



# WILL COUNTY, ILLINOIS


## LIQUOR COMMISSIONER OFFICE

**JENNIFER BERTINO-TARRANT**  
LIQUOR COMMISSIONER

**ALY HARMS**  
DEPUTY LIQUOR COMMISSIONER

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

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

<input type="checkbox"/> Class A – Package, Premises	\$2,500.00		<input type="checkbox"/> Class D – Beer and Wine, Premises	\$2,000.00
<input type="checkbox"/> Class A1 – Package, Premises, Entertainment	\$3,000.00		<input type="checkbox"/> Class D1 – Caterer Retailer	\$500.00
<input type="checkbox"/> Class AG – Agritourism	\$2,500.00		<input type="checkbox"/> Class E – Club	\$1,500.00
<input type="checkbox"/> Class B – Premises	\$2,500.00		<input type="checkbox"/> Class G – Beer Garden	\$750.00
<input type="checkbox"/> Class B1 – Premises, Entertainment	\$2,500.00		<input type="checkbox"/> Class GC – Golf Course	\$1,000.00
<input type="checkbox"/> Class C – Package	\$2,500.00		<input type="checkbox"/> Class VG -- Video Gaming Terminal Bar	\$2,500.00
<input type="checkbox"/> Class C1 – Gas Station	\$2,000.00			

## LIQUOR LICENSE APPLICATION

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

2. Business Name: \_\_\_\_\_

3. Doing Business As (if applicable): \_\_\_\_\_

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

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

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

4. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

5. List the name, age, date of birth, Social Security Number, and the last three (3) residences of applicant or applicants: *(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. If a partnership, give partnership name or name of proposed partnership:

\_\_\_\_\_



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6. 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): \_\_\_\_\_ /  
\_\_\_\_\_ / \_\_\_\_\_

7. If a corporation, give full corporate name:  
\_\_\_\_\_

8. 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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. 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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19. 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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20. 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.

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21. State whether or not applicant has made similar application for similar license in the County of Will on premises OTHER than described in this application and the disposition of such application.

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22. Has applicant ever been convicted of a felony or misdemeanor? (circle one) YES / NO  
If so, a statement of the nature of the crime: \_\_\_\_\_ Date and place of conviction: \_\_\_\_\_

23. Is applicant disqualified to receive license under State law? (circle one) YES / NO

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

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25. Has any person, persons, club, partnership, or corporation making this application been issued a Federal Gaming Device Stamp or Federal Wagering Stamp? (circle one) YES / NO  
Has such a stamp been issued to the premises? (circle one) YES / NO

26. 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?  
(circle one) YES / NO Date of acquired residence in Will County: \_\_\_\_\_

27. Does any fine or judgment, whatsoever, remain unpaid in any court of Will County? (circle one) YES / NO



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28. 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: (circle one) YES / NO

29. 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?  
(circle one) YES / NO

30. If business is to be conducted by manager or agent, does such manager or agent possess same qualifications required of applicant? (circle one) YES / NO  
Will he/she be present on the premises at least forty (40) hours per week? (circle one) YES / NO

31. 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

32. Are premises for which license is sought owned by applicant? (circle one) YES / NO

If not owned by applicant, state whether lease is for full period of time for which license is to be issued:

\_\_\_\_\_ Attach a copy of the lease.

33. Give names and addresses of two or more reputable citizens of Will County who will vouch for the moral character of the applicant:

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

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

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

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



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\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Co-Partnership or Corporation)

\_\_\_\_\_  
(Signature of Applicant)

By \_\_\_\_\_  
(Co-Partner or President)

By \_\_\_\_\_  
(Co-Partner or President)

STATE OF ILLINOIS }  
COUNTY OF WILL } ss.

\_\_\_\_\_ being duly sworn, upon oath, depose \_\_\_ and say \_\_\_ that he, she or they ha\_\_ signed the above and foregoing application for a license and that he, she or they ha\_\_ read the questions and answers thereto and the statements therein as set forth in the above application and that the same is true in substance and in fact.

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D. \_\_\_\_\_  
**NOTARY PUBLIC**

### (FORM TO BE USED WHEN APPLICATION IS BY A CORPORATION)

STATE OF ILLINOIS }  
COUNTY OF WILL } ss.

