



# Village of Glen Ellyn

535 Duane Street  
Glen Ellyn, IL 60137  
630-469-5000  
630-469-8849 Fax  
www.glenellyn.org

## RETAIL LIQUOR DEALER'S LICENSE APPLICATION

( ) New Application Date: \_\_\_\_\_  
( ) Renewal Application  
( ) Change in Corporate Ownership License Class(es): \_\_\_\_\_

APPLICANT (CORPORATE) NAME: \_\_\_\_\_  
NAME OF BUSINESS: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

Pursuant to provisions of Chapter 19 of Title 3 of the Village Code of the Village of Glen Ellyn, Illinois, otherwise known as the Liquor Control Code, the undersigned hereby makes application for a Retail Liquor Dealer's License for the period: July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_.

### SCHEDULE OF ANNUAL FEES FOR RETAIL LIQUOR DEALER'S LICENSE

#### INITIAL APPLICATION FEE \$500

The full fee is due at time of application or renewal. Check payable to the Village of Glen Ellyn.  
Certified or Cashier's check preferred. \$50 fine for returned checks.

<u>LICENSE CLASS</u>		<u>ANNUAL RENEWAL FEE</u>
Class A-1	Restaurant (beer and wine only)	1,500
Class A-2	Restaurant (non-"hard" liquor)	1,500
Class A-4	Business Retail Establishment (BYOB)	500
Class B-1	Restaurant (all types of liquor)	2,500
Class B-2	Hotel/Motel	4,000
Class B-3	Hotel/Motel (Supplemental to Class B-2)	2,500
Class B-4	Banquet Facilities (Supplemental to Class B-1)	2,500
Class B-5	Public Sidewalk (Supplemental to Table and Chair Agreement-A-1, A-2, B-1)	100
Class B-6	Retail Business- served with Cooking Classes	1,500
Class B-7	Golf Course	2,500
Class B-8 (12)	Fine Art (all types of alcoholic liquor) maximum number of events twelve (12)	500
Class B-8 (24)	Fine Art (all types of alcoholic liquor) maximum number of events twenty-four (24)	1,000
Class C-1	Package (sale area more than 300 sq. ft.)	3,000
Class C-2	Package (sale area 300 sq. ft. or less)	2,000
Class C-3	Package (sale area more than 300 sq. ft. – 70% wine)	2,000
Class C-4	Package (sale area less than 300 sq. ft. - 90% craft beer)	1,500
Class D-1	Package Beer & Wine Only (sale area 10 sq. ft. or less)	500
Class D-2	Package Beer & Wine Only (sale area between 10 sq. ft. – 500 sq. ft.)	2,000
Class D-3	Gas Station	2,000
Class D-4	Package Beer & Wine Only (sale area between 500 sq. ft. – 1500 sq. ft.)	2,000
Class F	Restaurant (delivery of beer & wine)	200
Class G	Outdoor Sales	250
Class H	Amusement Devices (plus \$100 per device)	100
Class J	Caterer	350
Class M	Beauty Shop	500
Class P	Specialty Retail Sale (wine, craft beer & small batch liquor; sale area 300 sq. ft or less)	1,500

NOTE: Above list does NOT include all of the Classification of Licenses (See Section 3-19-11)

FOR REGULATIONS PERTAINING TO PERSONS ELIGIBLE FOR A LIQUOR LICENSE  
SEE SECTION 3-19-10 OF THE GLEN ELLYN LIQUOR CONTROL CODE

Individual persons who must be identified in this application are:

1. If Individually owned, the sole proprietor of the business.
2. If a Partnership, all persons with ownership interest in the partnership.
3. If a Corporation, any officer, any director and all persons owning directly or beneficially 5 percent or more of the corporate stock of the business. (If necessary, attach additional sheet.)
4. Any person who will function as a manager of the business.

Required information on all persons so identified in categories 1-4 above must be listed below.

Name: _____ Social Security #: _____ Birthdate: _____ Birthplace: _____ Home Address: _____ City: _____ Home Phone: _____ Business Title: _____	Name: _____ Social Security #: _____ Birthdate: _____ Birthplace: _____ Home Address: _____ City: _____ Home Phone: _____ Business Title: _____
Name: _____ Social Security #: _____ Birthdate: _____ Birthplace: _____ Home Address: _____ City: _____ Home Phone: _____ Business Title: _____	Name: _____ Social Security #: _____ Birthdate: _____ Birthplace: _____ Home Address: _____ City: _____ Home Phone: _____ Business Title: _____

**Note:** Any change in ownership or management at local location of the business must be reported in writing to the Liquor Control Commissioner at Village of Glen Ellyn, 535 Duane St., Glen Ellyn, IL 60137 within ten (10) days of that change.

