

VILLAGE OF BEECHER

625 Dixie Highway P.O. Box 1154 Beecher, IL 60401 (708) 946-2261

APPLICATION

FOR A LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Date:
Applicant: Full name:
(Full name of individual or legal entity in ownership is required) If An Individual: Date of birth
Address:
Social Security Number:
Driver's License Number:State Issued:
 If A Partnership: Please list, on a separate sheet, the name, date of birth, address, social security number and driver's license numbers of each general partner and any limited partner holding five percent (5%) or more interest in the partnership. If A For-Profit Corporation Or A Club: Identify the objects for which the for-profit corporation or club was organized.
Please list, on a separate sheet, the name, date of birth, address, social security number and driver's license number of each officer and/or director of the corporation or other legarentity, and each person owning more than five per cent (5%) of the outstanding shares of stock, stating each person's share of interest in the corporation.
Date And State Of Incorporation Or Formation:
Tax Identification Number:
Interest In Premises To Be Licensed (Own, Lease):

Please Attach Evidence Of Ownership Or A Copy Of Any Lease.

Business To Be Licensed:		
Business Name:		
Physical Address: Mailing Address:		
Zoning Classification Of Premises To Be Licens		
Total Square Footage And Seating Capacity:		
Nature Of Business(es) To Be Conducted On Tl	ne Licensed Premises:	
Any Entertainment Proposed? Describe:		
Local Manager:		
Name:		
Residence Address:		
Length Of Time At Such Address:	Years	
If Less Than One Year, Prior Address:		
Length Of Time At That Address:		
Place And Date Of Birth:		
Social Security Number:		
Driver's License Number:	State Issued:	
Experience In Handling Alcoholic Liquor Or In	Conducting A Business Of The Characte	
For Which A License Is Being Applied:		
Telephone #s: Home	Business	
Number Of Hours To Be On Premises:		
Applicant's Business Experience:		
Experience Of The Applicant In Any Business (Of The Type Applied For:	

Any Similar Application	For Any Other License That Has Been Made For The Premises, And
The Disposition Of Such	Application, If any:
Prior Or Current Liquor L	cicenses Of The Applicant, If Any:
Has Any Prior Liquor Lic	ense Been Revoked?
If Yes, Please Explain:	
Dram Shop Insurance Car	rier:Policy Number:
AM Best Rating of Carrie	r:
Insurance Carrier N	Must Be A Responsible Insurance Company Authorized And siness In The State Of Illinois.
Servers, and Anyon for the Purchase of	Manager And All Sales Clerks, Security Personnel, Bartenders, e Whose Job Description Involves the Checking of Identification Alcoholic Liquor For The Licensed Premises Must Complete the tified Alcohol Awareness Program (BASSET).
Commissioner, or any officinvestigation, including finger the manager, and the identified	requested herein, I do hereby authorize the Village President/Liquorial designee, of the Village of Beecher to conduct a background reprinting as required, to determine the qualifications of the applicant ed partners, officers, directors and shareholders of the business entity io is law and city ordinances. I further state that the answers given or orrect.
been convicted of a felony, or or thing contained in the Vi ordinance of the Village. The State or of the United States, or	applicant, nor any officer, director, partner, or shareholder thereof, has is otherwise disqualified to receive a license by reason of any matter large of Beecher Liquor Code, any laws of the state or any other applicant hereby states that it will not violate any of the laws of the or any provision of the Village's liquor control ordinance or any other econduct of the business proposed to be licensed.
	Signature:
	Title:
	Printed Name:
Signed And Sworn To Before This Day Of	
	(seal)
Notary Public	