an expiration date of June 30 of the current or following year.
3. A certificate by an insurance company authorized to do business in the State of Illinois certifying that you have in force and affect the insurance required by State Statutes with an expiration date of June 30.
4. A copy of the Village of Plainfield Business License.
5. Business Site Plan (a site inspection will be conducted).

All applicable licenses must be obtained and the above requirements must be complied with **before** issuance of the liquor license is completed. If you have any further questions, please do not hesitate to contact my office at 815/439-2921.

Please note: A State license must also be obtained after you receive your Village license. This is done through the State of Illinois, Liquor Control Commission, located at 100 W. Randolph Street, Suite 5-300, Chicago, Illinois 60601-312/814-2206. A copy of the State License **MUST BE** forwarded to the Village within 15 days of issuing the local liquor license.

Additionally, if you intend to have live entertainment, an outside beer garden, conduct sampling, or sell tobacco products, a separate license is also required and can be obtained through the Village Clerk's office.

Sincerely,

Michelle Gibas, CMC/RMC
Village Clerk

VILLAGE OF PLAINFIELD

APPLICATION FOR RETAILER'S LIQUOR LICENSE

DEFINITION: A retailer's liquor license shall allow licensees to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form; provided that any retail liquor license issued to a manufacturer shall only permit such manufacturer to sell alcoholic beverages at retail on the premises actually occupied by such manufacturer [235 ILCS 5/5-1(d)], the only exception being a wine-maker's retail license-second location. [235 ILCS 5/5-1(i).]

All applicants for licensing as a liquor "retailer" must fully and accurately complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a Village of Plainfield Retailer's Liquor License.

RETAILER'S LIQUOR LICENSE APPLICATION FEE (Non -Refundable)	\$250.00
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MAKE CHECK OR MONEY ORDER PAYABLE TO THE VILLAGE OF PLAINFIELD.

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION FORM MUST BEAR AN ORIGINAL SIGNATURE.

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of state.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the state of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- A. SOLE PROPRIETORSHIP (Must live in Will/Kendall County) DATE FILED WITH COUNTY CLERK _____
- B. PARTNERSHIP DATE OF FORMATION _____
- C. ILLINOIS CORPORATION DATE OF INCORPORATION _____
- D. FOREIGN CORPORATION STATE OF INCORPORATION _____
DATE QUALIFIED TO DO BUSINESS IN ILLINOIS _____
- E. LIMITED LIABILITY COMPANY DATE FORMED _____

If "C", "D" or "E" is checked, indicate your current Secretary of State file number here _____
Attach a copy your Certificate of Good Standing. If you need to obtain this, call the Illinois Secretary of State at (217) 782-6875.

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer of director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. **All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers.** If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **Before completing this section, check Question No. 6 – Eligibility.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, zip code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

4. MANAGEMENT INFORMATION

It is recognized that a licensee may, from time to time, desire to hire or retain, as an independent contractor, a management entity to manage, generally operate and be responsible for the licensed premises. No licensee shall permit a management entity to perform such a function unless the management entity has been certified to do so by the local liquor control commissioner. To be certified by the local liquor control commissioner, a management entity must execute a liquor license application that reflects the entity's business status, i.e., sole proprietorship, partnership or corporation. A management entity must meet all pertinent licensing requirements of this chapter as if it were an applicant for an individual license (other than for a surety bond and dram shop coverage) and meet the same standards as a licensee. The application shall be accompanied by a non-refundable application fee of Two Hundred Fifty Dollars (\$250.00) and no management entity may be qualified unless a certification fee of Seven Hundred Fifty Dollars

(\$750.00) has been paid. A management entity shall be subject to the jurisdiction of the local liquor control commissioner in the same manner as a licensee. The application, approval and qualification requirements for management entities shall be conditions attached to the license of the business employing them, and any violations of those requirements may result in license penalties for the employing business, including suspension, revocation and/or fines. If there is a violation on the licensed premises, the management company and the licensee shall be jointly and severally responsible.

