

# CHECK LIST FOR FILING YOUR LIQUOR LICENSE

- BASSET Alcohol Training Certificates.** Required for all persons serving liquor at your establishment. See Village Website for Online BASSET Programs.
- \$1,000 Penal Bond**
- Copy of **current Dram Shop Insurance.** You must supply the Village with a current one each time the expiration date occurs. Please make sure your insurance company has our correct address – One Village Circle Willow Springs, IL 60480.
- Copy of your **State Liquor License.**
- Letter of Good Standing with the Illinois Secretary of State**  
(Corporations only). Must be the original and have stamp from the State.
- Original copy of **Articles of Incorporation.**
- Complete **every line** on your application. If not applicable, you must indicate N/A on that line.
- Complete **Liquor License Application Personal Interest Form.**
- Include a **check** for application.
- Signatures must be **notarized.**

Thank you for your cooperation. If you have any questions please call.

Address:  
Village of Willow Springs  
One Village Circle  
Willow Springs, IL 60480

Phone:  
(708) 467-3700  
Fax:  
(708) 467-3710

**Village of Willow Springs**  
Office of the Local Liquor Control Commissioner  
One Village Circle  
Willow Springs, IL 60480  
Phone: (708) 467-3700 Fax: (708) 467-3710

**APPLICATION FOR 2024 LIQUOR LICENSE**

TO THE LOCAL LIQUOR CONTROL COMMISSIONER, VILLAGE OF WILLOW SPRINGS,

The undersigned hereby applies for the issuance of a **Class** \_\_\_\_\_ retailer's license for the sale of alcoholic liquor for the term commencing **January 1, 2024 to DECEMBER 31, 2024**, and hereby certifies, as follows:

1. Applicant's Name : \_\_\_\_\_
2. Applicant's Complete Address: \_\_\_\_\_
3. Business Name, if different: \_\_\_\_\_
4. Address of premises for license: \_\_\_\_\_  
Describe exact location within such premises if less that the entire premises are used for sale of alcoholic liquor. Applicants for a Class D License must submit a written plan pursuant to Village Code Section 4-3-25N: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Premises Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Business E-mail: \_\_\_\_\_

6. Is the proposed location for a license within 100 feet of any church, school (other than an institution of higher learning), hospital, home for aged or indigent persons or for veterans, their spouses or children?  
\_\_\_\_\_

**(Note:** The distance of 100 feet shall, in all cases, be measured from the property boundary of the proposed location for a license nearest to the property boundary line of the aforementioned use.)

7. If the sale of alcoholic liquor is incidental to a principal business, describe the principal business:  
\_\_\_\_\_

8. Interest in the premises to be licensed:
  - A. Is the applicant the owner of record of the premises for which this license is sought? \_\_\_\_\_  
If no then list the name and address of the owner: \_\_\_\_\_  
\_\_\_\_\_
  - B. Is the owner of record to the premises a land trust? \_\_\_\_\_. If yes, the attached "Affidavit of Land Trustee" is to be completed and submitted with this application.

C. Does the applicant have a lease of the premises for the full period for which a license is sought?

\_\_\_\_\_. If yes, state: \_\_\_\_\_

1. Name of Lessor: \_\_\_\_\_
2. Address of Lessor: \_\_\_\_\_
3. Period covered by lease: From: \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_.
4. A complete and accurate copy of the lease, certified by both the applicant and the lessor to be a true and accurate copy, is to be submitted with this application.

9. Do you intend to have entertainment on the premises? \_\_\_\_\_. If yes, please describe the proposed entertainment and the frequency thereof: \_\_\_\_\_

10. State your Illinois Retailer's Occupation Tax Number: \_\_\_\_\_

11. State your Illinois Liquor License Number: \_\_\_\_\_

12. State the length of time the applicant has been in business and the nature of the applicant's business experience: \_\_\_\_\_.

13. Has the applicant ever made application(s) for a license to sell alcoholic liquor to any other governmental entities? \_\_\_\_\_. If yes, state the name of the governmental entities, the date of application(s) and the disposition(s) of such application(s): \_\_\_\_\_

14. Has the applicant, either individually, or any firm or entity with which the applicant has been connected with previously as sole proprietor, shareholder, partner or manager, been issued any previous license for the sale or handling of alcoholic liquor, which license was revoked or suspended by the Federal Government, or by any state, county or local government? \_\_\_\_\_.

