



# WILL COUNTY, ILLINOIS

## LIQUOR COMMISSIONER OFFICE

P. (815) 774-7485  
F. (815) 740-4600  
E. macosta@willcounty.gov

Will County Office Building  
302 N. Chicago Street  
Joliet, IL 60432

### FOR INTERNAL USE ONLY

Class: \_\_\_\_\_ Date Application Received: \_\_\_\_\_  
Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
County Board Approval: \_\_\_\_\_ Expiration Date of License: \_\_\_\_\_

### LIQUOR LICENSE APPLICATION

1. **Type of License Applying for:**  
(Select an item from the drop down menu)

2. **Applicant Info:**

Applicant(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Last Three (3) Residences (insert additional sheets if necessary):

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

Applicant(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Last Three (3) Residences (insert additional sheets if necessary):

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

3. **Business Information (where the sale of alcoholic beverages will occur)**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_



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4. **Partnership Information (if applicable):** Partnership name or name of proposed partnership:

\_\_\_\_\_

If a co-partnership, in addition to the above, give the names, ages, date of birth, Social Security Number and last three (3) residences of all persons who share in the profits: *(Insert additional sheets if necessary)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Last Three (3) Residences (insert additional sheets if necessary): \_\_\_\_\_ /  
\_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Last Three (3) Residences (insert additional sheets if necessary): \_\_\_\_\_ /  
\_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Last Three (3) Residences (insert additional sheets if necessary): \_\_\_\_\_ /  
\_\_\_\_\_ / \_\_\_\_\_

5. **Corporation Information (if applicable):** If a corporation, give full corporate name:

\_\_\_\_\_

If a club or corporation, give the names, Social Security Numbers, and addresses of all officers and directors. *(Insert additional sheets if necessary)*

| <u>Name:</u> | <u>SSN:</u> | <u>Address:</u> | <u>Office Held:</u> | <u>% of Stock Held:</u> |
|--------------|-------------|-----------------|---------------------|-------------------------|
| _____        | _____       | _____           | _____               | _____                   |
| _____        | _____       | _____           | _____               | _____                   |
| _____        | _____       | _____           | _____               | _____                   |
| _____        | _____       | _____           | _____               | _____                   |
| _____        | _____       | _____           | _____               | _____                   |
| _____        | _____       | _____           | _____               | _____                   |

If a club or corporation, state the objects for which it was organized, as provided for in the Articles of Incorporation.  
Date of Incorporation: \_\_\_\_\_ (attach Articles of Incorporation)



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6. **Citizenship:** Is applicant a citizen of the United States? (check one)  YES /  NO

Give Place of Birth: \_\_\_\_\_

If naturalized, state the date and place of naturalization: \_\_\_\_\_  
(Date) (Place)

If a co-partnership, state whether all members are citizens of the United States. (check one) YES  / NO

If naturalized, state the date and place of naturalization: \_\_\_\_\_  
(Date) (Place)

7. **Residency:** Are all partners residents of Will County? (check one)  YES /  NO Comments:

\_\_\_\_\_

8. **Character of Business:** State type of business of applicant or the character of business applicant proposes to conduct: \_\_\_\_\_

\_\_\_\_\_

9. **Entertainment:** If entertainment on premises, state type of entertainment:

\_\_\_\_\_

10. **Length of Time in Business:** State length of time applicant has been in business and in case of a corporation, the date on which its charter was issued.

\_\_\_\_\_

11. **Legal Description of Premises:** State the location and description of premises which are to be operated under such license. (Description must be complete and must be the legal description of the premises as well as any street number if premises are known by a street number.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. State whether or not applicant has made similar application for an alcoholic license in any other county in the County of Will and disposition of application.

\_\_\_\_\_



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13. State whether or not applicant has made similar application for an alcoholic license in any other county in the State of Illinois and disposition of application.
- 

14. **Eligibility Questions:**

- A. Has applicant or any partners ever been convicted of a felony or misdemeanor? (check one)  YES /  NO

If so, a statement of the nature of the crime: \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

- B. Is applicant disqualified to receive license under State law? (check one)  YES /  NO

- C. Has applicant had previous license by State or any subdivision thereof or by Federal Government revoked, and the reason for such revocation? (check one)  YES /  NO If yes, state reason:
- 

- D. Has any person, persons, club, partnership, or corporation making this application been issued a Federal Gaming Device Stamp or Federal Wagering Stamp? (check one)  YES /  NO

Has such a stamp been issued to the premises? (check one)  YES /  NO

- E. Has applicant (except in the case of a club or corporation) been a resident of the State of Illinois for more than one year and of the County of Will for more than 90 days prior to the filing of this application?

(check one)  YES /  NO Date of acquired residence in Will County: \_\_\_\_\_

- F. Does any fine or judgment, remain unpaid in any court of Will County? (check one)  YES /  NO

- G. The applicant, and in the case of a corporation, all officers and persons owning in the aggregate more than 5% of the stock in the corporation, applicant shall be fingerprinted at the Will County Regional Office of Education. For purposes of obtaining fingerprints under this section, a fee of forty-nine dollars (\$49.00) shall be paid at time of fingerprinting service. Fingerprinted: (check one)  YES /  NO

- H. Is there any school, church, hospital, home for aged or indigent persons or for veterans and their wives or children, any military or naval station within 100 feet of the premises described in the application?

(check one)  YES /  NO



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I. If business is to be conducted by manager or agent, does such manager or agent possess same qualifications required of applicant? (check one)  YES /  NO

Will he/she be present on the premises at least forty (40) hours per week? (check one)  YES /  NO

J. State name and address of agent or manager in charge or of proposed manager or agent.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

*If someone other than the applicant is the manager, the following must also be submitted:*

- Copy of the manager's Driver's License
- Background Check

15. **Leased Premises:** Are premises for which license is sought owned by applicant? If not owned by applicant, provide the landlord's name, telephone number, street address, city, state and zip code. (*Attach a copy of the lease.*) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

16. **Hours of Operation:** List the daily hours open for the business:

| MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----|------|-----|-------|-----|-----|-----|
|     |      |     |       |     |     |     |

17. **Signature of Applicant:** Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, or a partner.