At all times when a local liquor license is in effect a licensee shall have available a manger or owner who is identified in the licensee's liquor license application as a member of the licensee's managerial staff. When a licensee changes managers or adds additional managers, the licensee must provide to the Village all information for such new manager(s) as required by this article. Each manager shall be fingerprinted by the Village's police department within ten (10) business days of such change in personnel.

OWNERSHIP INFORMATION

A.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE NUMBER	% OWNED	
				()		

B.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE NUMBER	% OWNED	
				()		

C.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE NUMBER	% OWNED	
				()		

D.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE NUMBER	% OWNED	
				()		

MANAGER INFORMATION

E.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE NUMBER		% OWNED
				()		

F.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE NUMBER		% OWNED
				()		

G.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE NUMBER		% OWNED
				()		

H.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE NUMBER		% OWNED
				()		

5. BUSINESS PREMISE INFORMATION

- If you want your renewal application, your license certificate and other Plainfield Liquor Control Commission correspondence sent to your business address, please check the box to the left.

A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business that will be selling or serving beverages at the licensed premises. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)

B. TELEPHONE/EMAIL

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NUMBER			
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">()</td> <td style="width: 60%; border: none;"></td> <td style="width: 25%; border: none; text-align: right;">EXT.</td> </tr> </table>	()		EXT.
()		EXT.	

EMAIL ADDRESS

C. ADDRESS

In the next four boxes enter the address, city, state, and zip code of the business premises. This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate. If you are purchasing a business that is currently operating, the Commission requires some proof that the business has changed hands – a bill of sale, closing statement, lease, or the previous original liquor license certificate, etc. We request this information because we will need this documentation to deactivate the old license and issue a new license. You should also contact the Illinois Department of Revenue at (312) 814-3063 concerning the filing of a Bulk Sales Stop Order if applicable.

ADDRESS	CITY	STATE	ZIP CODE

D. BUSINESS TYPE

Check the one box which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under “other”.

- | | | |
|---|--|---|
| A. <input type="checkbox"/> DRUG STORE/PHARMACY | E. <input type="checkbox"/> LIQUOR STORE | I. <input type="checkbox"/> CONVENIENCE & GAS |
| B. <input type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input type="checkbox"/> BAR/TAVERN | K. <input type="checkbox"/> GAS STATION |
| D. <input type="checkbox"/> SUPERMARKET | H. <input type="checkbox"/> HOTEL/MOTEL | L. <input type="checkbox"/> OTHER _____ |

E. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, zip code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, zip code and county.

LANDLORD NAME		AREA CODE/TELEPHONE #		
		()		
ADDRESS	CITY	STATE	ZIP CODE	COUNTY

6. PREVIOUS LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. FIRST LIQUOR LICENSE APPLICATION-LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc., first application for a Local Liquor License at any premises in the Village of Plainfield. If you check "no", indicate the date of your Local Liquor License Application. Also indicate whether the license(s) was granted, denied or withdrawn. Provide the address of any Local liquor license application. **If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances of the denial or withdrawal.**

IS THIS YOUR FIRST LOCAL LICENSE APPLICATION? YES _____ NO _____

IF NO, PROVIDE DATE FIRST APPLIED: _____

DISPOSTION: GRANTED DENIED WITHDRAWN EXPIRED

B. PREVIOUS LIQUOR LICENSE INFORMATION

Please enter any previous local liquor license number, the date issued, the date it expires, the municipality or county that issued the license, and the date you began selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date the Village of Plainfield liquor license is issued.

MUNICIPALITY/COUNTY ISSUING LICENSE	LOCAL LICENSE #	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES

C. FEDERAL TAX STAMP DOCUMENT CONTROL NUMBER

Provide the Federal Tax Stamp Document Control Number. This number indicates that your business has been approved to sell alcoholic beverages by the Federal Bureau of Alcohol, Tobacco and Firearms. BATF charges an annual fee for this tax stamp. You may obtain this tax number by calling the BATF Tax Processing Center at (800) 937-8864 or (513) 684-2979.

