



VILLAGE OF RIVER FOREST  
Local Liquor License Application

This application must be completed in full and submitted with a document outlining the applicant’s program for training its employees to properly handle the sale of alcoholic liquor and a non-refundable application fee of \$500.00. The application shall be signed by the appropriate party as indicated below:

- The applicant if the applicant is an individual.
- The president and secretary if the applicant is a corporation.
- A general partner if the applicant is a partnership.
- Two duly authorized officials if the applicant is a not-for-profit institution.

Pursuant to provisions of Title 8, Chapter 5, of the River Forest Municipal Code, regulating the sale of alcoholic liquors in the Village of River Forest, County of Cook, State of Illinois, and all amendments thereto now in force and effect, the undersigned hereby makes application for a local liquor license for the period:

January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_

Class of license sought: (Check only one)

\_\_\_\_\_ CLASS 1      \_\_\_\_\_ CLASS 1A      \_\_\_\_\_ CLASS 2      \_\_\_\_\_ CLASS 3

\_\_\_\_\_ CLASS 4      \_\_\_\_\_ CLASS 4A      \_\_\_\_\_ CLASS 4B

1. Applicant’s Name: \_\_\_\_\_

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

Legal Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Applicant (Corporate) Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

3. The assumed name of the business and date of filing of the assumed name with the County Clerk of Cook County (if applicable):

\_\_\_\_\_

4. a. If an Illinois corporation, the date and location for said incorporation:
- \_\_\_\_\_
- b. If a foreign corporation, please list the state where incorporated and the date of qualification under the Illinois Business Corporation Act:
- \_\_\_\_\_
- c. The object for which the corporation is organized:
- \_\_\_\_\_
5. a. The full name, date of birth, citizenship, naturalization date and place (if applicable), address, telephone number, driver's license number and social security number of all officers, directors, managers, and shareholders with an aggregate of more than five (5) percent of the capital stocks of the corporation of any persons receiving a direct or indirect benefit from the profits of the sale of alcoholic liquor in River Forest.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Naturalization (*if applicable*):

Naturalization (*if applicable*):

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

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

Place: \_\_\_\_\_

Place: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

D.L. #: \_\_\_\_\_

D.L. #: \_\_\_\_\_

S.S.#: \_\_\_\_\_

S.S.#: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Naturalization (*if applicable*):

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

Place: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

D.L. #: \_\_\_\_\_

S.S.#: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Naturalization (*if applicable*):

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

Place: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

D.L. #: \_\_\_\_\_

S.S.#: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Naturalization (*if applicable*):

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

Place: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

D.L. #: \_\_\_\_\_

S.S.#: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Naturalization (*if applicable*):

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

Place: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

D.L. #: \_\_\_\_\_

S.S.#: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Naturalization (*if applicable*):

Naturalization (*if applicable*):

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

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

Place: \_\_\_\_\_

Place: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

D.L. #: \_\_\_\_\_

D.L. #: \_\_\_\_\_

S.S.#: \_\_\_\_\_

S.S.#: \_\_\_\_\_

b. Identify the person who will manage this business:

Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

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

6. The character of the current business of the applicant is:

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

7. Indicate the length of time applicant has been in current business:

\_\_\_\_\_

8. The amount of goods, wares, and merchandise on hand in current business at the time of application for liquor license (attach balance sheet):

\_\_\_\_\_

9. a. Provide location and description of premises to be operated:

\_\_\_\_\_

b. Are the premises leased: \_\_\_\_\_

1. If yes, attach a copy of the lease.

2. Does the lease encompass the term of the license sought? \_\_\_\_\_

c. Name and address of owner or owners of premises:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

d. If the premises are held in trust, provide names and address of all owners of beneficial interest in such trust:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

