

**Village of Lake Barrington - Application for \*NEW\* Business, Restaurant & Liquor Licenses**

**Please check all that apply. This is an application for Business License and:**

**Restaurant License**

**Liquor License: indicate Liquor License Class(es) \_\_\_\_\_**

	<b>Required Documents</b>	<b>Restaurant</b>	<b>Liquor</b>
	Fire Department Certificate of Approval	X	
	Certificate of Insurance	X	
	Lake County Health Department Certificate of Approval or Current License	X	X
	Copy of State Registration if owner is a corporation or partnership	X	X
	Lease, if applicable	X	X
	Certificate of Dram Shop insurance coverage including name and address of insurance company for both the licensee and owner of the building in which the alcoholic liquor will be sold.		X
	Fingerprints of owners and managers. See page 8 for instructions		X
	License Fees	Business, Restaurant & Liquor Licenses	

<b>Business Information</b>	
Application Date	
Company Name	
Doing Business As	
Establishment Address	
Mailing Address, if different from above	
Federal Tax ID Number (FEIN)	
Illinois Business Tax No. (IBT#)	
Business Telephone	
Business Fax	
Primary Contact Name and Title	
Primary Contact Telephone Number	
Email Address	
Website Address	
Type of Business (check one)	Sole Proprietorship <input type="checkbox"/> Club <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Not for Profit <input type="checkbox"/>
Any changes planned for the premises? (i.e. new signs, remodeling) If yes, please explain.	
Will business have amusement devices on the premises (i.e. pinball machines, electronic games)? If yes, please note the number of devices and the name of the amusement device company.	

## Applicant Information

**REGISTERED AGENT (if applicable):**

Registered Agent Name	
Registered Agent Address	
Registered Agent Phone Number	
Registered Agent Business Number	
Date of Birth	

**APPLICANT INFORMATION: This information is required for the sole proprietor, each partner if a partnership, or if a corporation, each shareholder owning 5% or more of the stock. If a majority interest of stock is owned by one person or his nominee, circle name.**

Applicant Name	
Applicant Residence Address	
Applicant Social Security Number	
Applicant Home Telephone Number	
Applicant Business Telephone Number	
Applicant's Citizenship	
If a naturalized U.S. citizen, state date and place of naturalization	
Applicant Date of Birth	
Applicant Driver's License Number	

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Applicant Date of Birth	
Applicant Driver's License Number	

### Store, Restaurant and Liquor Manager Information

Please check all that applies: Store Manager  Restaurant Manager  Liquor Manager

Manager Name

Manager Address

Manager Telephone Number

Manager Business Telephone Number

Manager Date of Birth

Please check all that applies: Store Manager  Restaurant Manager  Liquor Manager

Manager Name

Manager Address

Manager Telephone Number

Manager Business Telephone Number

Manager Date of Birth

Please check all that applies: Store Manager  Restaurant Manager  Liquor Manager

Manager Name

Manager Address

Manager Telephone Number

Manager Business Telephone Number

Manager Date of Birth

### Premise Information

Distance from nearest church or school

Are premises Owned  Leased  If leased, complete information below.

Lessor Name

Lessor Address

Lessor Telephone No.

Lease Period Ends Month/Year

Does the lease provide that the lessor will receive a percentage of profits or sales?

If yes, please explain

**PAGES 4 & 5 FOR LIQUOR LICENSE APPLICANTS ONLY**

<b><u>Liquor License Applicant Information</u></b>	
State the objectives for which the corporation was formed:	
Date of incorporation:	
What is the present business of the applicant?	
Where is this business located?	
How long has the applicant been in that business?	
If the license is to be held in connection with your current partnership or corporation, what is the approximate value of goods, wares and merchandise on hand at this time?	
Character of business applicant is:	
Has applicant made application for a similar or other license for some other location? Yes___ No___	
If yes, state the disposition of each other application.	
Other Present Businesses: If the applicant has more than one present business, state each. If the applicant is a partnership, give the information for each partner. If the applicant is a corporation, give the information for each officer, director and shareholder owning more than 5% of the stock.	
Present Name	Present Business
Business Location	How long in business?
Prior Businesses: List each and every other occupation or business with which the applicant has been associates for 15 years prior to the date of this application and where it was located. In the case of a partnership, list such information for each partner, and in the case of a corporation, list such information for each officer, director and shareholder owning more than 5% of the stock of the corporation. (Attach additional sheet, if necessary.)	
Name	Prior Business
Prior Business Location	