Written inquiries may be sent to: ATF Tax Processing Center (Ti)
P. O. Box 145433
Cincinnati, Ohio 45203

FEDERAL TAX STAMP DOC. CONTROL #

D. TYPE OF LIQUOR LICENSE

Check the box which describes the manner in which you intend to sell alcoholic beverages to consumers.

- | | | | | | |
|----------------------------------|----------------------------------|------------------------------------|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Class A | <input type="checkbox"/> Class B | <input type="checkbox"/> Class B-1 | <input type="checkbox"/> Class C | <input type="checkbox"/> Class C-1 | <input type="checkbox"/> Class D |
| <input type="checkbox"/> Class E | <input type="checkbox"/> Class F | <input type="checkbox"/> Class G | <input type="checkbox"/> Class I | <input type="checkbox"/> Class J | <input type="checkbox"/> Class J-2 |
| <input type="checkbox"/> Class K | <input type="checkbox"/> Class L | <input type="checkbox"/> Class M | <input type="checkbox"/> Class N | <input type="checkbox"/> Class O | <input type="checkbox"/> Class P |
| <input type="checkbox"/> Class Q | | | | | |

E. SUPPLEMENTAL PERMITS (check all applicable)

- Entertainment Tasting

7. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions must be answered. If the questions are not answered, the application will be rejected. If any question is checked “yes”, a written, detailed explanation is required and must be attached to this application.

- A. YES NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- B. YES NO Are you delinquent under the “cash beer” law?
- C. YES NO Are you delinquent under the “30-day credit” law?
- D. YES NO Have you ever applied for and been denied a liquor license in any jurisdiction?
- E. YES NO Have you had any previous liquor license revoked?
- F. YES NO Have you ever been convicted of a felony?
- G. YES NO Have you every been convicted of a gambling offense as defined under the section 5/16-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, “gambling”, 720 ILCS 5/28-1.1(a)-(d) “syndicated gambling”, and 720 ILCS 5/28-3 “keeping a gambling place”?
- H. YES NO Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)?
- I. YES NO Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- J. YES NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a license, or suppliers of alcoholic products?
- K. YES NO If operating as a sole proprietorship or a partnership, are you or any of your partner(s) currently not citizens of the United States or resident aliens with legal status?
- L. YES NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? (5 ILCS 100/10-65(c))

8. HOURS OF OPERATION

List the daily hours open for business. (This information will assist Commission field agents in choosing an inspection time which causes the least disruption to business.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

9. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. An owner, an officer, a partner or an officially authorized agent of the business must sign the application. The signature must be an original-rubber stamps are not accepted.

I, THE UNDESIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF PLAINFIELD TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE VILLAGE OF PLAINFIELD, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, PLAINFIELD LIQUOR ORDINANCES, VILLAGE OF PLAINFIELD ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT TITLE/POSITION DATE

VILLAGE OF PLAINFIELD

LIQUOR LICENSE BACKGROUND INVESTIGATION FORM

APPLICANT NAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

PHONE NO: _____ WORK: _____

BACKGROUND CHECK SHEET:

D.O.B.: _____

DRIVER'S LICENSE #: _____

NEW OR RENEWAL PERMIT: _____

List all addresses where you have lived within the last five (5) years:

ADDRESS	CITY	STATE	ZIP CODE

ADDRESS	CITY	STATE	ZIP CODE

ADDRESS	CITY	STATE	ZIP CODE

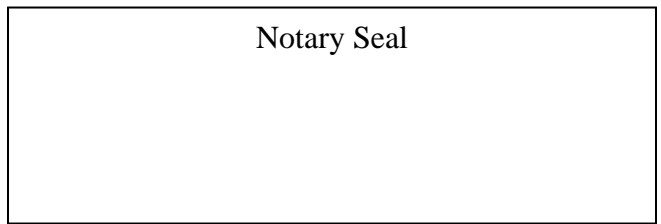
I hereby authorize any person who is contacted by the Plainfield Police Department to release any information pertaining to the background investigation including, but not limited to records or information relating to my past business performance, financial stability, military, police, driving records and character for use by the Plainfield Police Department in consideration of my application for Liquor License within the Village of Plainfield and for no other purpose.

