



United City of Yorkville | 800 Game Farm Road | Yorkville, Illinois 60560 | 630-553-4350

Application for Alcoholic Liquor License

Please print legibly in ink or type application.

LIQUOR LICENSE APPLICATION INFORMATION

To: Liquor License Applicant
From: Lisa Pickering, Deputy Clerk

Please find attached an Application for Alcoholic Liquor License. Note that the owner(s) of the establishment and the general manager of the establishment must be listed on the application (Section 3) and must be fingerprinted and have a background check conducted prior to the issuance of a liquor license by the City.

At the time of filing the application, you will need to submit a \$100 non-refundable application fee. In addition to the application fee, you will need to provide a license fee deposit in an amount equal to half the yearly license fee for that class of license (refer to Section 3-3-5: License Fees and Terms of the Liquor Code). If your application is denied, the license fee deposit will be refunded to you.

Upon receipt of the application and fees, your file will be transferred to the Yorkville Police Department in order to conduct the required background check. The owner(s) and the general manager of the business will need to set up an appointment to be fingerprinted for a Liquor License Applicant background check through the State of Illinois. Please be advised, persons submitting to the background check and fingerprinting must sign certain waiver forms which will be provided by the Police Department.

After completion of a clear background investigation, your file will be returned to the Clerk's Office. It will then be reviewed by the Liquor Control Commissioner, Mayor Gary J. Golinski.

Upon approval of your application, you will need to submit a copy of Dram Shop Insurance and a Kendall County Health Department Certificate in order for the license to be issued.

Please remember that the State of Illinois Liquor Commission will need a copy of your United City of Yorkville liquor license before they can issue your license.

If you should have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,

Lisa Pickering, Deputy Clerk
United City of Yorkville
Phone: 630-553-8567



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APPLICANT SECTION

Applicant Name: _____

Applicant Address: _____ City: _____

Applicant Phone Number: _____ Cell Number: _____

Business Name: _____

Business Address: _____

Scheduled Opening Date: _____

Type of Liquor License Applied For:
See Section 5 (Page 7) for Choices

FOR POLICE DEPARTMENT USE ONLY

Approved Denied Signature: _____ Date: _____
Richard T. Hart, Chief of Police

FOR MAYOR/LIQUOR COMMISSIONER USE ONLY

Approved Denied Signature: _____ Date: _____
Gary J. Golinski, Mayor

FOR CITY CLERK USE ONLY

Items Filed with Clerk's Office:

Application Date: _____

Copy of Dram Insurance..... Date: _____

Kendall County Health Department Certificate Date: _____

Exhibits as Required (Listed Below) Date: _____

Exhibit _____: _____ Date: _____

Exhibit: _____: _____ Date: _____

Exhibit _____: _____ Date: _____

Exhibit: _____: _____ Date: _____

Exhibit _____: _____ Date: _____

Exhibit: _____: _____ Date: _____

Exhibit _____: _____ Date: _____

Exhibit: _____: _____ Date: _____

Date License Issued: _____ By: _____

City Clerk, United City of Yorkville



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Section 1: Applicant Information (If more than one applicant, copy page and list as Exhibit. Managers should be included in Section 3 of this application.)

1-A Name of Applicant: Last: _____ First: _____ MI: _____

1-B Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at the above listed address? _____

If less than three (3) years, please give your previous address:

City: _____ State: _____ Zip: _____

1-C Contact Number: Phone: _____ Cell: _____

1-D Identifiers: Date of Birth: _____

1-E Citizenship Is applicant a United States Citizen? Yes No

If "No", how long has applicant been in the United States?: _____

Port of Entry: _____

1-F Principal Business Activity: _____

Section 2: Partnership Information (If more than one partner, copy page and list as Exhibit.)

2-A Name of Applicant: Last: _____ First: _____ MI: _____

2-B Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at the above listed address? _____

If less than three (3) years, please give your previous address:

City: _____ State: _____ Zip: _____

2-C Contact Number: Phone: _____ Cell: _____

2-D Identifiers: Date of Birth: _____

2-E Citizenship Is applicant a United States Citizen? Yes No

If "No", how long has applicant been in the United States?: _____

Port of Entry: _____

2-F Principal Business Activity: _____



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Section 3: Corporation Information (If more than one agent/manager, copy page and list as Exhibit.)

If applicant is a corporation, list each registered agent, the local manager(s), and each shareholder owning more than 5% of the stock of the corporation.