10. a. Do you have a similar application for a liquor license for any other location in River Forest?  
\_\_\_\_\_
- b. If yes, provide locations and status of other liquor license applications:  
\_\_\_\_\_  
\_\_\_\_\_
11. By attachment of his signature, the applicant, or the person signing on behalf of the applicant, and all individuals required to be identified in this application affirm that they have never been convicted of a felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any matter or thing contained in the laws of the State of Illinois or the provisions of this chapter.
12. a. Has a previous liquor license been issued to the applicant? \_\_\_\_\_
- b. If yes, by what authority? \_\_\_\_\_
- c. By which state? \_\_\_\_\_
- d. Date of issuance: \_\_\_\_\_
- e. Has any previous liquor license issued to the applicant been revoked? \_\_\_\_\_
- f. If yes, provide particulars: \_\_\_\_\_  
\_\_\_\_\_
13. By attachment of his signature, the applicant affirms that he and all individuals required to be identified in this application have not in the past, and will not in the future, violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the Village, controlling the retail sale of alcoholic liquor and the conduct of his place of business.
14. a. What is the applicant's Retailer's Occupation Tax (ROT) registration number? \_\_\_\_\_
- b. Is the applicant presently delinquent in the payment of the Retailer's Occupation Tax (sales only).  
\_\_\_\_\_
- c. If yes, give reasons for delinquency: \_\_\_\_\_  
\_\_\_\_\_
15. a. Is the applicant presently delinquent under the thirty (30) day credit law? \_\_\_\_\_
- b. If yes, give reasons for delinquency: \_\_\_\_\_  
\_\_\_\_\_

16. a. Is the applicant presently delinquent or involved in any pending disputes with any government or political subdivision concerning the payment of any tax? \_\_\_\_\_
- b. If yes, give reasons for delinquency or involvement: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
17. a. Does the applicant, any individual identified in the application, or any other person, directly or indirectly interested in the place of business possess a current federal wagering and gaming stamp? \_\_\_\_\_
- b. If yes, provide the reasons therefore: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
18. a. Is the applicant, any individual identified in the application, or any other person, directly or indirectly interested in the place of business, a public official (as defined in 720 ILCS 5/2-18)? \_\_\_\_\_
- b. If yes, provide particulars: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
19. a. Is the applicant in violation of 235 ILCS/5 of the Liquor Control Act? \_\_\_\_\_
- b. If yes, provide particulars: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
20. By attachment of his signature, the applicant affirms that he, and all individuals required to be identified in this application, have never sold, delivered, or given away alcoholic liquor in violation of any state law, or Village ordinance, to a person under the minimum age required to purchase or possess liquor.
21. The applicant shall submit ten (10) copies of the sealed floor plan for the building where liquor will be sold, designating the area where liquor will be sold with this application.
22. The applicant and all individuals required to be identified in this application acknowledge that the granting of a liquor license is a matter of privilege and not a right; that citizens of the Village of River Forest have traditionally and customarily enjoyed and professed a high regard for decency and morality; and that certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control Ordinance of the Village of River Forest.
23. The applicant, or the person signing on behalf of the applicant, affirms that if this application is allowed and a license is granted, and thereafter the applicant acquires, hires, or appoints a new

manager, not listed as a manager in this local liquor license application, that within five (5) days of the date the new manager commences his duties, the applicant shall:

- a. Submit all information required by question numbers 5, 11, 13, 18, 20 and 23 of this application to the River Forest local liquor commissioner; and
- b. Comply with all requirements set forth for the original manager.

24. A court reporter is required to be in attendance at all public hearings on a liquor application. The applicant agrees to pay all costs associated with the court reporter and transcripts of proceedings.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



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

The applicant(s) swears or affirms that he (we) (of the corporation in whose name this application is made, if a corporation) reaffirms all of the foregoing statements, and that all statements are true and correct to the best of his (our) knowledge and belief,

CORPORATION SIGNATURES:

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

Corporate Seal

INDIVIDUAL OR PARTNERSHIP SIGNATURES:

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

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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