In connection with my application referred to above, I authorize the Village of Plainfield to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history.

SIGNATURE: _____ DATE: _____

Subscribed and sworn before me this _____ day
of _____, 20 _____.

Notary Public



EXAMPLE

BOND FOR RETAIL DEALER IN ALCOHOLIC LIQUORS

KNOW ALL MEN BY THESE PRESENTS: That _____ (APPLICANT) of the Village of Plainfield, Counties of Will and Kendall and State of Illinois, hereinafter called the Principal, and _____ (BOND COMPANY) of _____ (CITY) County of _____ (COUNTY) State of _____ (STATE), hereinafter called the sureties, are held and firmly bound unto the Village of Plainfield, a municipal corporation, in the sum of One Thousand Dollars (\$1,000.00), for the payment whereof to the said Village of Plainfield, the principal and said sureties bind themselves, their heirs, executors, administrators and assigns jointly and severally firmly by these presents.

Signed, sealed and dated this _____ day of _____, 20_____.

WHEREAS, the above named Principal has been granted a license as a beverage dealer under the provisions of the Municipal Code of the Village of Plainfield, which license will expire on the 30th of June, 20_____.

NOW, THEREFORE, the condition of the foregoing obligation is such that if the said Principal, his agents and employees, shall comply with all the provisions of said ordinance hereinbefore described, and any and all other ordinances of said Village and laws of the State of Illinois, now in force or which may hereafter be in force in said Village relating to the operation of the business of a beverage dealer, as defined in said ordinance; and if said principal, his agents or employees shall not violate said ordinances or any ordinances, rule or regulations now in force or which may hereafter be in force in otherwise it shall remain in full force and effect.

SIGNED, SEALED AND DELIVERED BY: _____ (SEAL)
BOND COMPANY

IN THE PRESENCE OF:

Notary Name _____ (SEAL)

BOND FOR RETAIL DEALER IN ALCOHOLIC LIQUORS

KNOW ALL MEN BY THESE PRESENTS: That _____ of the Village of Plainfield, Counties of Will and Kendall and State of Illinois, hereinafter called the Principal, and _____ of _____ County of _____ State of _____, hereinafter called the sureties, are held and firmly bound unto the Village of Plainfield, a municipal corporation, in the sum of One Thousand Dollars (\$1,000.00), for the payment whereof to the said Village of Plainfield, the principal and said sureties bind themselves, their heirs, executors, administrators and assigns jointly and severally firmly by these presents.

Signed, sealed and dated this _____ day of _____, 20_____.

WHEREAS, the above named Principal has been granted a license as a beverage dealer under the provisions of the Municipal Code of the Village of Plainfield, which license will expire on the 30th of June, 20_____.

NOW, THEREFORE, the condition of the foregoing obligation is such that if the said Principal, his agents and employees, shall comply with all the provisions of said ordinance hereinbefore described, and any and all other ordinances of said Village and laws of the State of Illinois, now in force or which may hereafter be in force in said Village relating to the operation of the business of a beverage dealer, as defined in said ordinance; and if said principal, his agents or employees shall not violate said ordinances or any ordinances, rule or regulations now in force or which may hereafter be in force in otherwise it shall remain in full force and effect.

SIGNED, SEALED AND DELIVERED BY: _____(SEAL)
BOND COMPANY

IN THE PRESENCE OF:

_____(SEAL)