3-A: Registered Agent Last: _____ First: _____ MI: _____

3-B Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at the above listed address? _____

If less than three (3) years, please give your previous address:

City: _____ State: _____ Zip: _____

3-C Contact Number: Phone: _____ Cell: _____

3-D Identifiers: Date of Birth: _____

3-E Citizenship Is applicant a United States Citizen? Yes No

If "No", how long has applicant been in the United States?: _____

Port of Entry: _____

3-F Principal Business Activity: _____

3-G: Local Manager Last: _____ First: _____ MI: _____

3-H Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at the above listed address? _____

If less than three (3) years, please give your previous address:

City: _____ State: _____ Zip: _____

3-I Contact Number: Phone: _____ Cell: _____

3-J Identifiers: Date of Birth: _____

3-K Citizenship Is applicant a United States Citizen? Yes No

If "No", how long has applicant been in the United States?: _____

Port of Entry: _____

3-L Principal Business Activity: _____

Section 3 continued on next page.



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Section 3: Corporation Information Cont. (If more than one shareholder, copy page and list as Exhibit.)

3-M: Shareholder Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: Phone: _____ Cell: _____

3-N: Shareholder Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: Phone: _____ Cell: _____

3-O: Shareholder Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: Phone: _____ Cell: _____

3-P: Shareholder Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: Phone: _____ Cell: _____

3-Q: Shareholder Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: Phone: _____ Cell: _____

3-R: Shareholder Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: Phone: _____ Cell: _____



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Section 4: Location Information *Please list information for the location for which license is sought.*

4-A: Address of Location or General Location for which license is sought:

Address: _____

or General Location: _____

4-B Building Owner: Last: _____ First: _____ MI: _____
or Property Owner: Last: _____ First: _____ MI: _____

4-C Address: _____
City: _____ State: _____ Zip: _____

4-D Contact Number: Phone: _____ Cell: _____

4-E Additional Comments: Please list any additional comments that may pertain to the location where the license is sought.



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Section 5: License Information Please check the appropriate box for the type of license being sought.

Note: This is a list of the license types and does not offer thorough explanations of the classifications and provisions as listed in Title 3, Chapter 3 – Liquor Control Ordinance. Please refer to the Ordinance to thoroughly understand the differences between the license classifications. Questions can be directed to the Clerk’s Office.

- 5-A Bar and Grill:
 - BG1 - R1 during daytime until 9:00pm, then A2 thereafter \$1200

- 5-B Catering:
 - CA - Catering \$500

- 5-C Golf Course:
 - GC - Golf Course \$2000

- 5-D Package:
 - B - Beer, wine, and liquor (carryout only) \$1000
 - B1 - Beer and wine (carryout only) \$800

- 5-E Restaurant:
 - R1 - Beer, wine and liquor \$1000
 - R2 - Beer, wine and liquor (service bar only) \$850
 - R3 - Beer and wine (service bar only) \$800
 - R4 - Wine and liquor (service bar only) \$800

- 5-F Retail-Tavern/Bar:
 - A1 - Beer, wine, liquor, and package \$1500
 - A2 - Beer, wine, liquor \$1200
 - A3 - Beer, wine, and liquor (service bar only) \$1000
 - A4 - Beer and wine (service bar only) \$800

- 5-G Temporary:
 - T - Temporary \$35/permit

- 5-H Other Licenses:
 - C - Club (nonprofit, private, fraternal) \$500
 - G - Beer garden/patio service (available only to class A, R, or C license holders)..... \$250
 - M – Microbrewery/brew pub \$1500
 - SE - Special events (\$50.00 fee optional at mayor's discretion). "Special events" shall be defined as an event in which alcoholic beverages are being served, or for which public entertainment is desired by a holder of a valid city liquor license. A special event shall be determined to be not in excess of three (3) continuous days in duration, and said license shall be issued to a current city liquor license holder for either entertainment or special events serving of alcoholic beverages for the fee set out above. In the event a special event occurs for a duration of more than three (3) continuous days, a second or separate special events license may be requested together with the payment of an additional fifty dollar (\$50.00) license fee.



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Section 6: Liquor Sale Information (If more locations, please copy page and submit as an Exhibit.)

6-A Previous Licenses If applicant has ever engaged in the business of the sale of alcoholic liquor at retail, list all names and all locations, including the city, county and state:

Location Name: _____

Location Address: _____

City, County & State: _____

6-B Will you familiarize yourself with the laws of the United States, State of Illinois and Ordinances of the United City of Yorkville pertaining to the sale of alcoholic liquor and abide by them? Yes No

6-C Will you and all employees refuse to serve or sell alcoholic liquor to an intoxicated person and/or a minor? Yes No

6-D Have you, or in the case of a corporation, has any shareholder owning more than 5% of the outstanding stock, or any officer or the local manager, or in the case of a partnership, has any partner, ever had a liquor license revoked or suspended? Yes No

If yes, please list the name of business which had said license revoked/suspended, its location, the date of the revocation/suspension, and all details of the revocation/suspension, including events leading to the revocation/suspension below:

Name of Business: _____

Address of Business: _____

State, County, City of Business: _____

Date of Revocation/Suspension: _____

Details of Violation: _____



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Section 7: Dram Shop Insurance

List dram shop insurance information for both owner of company and owner of the building in which the alcohol will be sold during the duration of the license. Attach a copy of the certificate(s) with this application.

