

# VILLAGE OF LA GRANGE

## LIQUOR LICENSE APPLICATION

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### I. APPLICATION CHECKLIST

The following steps must be completed to obtain a liquor license from the Village of La Grange:

#### Business License

- Apply for, and receive approval of, a Business License from the Village.

#### Liquor License Application Process

- Obtain a Retailer's Occupational Tax Number (sales tax number) from the State of Illinois and submit it to the Village. For that number contact:

Department of Revenue  
State of Illinois Center  
100 West Randolph Street, Level Seven, Suite 300  
Chicago, Illinois 60601  
312/814-5232 (hours: 8:30 a.m. to 4:30 p.m. weekdays)

[www.tax.illinois.gov](http://www.tax.illinois.gov)

- Read and be familiar with the Village's Liquor Code. (Copy attached.)
- Submit a verified financial statement that includes a copy of the applicant / partnership / corporation balance sheet and operating statement for the past three years, or similar, professionally prepared proof of financial responsibility.
- Submit proof of liquor liability insurance coverage of not less than \$1 million (if required by the Liquor Code), including name and address of insurance company for both the licensee and owner of the building in which the alcoholic liquor will be sold for the duration of the license. The Village does not need to be named as an additional insured.
- Submit proof of ownership of the premises for which the license is being sought or a copy of a fully executed lease for those premises.
- Submit a floor plan or drawing that depicts the premises, including the general interior layout and the number of tables and seats.
- Submit proof of completion of a seller and servers training program as provided in Section 111.65 of the Liquor Code.
- Provide a narrative description of the business entity and written business plan that is the subject of the application, including the length

of time each applicant has been in business, nature of that business, and factors which led to the business decision to locate in La Grange.

- Provide Articles of Incorporation (if applicable).
- Submit a \$500 non-refundable application fee or other required fee, as applicable to the license being sought.
- Make an appointment to have fingerprints taken at the La Grange Police Department, 304 West Burlington Avenue, (708) 579-2334. (Note that fingerprint clearance may take 6 to 8 weeks to secure.)

#### Proceedings After Completion of Application

- Attend a meeting of the La Grange Liquor Commission. The meeting will be scheduled after all information is obtained and reviewed by the Village Manager.

If your application is recommended for approval by the La Grange Liquor Commission, then the application will be presented to the La Grange Board of Trustees for approval. The Board of Trustees meets on the second and fourth Monday of each month at 7:30 p.m. Your attendance at the Village Board meeting may not be required.

- Obtain a State of Illinois liquor license from the Illinois Liquor Commission, 100 West Randolph Street, Suite 7-801, Chicago, 60601 (312) 814-2206.
- If your application of a liquor license is approved, then you must pay the applicable license fee in the amount provided in Section 111.25 of the Liquor Code.

#### Permissible Hours For Liquor Service

The permissible hours of liquor for liquor service are:

- Standard hours: Sunday through Thursday from 11:00 a.m. to 1:00 a.m. the following day. Friday and Saturday from 11:00 a.m. to 2:00 a.m. the following day.
- Classes B, C-1, C-2, D, E, and H: 8:00 a.m. to 11:00 p.m. each day unless otherwise specifically provided in the Liquor Code.
- Tastings: 12:00 p.m. to 8:00 p.m. each day.

## **II. INFORMATION REGARDING PREMISES TO BE LICENSED**

### **A. General Information:**

Name by which business will be known:

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Address of business:

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Telephone number of business: \_\_\_\_\_

Fax number of business: \_\_\_\_\_

E-mail and website addresses of business:

\_\_\_\_\_

Description of business:

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Proposed hours of business operation: \_\_\_\_\_

Illinois Retail Occupation Tax Registration Number:

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**B. Information About Each Store Manager (attach separate sheet if more than one):**

1. Name: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_

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3. Residence telephone number: \_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5. Driver's license number: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_

7. Place of birth: \_\_\_\_\_

8. Is the person a United States citizen, naturalized, or otherwise legally in the United States?  Yes  No. If a naturalized United States citizen, provide date and location of naturalization:

Date of naturalization: \_\_\_\_\_

City and State of naturalization: \_\_\_\_\_

9. Is the person the liquor manager as defined in Section 111.21a of the Liquor Code?  Yes  No. If yes, state extent of experience as a liquor manager (see Section 111.21a of Liquor Code) and number of hours a liquor manager will be on licensed premises (not fewer than 35 hours per week):

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**C. Information About Each Liquor Manager (if different from, or in addition to, person(s) in Subsection B above) (See Section 111.21a of Liquor Code) (Attach separate sheet if more than one):**