If yes, please state: (a) the previous jurisdiction issuing such license; (b) the licensee(s) by names and addresses; (c) the address and licensed premises; (d) the name of the licensed establishment; and (e) the date(s) of such revocation(s) of suspension(s): \_\_\_\_\_

15. Penal Bond: Insurance Requirements (Village Code Section 4-3-18)

A. Each applicant shall execute and submit with this application a Penal Bond in the sum of one-thousand dollars (\$1,000.00), said bond to name the Village of Willow Springs as obligee, additionally:

- In the case of a new Liquor License Application, the penal bond should be purchased for the balance of said year, including the month of such application.
- The bond should be purchased yearly, with effective dates of such bond coinciding with effective dates of liquor license.

B. Applicant shall furnish with this application evidence satisfactory to the Local Liquor Control Commissioner that such applicant is covered by a policy of liquor liability insurance with coverage limits no less than one-million dollars (\$1,000,000.00) per person and per occurrence. Sufficient evidence shall be a certificate of insurance to be issued prior to the issuance of a license and annually, if renewed.

16. If applicant is a partnership, list the name, address and telephone number of all general partners:

Name	Address	City	State	Zip Code	Phone Number
------	---------	------	-------	----------	--------------

Name	Address	City	State	Zip Code	Phone Number
------	---------	------	-------	----------	--------------

Name	Address	City	State	Zip Code	Phone Number
------	---------	------	-------	----------	--------------

A Partnership Applicant must submit a copy of its Partnership Agreement, certified as a true and accurate copy, by a General Partner.

17. If applicant is a Corporation, provide the following information:

- A. Date of incorporation: \_\_\_\_\_ under the laws of the State of \_\_\_\_\_.  
If a foreign corporation, date authorized to transact business in Illinois: \_\_\_\_\_.
- B. State the names of each Officer, Director, Shareholder, and Registered Agent as indicated with their respective residence addresses (attach a separate sheet if needed):

**President:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Secretary:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Director:** \_\_\_\_\_ Address: \_\_\_\_\_

**Director:** \_\_\_\_\_ Address: \_\_\_\_\_

**Director:** \_\_\_\_\_ Address: \_\_\_\_\_

**Shareholder:** \_\_\_\_\_ Address: \_\_\_\_\_

**Shareholder:** \_\_\_\_\_ Address: \_\_\_\_\_

**Shareholder:** \_\_\_\_\_ Address: \_\_\_\_\_

**Registered Agent:** \_\_\_\_\_ Address: \_\_\_\_\_

- C. Each Corporation must attach to this application: An original copy of its **Articles of Incorporation** and a current (less than 30 days old) **Certificate of Good Standing**, both must show certification by the Secretary of State, of the State of the incorporation.

**\*\*\* ANY CHANGE IN BUSINESS ENTITY DURING THE LICENSE YEAR SHALL BE REPORTED IN WRITING TO THE LOCAL LIQUOR COMMISSIONER WITHIN TEN (10) DAYS OF SUCH CHANGE. (Village Code Section 4-2-21).**

18. Will the business be conducted by a manager? \_\_\_\_\_. If yes, state the name(s) and residence address(es) of any and all such manager(s):

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Name	Address	City	State	Zip Code	Phone Number
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(Attach a separate sheet if necessary to identify all managers.)

19. **Personal Interest Form.** Each of the following persons must complete and sign the “Personal Interest Form” attached to this application. Please make as many copies as are required to complete.

- A. In the case of a sole owner, the Applicant; or
- B. In the case of a partnership, shall be furnished as to each partner; or
- C. In the case of a corporation, for each shareholder owning more than five percent (5%) of the issued and outstanding shares of the corporation and each officer and director thereof; or
- D. In the case the business of Applicant is to be managed by a person(s), each of such manager(s).