7-A Insurance Coverage for Business Owner

Insurance Company Name: _____

Address _____

Phone Number: _____

7-B Insurance Coverage for Building Owner

Insurance Company Name: _____

Address _____

Phone Number: _____

7-C Applicant further consents, upon request, to furnish such proof of financial responsibility as may be requested by Liquor Commissioner as part of this application.

Section 8: Food Service

8-A If food service is offered, will you familiarize yourself with all laws of the United States, State of Illinois, County of Kendall and Ordinances of the United City of Yorkville, pertaining to service of food and abide by all of them? (Mark n/a if not applicable.) Yes No N/A

If "Yes", complete the remainder of Section 8. If "No", skip to Section 9.

8-B Describe method you would use in cleaning premises and sterilizing of glasses and dishes:

8-C Will you maintain the entire premise in a clean and sanitary manner, free from conditions which might cause accidents? Yes No

8-D A certificate of inspection from the Kendall County Health Department is required before issuance of a license. Attach your Kendall County Health Inspection Certificate with this application.



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Section 9: Additional Information

- 9-A Have you, or in the case of a corporation, has any shareholder owning more than 5% of the outstanding stock, or any officer or the local manager, or in the case of a partnership, has any partner, ever been convicted of any violation of any law pertaining to alcoholic liquor? Yes No

If yes, please list the name of the violator(s), the type, date and location of said offense below:

Name: _____ Type of Violation: _____

Date of Violation: _____ Location of Violation: _____

Details of Violation: _____

- 9-B Have you, or in the case of a corporation, has any shareholder owning more than 5% of the outstanding stock, or any officer or the local manager, or in the case of a partnership, has any partner, ever been convicted of a felony? Yes No

If yes, please list the name of the violator(s), the type, date and location of said offense below:

Name: _____ Type of Violation: _____

Date of Violation: _____ Location of Violation: _____

Details of Violation: _____

- 9-C Have you, or in the case of a corporation, has any shareholder owning more than 5% of the outstanding stock, or any officer or the local manager, or in the case of a partnership, has any partner, ever been convicted of a gambling offense? Yes No

If yes, please list the name of the violator(s), the type, date and location of said offense below:

Name: _____ Type of Violation: _____

Date of Violation: _____ Location of Violation: _____

Details of Violation: _____

- 9-D Have you, or in the case of a corporation, has any shareholder owning more than 5% of the outstanding stock, or any officer or the local manager, or in the case of a partnership, has any partner, ever been issued a Federal Gaming Device Stamp or a Federal Wagering Stamp? Yes No

If yes, please list the name of the person issued the stamp and details of the issuance below:

Name: _____

Details of Issuance: _____



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Section 10: Current/Past Employment Information

10-A Name of Applicant: Last: _____ First: _____ MI: _____

10-B List the occupation or employment with addresses thereof for the past 10 years for all parties listed on this application, beginning with the most recent place of employment/occupation. Please use one form for each party listed on this application and submit with this application. If more room is needed, please copy and attach to submitted application.

Employer Name: _____

Employer Address: _____

City/State/Zip: _____ Phone Number: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

City/State/Zip: _____ Phone Number: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

City/State/Zip: _____ Phone Number: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

City/State/Zip: _____ Phone Number: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

City/State/Zip: _____ Phone Number: _____

Hire Date: _____ End Date: _____



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Section 11: Waiver and Release of All Claims Form

Please read this statement carefully and be aware that by agreeing to allow the United City of Yorkville to investigate your criminal/financial background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review. If more pages are needed for all parties listed on this application, please copy page and attach with this submitted application.

I AUTHORIZE an investigator or other duly accredited representative of the United City of Yorkville or its agents to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the United City of Yorkville or its agents authorized above regardless of any previous agreement to the contrary.

I WAIVE and relinquish all claims I may have against the United City of Yorkville and its officers, agents, servants, and employees, as a result of participating in this background check.

I STATE that I have read and fully understand this Waiver and Release of All Claims Form.

Signature of Applicant

Signature of Applicant

Printed Name of Applicant

Printed Name of Applicant

Date

Date

Signature of Applicant

Signature of Applicant

Printed Name of Applicant

Printed Name of Applicant

Date

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Section 12: Photo Identification

Attach a copy of the applicant(s) driver's license and/or a state photo identification card.

Section 13: Certification

I certify that all information and answers provided by this applicant on this application are true and accurate, along with the acknowledgement by the applicant that denial of license or revocation of license any occur in the event of falsification of such information.

Signature of Person Submitting Application

Printed Name of Person Submitting Application

Date of Signature