



A Century of Progress with Pride

6700 West 26th Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 749-8910
www.berwyn-il.gov

APPLICATION FOR ALCOHOLIC LIQUOR DEALERS LICENSE

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

1. The undersigned hereby make(s) application for Class _____, Alcohol Liquor Dealers License.

2. Name(s) and Address(s) of applicant(s) in full:

(A) _____ Age: _____
(Name) (Copy of Drivers License or State ID Required)

(Address) (Home & Cell Phone Numbers)

(B) _____ Age: _____
(Name) (Copy of Drivers License or State ID Required)

(Address) (Home & Cell Phone Numbers)

3. Check the type of ownership of this business:

Sole Proprietor _____ Co-Partnership _____ Corporation _____

(A) If **Sole Proprietor**, complete the following:

Name: _____ Age: _____

Address: _____

Home & Cell Phone Numbers: _____

(B) If **Co-Partnership**, complete the following for each partner:

Name: _____ Age: _____

Address: _____

Home & Cell Phone Numbers: _____

Co-Partnership Cont'd

Name: _____ Age: _____

Address: _____

Home & Cell Phone Numbers: _____

(C) If **Corporation**, complete the following:

Name of Corporation: _____

D.B.A.: _____

1). Registered Agent:

Name: _____ Age: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

2). All Officers and Directors:

Name: _____ Age: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

3). Name: _____ Age: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

All Officers & Directors Cont'd

4). Name: _____ Age: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

5). Name: _____ Age: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

List all persons owning, in the aggregate, more than five (5%) of the
outstanding stock of the corporation:

Name: _____ Age: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Name: _____ Age: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

**All persons owning in the aggregate more
than five (5%) Cont'd**

Name: _____ Age: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

4. Under what name will business be conducted:

5. Old name of business: _____

Name of previous owner: _____

Address of previous owner: _____

6. If business is to be conducted by a **manager** or **agent**, give **name**, **address**, and **age** of such **manager** or **agent**:

Name: _____ Age: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

7. Location and description of premises or place of business which license is applied hereunder:

8. Owner of premises: _____

Address: _____

Home and Cell Phone Numbers: _____

9. Coin operation machines and license numbers:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

10. Insurance Company Name and/or Agent:

Name: _____

Address: _____

Business Phone Number: _____

11. Bank Name: _____

Bank Address: _____

Phone Number: _____

Contact Person: _____

12. Copy of Sale and Corporation papers: _____

13. Name of Controller/Comptroller of Corporation:

14. Is this location within one (1) hundred feet of any church, school hospital or home for the aged or indigent persons? _____
15. State whether you are the owner(s) or lessee(s) of premises and also provide evidence of title or written lease:

16. Have you been previously granted a license to operate a like business at this location? _____
17. If previously engaged in business of this character, state length of time so engaged and at what location(s)?
- (A) _____

- (B) _____

18. Has application been made for a similar license on premise other than described in this application? _____
- If so, state disposition of same: _____
19. State character of business, of applicant, during the past five (5) years:
- (A) _____

- (B) _____

20. Length of time in such business:
- (A) _____
- (B) _____

21. State citizenship of applicant(s):
(A) _____
(B) _____
22. Place of birth of applicant(s):
(A) _____
(B) _____
23. If a naturalized citizen, give time and place of naturalization:
(A) _____
(B) _____
24. What kind of business is now conducted at the location for which license is applied? _____
25. Have any other City Licenses been issued to you? Describe:
(A) _____
(B) _____
26. Will the sale of intoxicating liquors be the principal business being engaged in? _____
27. Give amount of goods, wares and merchandise on hand at date hereof, if any. (Valuation of stock)

28. State whether you have ever been convicted of a felony or a misdemeanor and that you are not disqualified to receive a license by reason of any matter or thing contained in this ordinance, the laws of this State, or ordinance of this City. (Describe fully)
(A) _____
(B) _____

29. State whether a previous license by any state or subdivision Thereof or by the Federal Government has been revoked, Suspended or denied and the reasons thereof.

30. Do you own any real estate?, If so, give location and value.

31: Attorney's Name & Address:_____

Telephone Number:_____

32. Business B-Card:_____ Personal B-Card: _____
(No. 32 for Police Use Only)

33. Non-criminal history sheet:_____

34. Will applicant(s) observe all the laws of the State of Illinois, the United States and the Ordinances of the City of Berwyn in the conduct of this business?

(A)_____ Signature_____

(B)_____ Signature_____

Dated this _____ day of _____ A.D., 2 _____.

Subscribed and sworn to before me this
_____ day of _____, 2_____.

(Seal)

(Notary Public)

ISSUANCE OF THE LICENSE HEREUNDER AUTHORIZED

(MAYOR)

(DATE)