**FINGERPRINTS**

All persons applying for a new liquor license and any new officers of a corporation and/or local managers are required to be fingerprinted and to provide the Glen Ellyn Police Department with a list of home and business addresses for the previous ten years and any aliases.

1. Are fingerprints already on file with the Village of Glen Ellyn? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have there been any changes in local management/corporate officers in the last year?  
Yes \_\_\_\_ No \_\_\_\_
3. If necessary, please call the Glen Ellyn Police Department at 630.469.1187 to schedule an appointment.

A fingerprinting fee of \$34.25 per person applies.

**APPLICANT/INDIVIDUAL INFORMATION**

1. Is any person listed on page 2 a public official or a law enforcement officer? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, list name(s) and give particulars:

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2. Have any of the persons listed on page 2 been convicted of a violation of Federal, State or local law? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, please indicate the date and place of occurrence of the violation(s), type of violation(s) and the resulting judicial decision(s):

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3. If business is Individually owned or a Partnership, are all persons listed on page 2 citizens of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_  
Have any such persons been naturalized? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, state name(s), date(s) and place(s) of naturalization:

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4. If business is Individually owned or a Partnership, are all persons listed on page 2 residents of the Village of Glen Ellyn? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Specify the principal nature of the business conducted by the Applicant:

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6. How long has the Applicant been in that type of business? \_\_\_\_\_
7. Provide the DATE of the following:
- Filing of the Assumed Name of the business  
with the DuPage County Clerk: \_\_\_\_\_
- or
- Formation of Partnership: \_\_\_\_\_
- or
- Incorporation as an Illinois corporation: \_\_\_\_\_
- or
- Qualification Under Illinois Business  
Corporation Act (if a foreign corporation): \_\_\_\_\_
8. List Applicant's Retailer's Occupation Tax Number (ROT): \_\_\_\_\_
- A. Is Applicant delinquent in payment of ROT (sales tax)? YES \_\_\_\_\_ NO \_\_\_\_\_
- If YES, state reason for this delinquency: \_\_\_\_\_
- B. Is Applicant delinquent under the 30-day credit law  
provisions of the Illinois Liquor Control Act? YES \_\_\_\_\_ NO \_\_\_\_\_
- If YES, state reasons for this delinquency: \_\_\_\_\_
- C. Is Applicant delinquent in any taxes owed to the State? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Has any manufacturer, importer or distributor directly or indirectly paid for  
or agreed to pay for this license or advanced money or anything of value or  
credit (other than merchandising credit in the ordinary course of business  
for a period not to exceed ten days)? YES \_\_\_\_\_ NO \_\_\_\_\_
10. Is any manufacturer, importer or distributor directly or indirectly interested  
in the ownership, conduct or operation of the place of business? YES \_\_\_\_\_ NO \_\_\_\_\_
11. Is the Applicant or any affiliate, subsidiary or any person required to be  
identified in this application engaged in the manufacture, import or  
distribution of alcoholic liquors (other than distribution as allowed by  
this license if granted)? YES \_\_\_\_\_ NO \_\_\_\_\_
12. Does the Applicant possess a current Federal wagering and gaming  
device stamp? YES \_\_\_\_\_ NO \_\_\_\_\_
- If YES, give particulars: \_\_\_\_\_
13. Has the Applicant obtained or applied for an Illinois State Liquor License? YES \_\_\_\_\_ NO \_\_\_\_\_

14. Has the Applicant been issued any other liquor license by the Federal government or by any State or any subdivision thereof? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, indicate place and date of such issuance: \_\_\_\_\_  
If any such license has ever been revoked, specify reason(s): \_\_\_\_\_

15. Has the Applicant applied for a liquor license for any other location other than the premises listed on this application ? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, state the disposition of such application: \_\_\_\_\_

16. Has the Applicant filed for other current licenses or business registration required by the Village of Glen Ellyn? YES \_\_\_\_\_ NO \_\_\_\_\_

17. Does the Applicant own the premises listed on this application? YES \_\_\_\_\_ NO \_\_\_\_\_

18. Does the Applicant lease the premises listed on this application? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, list the name(s) and address(es) of the owner(s) of the Premises; or if the premises is held in trust, list the names and addresses of all owners of beneficial interest:  
\_\_\_\_\_  
\_\_\_\_\_

19. Is a copy of the current lease enclosed with this application? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Lease term must exceed the term of liquor license applied for.)