**\*\*\* In the case of an “Initial License Application,” the applicant shall pay a non-refundable initial license expense of one-thousand five-hundred dollars (\$1,500.00) pursuant to Village Code 4-3-12.**

**\*\*\* Applicant must supply the Village with a copy of all Basset Training Cards, pursuant to Illinois State Law.**

**\*\*\* All sections of this application and required attachments must be completed and submitted to the Village of Willow Springs. Failure to complete all sections of this form will cause a delay or denial in securing your liquor license. If any questions do not apply to your business, you must mark it N/A for non-applicable. Any questions left unanswered will delay the processing of your application and will be returned to you.**

STATE OF ILLINOIS {  
  { ss.  
COUNTY OF COOK {

The undersigned, being first duly sworn state(s) that they, and each of them, have read the provisions of Title 4, Chapter 3, entitled "Liquor Regulations" of the Village of Willow Springs Municipal Code, as amended, and that they will not violate any of said regulations of the Village of Willow Springs, or as amended, and that they will not violate any of said regulations of the Village of Willow Springs, 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 their knowledge and belief.

**APPLICATION FOR LICENSE AND RENEWALS OF LICENSE SHALL BE SIGNED BY:**  
(i) If a sole owner, the applicant; or  
(ii) If a partnership, by all general partners; or  
(iii) If a corporation, by the President and Secretary.

\_\_\_\_\_  
Signature of Individual Applicant

Name of Corporation:  
\_\_\_\_\_

By: \_\_\_\_\_  
President

Attest: \_\_\_\_\_  
Secretary

Name of Partnership:  
\_\_\_\_\_

By: \_\_\_\_\_  
General Partner

By: \_\_\_\_\_  
General Partner

By: \_\_\_\_\_  
General Partner

SUBSCRIBED AND SWORN TO  
BEFORE ME ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature

(Notary Seal)

**DO NOT WRITE BELOW THIS LINE. FOR VILLAGE USE ONLY.**

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**LICENSE APPROVED:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signed: Local Liquor Control Commissioner

Liquor License Number Issued: \_\_\_\_\_

Date: \_\_\_\_\_

**Village Clerk's Office Only**

**Employee Initial:** \_\_\_\_\_

**Renewal:** \_\_\_\_\_

**Late:** \_\_\_\_\_

**Fee:** \_\_\_\_\_





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12. Have you ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality? \_\_\_\_\_ If yes, give detailed particulars: \_\_\_\_\_
- 
- 
13. Have you ever been convicted of a violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor and/or have you ever forfeited a bond to appear in court to answer charges for any such violation? \_\_\_\_\_ If yes, give detailed particulars:
- 
- 
14. Have you ever been convicted of a gambling offense as proscribed by any of subsection (a) (3) through (a) (11) of Section 28-1 of, or as proscribed by Section 28-1.0 or 28-3 of the Illinois "Criminal Code of 1961, "as heretofore and hereafter amended, or as proscribed by any statute replaced by any of the aforesaid statutory provisions? \_\_\_\_\_ If yes, give detailed particulars:
- 
- 
15. Has Applicant ever made application(s) for a license to sell alcoholic liquor to any other governmental entities? \_\_\_\_\_ If yes, state the name of the governmental entities, the date of application(s) and the disposition(s) of such application(s): You may use a separate sheet if necessary:
- 
- 
16. Has the Applicant, either individually. Or any firm or entity with which the Applicant has been connected with previously as a sole proprietor, shareholder, partner or manager, been issued any previous license for the sale or handling of alcoholic liquor, which license was revoked or suspended by the Federal Government, or by any state, county or local government? \_\_\_\_\_ If yes, please state: (a) the previous jurisdiction issuing such license; (b) the licensee(s) by names and addresses: (c)

the address of the licensed premises: (d) the name of the licensed establishment: and (e) the date(s) of such revocation(s) of suspension(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Are you a law enforcing public official, a member of a local liquor control commission, a mayor, alderman, or member of any village board or trustees, or the president or member of a county board? \_\_\_\_\_ If yes, give detailed particulars: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. Do you hold a federal wagering stamp of federal gaming device stamp issued for the current tax period? \_\_\_\_\_

19. Attach copy of Basset Card.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

SUBSCRIBED AND SWORN TO  
BEFORE ME ON THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

(Notary Seal)