1. Name: \_\_\_\_\_
2. Residence Address: \_\_\_\_\_  
\_\_\_\_\_
3. Residence telephone number: \_\_\_\_\_
4. Date of birth: \_\_\_\_\_
5. Driver's license number: \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_
7. Place of birth: \_\_\_\_\_
8. Extent of experience as liquor manager: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Number of hours licensed premises will be staffed by a liquor manager (not fewer than 35 hours per week): \_\_\_\_\_

**III. INFORMATION REGARDING  
APPLICANT FOR LICENSE**

**A. Basic Information:**

Name of Entity Applying For License:

\_\_\_\_\_

Structure of Business (check one):

- |                          |                 |                          |                           |
|--------------------------|-----------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Sole Proprietor | <input type="checkbox"/> | Partnership               |
| <input type="checkbox"/> | LLC             | <input type="checkbox"/> | Corporation (of any type) |

(For all entities, attach verified financial statement dated no later than 30 days prior to the date of application, showing the assets and liabilities of the applicant. Financial statement may be filed in a sealed envelope. The Village will treat the financial statement as confidential. See Part I Checklist above.)

(If a corporation, attach copy of Articles of Incorporation. If a closely held corporation, attach names, addresses, and percentage ownership of all shareholders.)

(If the entity is a partnership, attach the partnership agreement, by-laws, and names and residence addresses of each partner.)

Applicant's full corporate / partnership name:

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Applicant's full corporate / partnership address:

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If the entity is a publicly traded corporation, attach name, address, and telephone number of resident manager:

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(If the entity is not traded on a stock exchange, attach name, home address, telephone number, social security number, position, and percentage ownership in the business for each principal / owner with an interest of five percent or more.)

Applicant's assumed name:

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Applicant's date of incorporation / formation:

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Applicant's State of Incorporation: \_\_\_\_\_

(Attach copy of Illinois Secretary of State certificate of good standing.)

If a foreign corporation, date when authorized to do business in Illinois as a foreign corporation: \_\_\_\_\_

Is corporation still licensed to do business in Illinois?

Yes       No

**B. Required information about person filing application (if different from person(s) in Part II, Subsections B and C above):**

Personal Address:

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Telephone number:

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Fax number:

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E-mail address:

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Date of birth:

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Social security number:

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Drivers license number:

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Place of birth:

City:

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County:

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State:

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Country:

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Relationship with, or status in, business for which license is sought:

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**C. Citizenship.**

Is individual named in Section B above a United States citizen, naturalized, or otherwise legally in the United States?     Yes     No. If a naturalized United States citizen, provide date and location of naturalization:

Date of naturalization: \_\_\_\_\_

City and State of naturalization: \_\_\_\_\_

**IV. BUILDING INFORMATION**

**A. Does applicant own the premises for which a liquor license is sought?**

Yes                       No

If yes, provide proof of ownership.

If no, attach a fully executed copy of a valid lease for the premises and provide the following information:

Lessor name: \_\_\_\_\_

Lessor address: \_\_\_\_\_

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

Lessor telephone number: \_\_\_\_\_

**B. Is the building located within 100 feet of any church, school, hospital, home for aged or indigent persons or veterans, their wives or children, or any military or naval station?**

Yes                       No

**V. INSURANCE**

The business applying for a liquor license must have an insurance policy in an amount of at least \$1 million at the time this application is submitted as provided in Section 111.30 of the Liquor Code. Proof of insurance coverage must be submitted with this application.

## VI. LIQUOR LICENSE CLASSIFICATION

### Check classification of license being sought:

- Class A-1 Restaurant License (§111.15(A)(1)) – sale and service of beer, wine, and BYO; plus sale of bottle from regular stock)
- Class A-2 Restaurant License (§111.15(A)(2)) – sale and service of all alcoholic beverages, BYO; plus bar or lounge area; plus sale of bottle from regular stock)
- Class A-3 Restaurant License (§111.15(A)(3)) – sale and service of all alcoholic beverages, BYO; service bar only; plus sale of bottle from regular stock)
- Class B General Retail Sales License (§111.15(B)) – sale of beer and wine at grocery store, gourmet food or wine store, or convenience mart)
- Class C-1 Food Boutique Retail License (§111.15(C)(1)) – sale or wine by bottle or glass at gourmet food store)
- Class C-2 Wine Boutique Retail License (§111.15(C)(2)) – sale of wine and beer, wine by glass at wine boutique)
- Class C-3 Retail Cabaret License (§111.15(C)(3)) – sale and service of wine and beer at cabaret during Events)
- Class C-4 Movie Theater License (§111.15(C)(4)) – sale and service of alcoholic beverages at movie theater during Events)
- Class D-1 Tasting License (§111.15(D)(1)) – tasting of bottled wines and beers at grocery store)
- Class D-2 Tasting License (§111.15(D)(2)) – tasting of bottled wines and beers at retail store)
- Class E Business Single Event License (NOTE: Use separate application)
- Class F-1 Fraternal Club License (§111.15(F)(1)) – sale and service of alcoholic beverages and BYO at a Club)
- Class F-2 Private Membership Organization License (§111.15(F)(2)) – sale and service of alcoholic beverages and BYO at a Private Membership Organization)
- Class G-1 General Caterer License (§111.15(G)(1)) – service of alcoholic beverages for catered functions off-premises)
- Class G-2 Temporary Caterer License (§111.15(G)(3)) – sale of alcoholic beverages by the drink at one function off-premises)
- Class H Bring-Your-Own License (§111.15(H)) – authorizes BYO within licensed premises)