I, \_\_\_\_\_, a Notary Public in and for said County of Will, in the State aforesaid, do hereby certify that \_\_\_\_\_, personally known to me to be the President of said Corporation, and \_\_\_\_\_, personally known to me to be the Secretary of said Corporation, appeared before me this day in person and acknowledged that they signed the above and foregoing application for alcoholic liquor license and that they have read the questions and answers thereto and the statements therein as set forth in the above application and that the same is true in substance and in fact.

\_\_\_\_\_  
**NOTARY PUBLIC**

Approved \_\_\_\_\_ Refused \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D. \_\_\_\_\_  
**LOCAL LIQUOR CONTROL COMMISSIONER**

\_\_\_\_\_  
Member of the Local Liquor Control Commission

\_\_\_\_\_  
Member of the Local Liquor Control Commission

\_\_\_\_\_  
Member of the Local Liquor Control Commission

\_\_\_\_\_  
Member of the Local Liquor Control Commission

Before license is granted, a bond in the penal sum of One Thousand Dollars (\$1,000.00), executed according to the form attached hereto, must be filed with application and approved by the Local Liquor Commissioner. NOTE: 1. If application is made in behalf of a partnership, firm, club or corporation, then same must be signed and sworn to by at least two (2) members or by the President and Secretary of such corporation. 2. Insert additional sheets where necessary to supply additional information required.

Applicant states that he will not violate, allow or permit any of his employees to violate any of the laws of the State of Illinois or the United States or the rules and regulations of the County of Will relating to alcoholic liquor in the conduct of his place of business. Applicant states that he has not received or borrowed money or anything else of value and that he will not receive or borrow money or anything else of value other than merchandising credit in the ordinary course of business for a period not to exceed 90 days, as expressly permitted under Section 4 of Article 6 of "An Act Relating to Alcoholic Liquors" passed by the Second Special Session of the 58<sup>th</sup> General Assembly, directly or indirectly from any manufacturer, importing distributor or distributor, representative of any such manufacturer, importing distributor or distributor, not be a party in any way, directly or indirectly from any manufacturer, importing distributor or distributor, representative of any such manufacturer, importing distributor or distributor, nor be a party in any way, directly or indirectly, to any violation by a manufacturer, importing distributor or distributor, as set forth in Section 5 of Article 6 of the State law.



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### INFORMATIONAL ATTACHMENT FOR LIQUOR LICENSE APPLICATION

LAST NAME	FIRST NAME	M.I.	ALIAS(ES) / NICKNAMES / MAIDEN NAME	EMAIL
ADDRESS		CITY	STATE	ZIP CODE
( ) -	AGE	/ /	DATE OF BIRTH	PLACE OF BIRTH
TELEPHONE				
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	(circle one) YES / NO	U.S. CITIZEN	NATURALIZATION CERTIFICATE NUMBER

#### PRIOR ADDRESS IF ABOVE ADDRESS IS LESS THAN SIX (6) YEARS:

ADDRESS	CITY	STATE	ZIP CODE
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#### PRESENT EMPLOYMENT / BUSINESS:

1)	NAME	TELEPHONE	ADDRESS	CITY	STATE	ZIP CODE
2)	NAME	TELEPHONE	ADDRESS	CITY	STATE	ZIP CODE

#### PARTNERS / ASSOCIATES:

1)	LAST NAME	FIRST NAME	M.I.	TELEPHONE	EMAIL
	ADDRESS		CITY	STATE	ZIP CODE
2)	LAST NAME	FIRST NAME	M.I.	TELEPHONE	EMAIL
	ADDRESS		CITY	STATE	ZIP CODE

#### PRIOR BUSINESS:

NAME	ADDRESS	CITY	STATE	ZIP CODE
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#### REFERENCES OTHER THAN RELATIVES / ASSOCIATES / EMPLOYEES:

1)	LAST NAME	FIRST NAME	M.I.	TELEPHONE
	ADDRESS		CITY	STATE ZIP CODE
2)	LAST NAME	FIRST NAME	M.I.	TELEPHONE
	ADDRESS		CITY	STATE ZIP CODE
3)	LAST NAME	FIRST NAME	M.I.	TELEPHONE
	ADDRESS		CITY	STATE ZIP CODE

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

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