If no, is a copy of the current lease on file with the Village of Glen Ellyn? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of expiration of lease: \_\_\_\_\_

20. Is the premises within 100 feet of the real property of any church, school, hospital, military or naval station, home for the aged or indigent persons or for veterans, their wives or children? YES \_\_\_\_\_ NO \_\_\_\_\_

**INSURANCE COVERAGE**

1. Has the Applicant included proof of Dram Shop Insurance or Liquor Liability Insurance for the Village of Glen Ellyn with this application? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Does the insurance policy cover the time period from July 1, \_\_\_ thru June 30 \_\_\_?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please contact your insurance provider and request the policy to cover this time period.

**BASSET – Beverage Alcohol Sellers & Servers Education & Training**

1. Each applicant for a liquor license shall have each person who will supervise or be in charge of the sale of liquor upon commencement of their license successfully complete a beverage alcohol sellers and servers training (BASSET) program conducted by an agency license by the Illinois Liquor Commission, or successfully complete a State of Illinois certified alcohol awareness program, prior to issuance of a liquor license. Proof of successful completion of BASSET training shall be required prior too issuance of the liquor license. (Ord.5677, 04-28-2008)
  
2. Each employee whether or not supervisory of a class A-1, A-2,A-3, B-1, B-2, B-3, B-4, B-5, B-6, C-1, C-2, C-3, D-1, D-2, D-3, D-4, E, F, G, I, J, K, L, M, N or O license, who is engaged in the selling, mixing, preparing, serving or delivering of alcoholic beverages to customers, guests or patrons, for consumption on or off the premises, shall successfully complete a BASSET program conducted by an agency licensed by the Illinois liquor control commission, or successfully complete a state of Illinois certified alcohol awareness program. Such training shall be completed not more than ninety (90) days after the employee begins employment with the licensee. A copy of the employee's certificate of completion of training shall be filed with the Glen Ellyn liquor commission. (Ord. 5677, 4-28-2008; amd. Ord. 5686, 6-23-2008; Ord. 5749, 4-27-2009)
  
3. Liquor license holders shall keep a standing record of when the required BASSET training, and/or successfully completed state of Illinois certified alcohol awareness program, was completed. This will include, but is not limited to, a photocopy of a BASSET card and/or a photocopy of a certificate from a state of Illinois certified alcohol awareness program. This standing record shall be kept on the business premises and available for inspection by representative(s) of the Glen Ellyn liquor commission or other village representative. (Ord. 5677, 4-28-2008)

**List all employees currently employed by applicant who are required per above ordinance to be trained in BASSET/Alcohol Awareness training.**

Name of Employees	Training through G. E. Police Department	Through Other Resources*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If more space is needed, include attachment.)

\*If Beverage Alcohol Sellers & Servers Education & Training was received anywhere other than through the Glen Ellyn Police Department, a copy of the certificate or card indicating successful completion of training must be supplied along with this application.

**READ THE FOLLOWING QUESTIONS CAREFULLY**

1. Has the applicant ever been convicted of any felony under any Federal or State law? If so, give date(s) and state the offense? YES \_\_\_\_\_ NO \_\_\_\_\_  
\_\_\_\_\_
  
2. Has the applicant ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? If so, give date(s) and state the offense? YES \_\_\_\_\_ NO \_\_\_\_\_  
\_\_\_\_\_
  
3. Has the Applicant or any individual required to be identified in this application 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 alcoholic liquor? YES \_\_\_\_\_ NO \_\_\_\_\_
  
4. Do the Applicant and all other individuals required to be identified in this application acknowledge that the grant of a liquor license is a matter of privilege and not a right; that citizens of the Village of Glen Ellyn 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 Code of the Village of Glen Ellyn and, in particular, in Section 3-19-40? YES \_\_\_\_\_ NO \_\_\_\_\_

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

The Applicant swears or affirms that he/she (or 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/her knowledge and belief.

CORPORATE SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

\_\_\_\_\_  
 President  
 \_\_\_\_\_  
 Secretary

\_\_\_\_\_

CORPORATION SEAL

SIGNED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_

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