## VII. ADDITIONAL INFORMATION

- A. Has any manufacturer, wholesaler, distributor, or importing distributor of alcoholic liquor or any person connected with or in any way representing, or has any member of the family of such manufacturer, wholesaler, distributor, or importing distributor, or any stockholder in any corporation engaged in manufacturing, wholesaling, or distributing of such liquor, or any officer, manager, agent, or representative of said manufacturer, wholesaler, distributor, or importing distributor directly or indirectly paid or agreed to pay for this license, advance money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person or corporation directly or indirectly interested in the ownership, conduct or operation of this place of business?

Yes       No

If yes, give particulars, including names and addresses:

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- B. Is any law enforcement official, mayor, councilman, member of a city commission or board, any president or member of a county board, or any other elected official directly or indirectly interested in the business for which this license is sought?

Yes       No

If yes, give particulars:

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- C. Have you, any stockholder, member of the Board of Directors, partner, or manager or resident manager, as applicable, ever been convicted of any felony under any federal or state law?

Yes       No

If yes, give dates and state the offenses and circumstances.

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- D. Have you, any stockholder, member of the Board of Directors, partner, or manager or resident manager, if applicable, ever been convicted of being the keeper of a house of ill fame or of pandering or of any other crime or

misdemeanor opposed to decency and morality or of any federal, state, or local gambling offense?

Yes                       No

If yes, give dates and state the offenses and circumstances.

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E. Have you, any stockholder, member of the Board of Directors, partner, or manager or resident manager, as applicable, ever been convicted of a violation of any federal, state, or local liquor law?

Yes                       No

If yes, give dates and state the offenses and circumstances.

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F. Have you, any stockholder, member of the Board of Directors, partner, or manager or resident manager, as applicable, ever permitted an appearance-bond forfeiture for any of the violations stated in Subsections C, D, or E above?

Yes                       No

If yes, give dates and state the offenses and circumstances.

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G. Are you, any stockholder, member of the Board of Directors, partner, or manager or resident manager, as applicable, or any individual identified in the application, or any other person directly or indirectly interested in the place of business, a public official?

Yes                       No

If yes, give dates and state the offenses and circumstances.

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H. Are you delinquent in payment of any retailer's occupation tax?

Yes                       No

If yes, state when, where, why, and other particulars.

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I. Has the applicant applied for a liquor license to any other governmental entity?

- Yes       No

If yes, give state name(s) of other governmental entities and disposition of each such application and whether any liquor license has been revoked or suspended.

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J. Attach to this application a reasonably detailed floor plan, diagram, or drawing of the premises in which alcoholic liquor is to be sold. The La Grange Liquor Commissioner will determine the adequacy of the floor plan, diagram, or drawing.

K. Attach to this application proof of completion of a beverage alcohol sellers and servers education and training program as required by the Village under Section 111.65 of the La Grange Liquor Code.

## VII. AFFIDAVIT AND SIGNATURES

I, the undersigned applicant or authorized representative of the applicant, swear that all of the following statements are true and correct:

1. The matters stated in this application are true and correct;
2. The matters stated in this application are made on my personal knowledge and information and are made for the purpose of requesting the Village of La Grange to issue the license herein applied for;
3. The applicant is qualified and eligible to obtain the license applied for.
4. I, and the applicant if different from me, have received a copy of the La Grange liquor regulations and have reviewed those regulations.

I further swear that the applicant will not violate any federal or State of Illinois laws, or any codes, ordinances, or regulations of the Village of La Grange, in particular but not by way of limitation, the Illinois Liquor Control Act and the La Grange Liquor Code.

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

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_.

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

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_.

*NOTES: Two signatures required for a partnership. Signatures of president and secretary required for a corporation.*

STATE OF ILLINOIS            )  
  )   SS  
COUNTY OF \_\_\_\_\_    )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

By: \_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_, 20\_\_\_\_.