## Liquor License Applicant Background Information

<b>The following applies to the applicant, any partner if a partnership, or if the applicant is a corporation, each officer, director and shareholder who owns 5% or more of the stock of said corporation, and the manager (s) unless otherwise noted.</b>	<b>Yes</b>	<b>No</b>
Have you or any applicant as noted above ever been convicted of any violation of any law pertaining to alcoholic liquor?		
Have you or any applicant as noted above ever had a liquor license revoked or suspended?  Please indicate below the reason for such revocation or suspension and the place and dates involved.		
Have you or any applicant as noted above ever been convicted of a felony, or is the applicant otherwise disqualified to receive a license by reason of the laws of the State of Illinois or the ordinances of any municipality?  Please list such information below for each applicant.		
Have you or any applicant been arrested for an offense other than a traffic violation?  Please provide below a list of each arrest of the applicant(s) for offenses other than traffic violations, indicating the place and date of arrest, the charge made and the final disposition of the charge.		
Have you or the applicant as noted above ever filed bankruptcy proceedings? If so, state the date and place of such filing.		
Has there ever been issued to you or the applicant (any partner for a partnership, or officer, director or shareholder owning 20% or more of the stock of said corporation) a federal gaming device stamp or federal wagering stamp by the federal government for the current tax period?		
Have you and the applicants as noted above familiarized yourself with all ordinances of the Village of Lake Barrington pertaining to the sale of alcoholic liquor and do you agree to abide by them?		

## GENERAL AGREEMENTS AND UNDERSTANDINGS

### **For all applicants:**

The undersigned applicant does hereby states on oath that he or she knows the property and business to be in compliance with all of the ordinances of the Village of Lake Barrington and that he or she will continue to comply with the said ordinances as well as keep the property and business in compliance during the period of any license issued or during any time such business is open for business. It is further understood that the applicant is aware of the various permit regulations, sanitary regulations, sign regulations, lighting regulations, and other such regulations and will comply with these regulations for their property and business. The applicant further understands that they are to make every effort to maintain their business and surrounding property in a clean and litter-free state.

The applicant further agrees that the Primary Business Contact is an agent for the applicant for the purposes of receiving all notices and communications under the Village Licensing requirements. The applicant also agrees and understands that the Village shall not be limited or estopped to serve citations or process upon such persons and in such manner as permitted by law.

The applicant and the applicants' officers, principals, and agents understand and agree to all applicable provisions of the Village of Lake Barrington Licensing requirements, including the requirement that the applicant shall agree to permit authorized Village officials to make any necessary inspections to determine whether the applicant-licensee has complied with all regulatory requirements.

The applicant further states that the applicant has complied with all applicable federal and state laws and county and local ordinances applying to the business, occupation or activity sought to be licensed. The applicant hereby states that the applicant will not violate any of the laws of the State of Illinois or of the United States of America or any Ordinance of the Village of Lake Barrington in the conduct of the applicant's business conducted pursuant to any license issued hereunder.

The undersigned acknowledges that a separate license is required for the sale of alcoholic beverages.  
The undersigned acknowledges that a separate Business License is required.  
The undersigned acknowledges that a separate Restaurant License is required.

### **For restaurant license applicants:**

The undersigned acknowledges that said licenses are contingent upon the following agency approvals:

1. Lake County Health Department
2. Fire Department

### **For liquor license applicants:**

The applicant understands that fingerprinting of the applicant will be conducted by the Village. In the case of a partnership, each partner will be fingerprinted, and in the case of a corporation, each officer, director and shareholder owning more than 5% of the stock of the corporation will be fingerprinted. (Fingerprinting may not be required for the renewal of a license if the applicant has once been fingerprinted.)

The applicant further understands that no license shall be issued until at least 30 days from the date of the filing of this application and that a copy of this application will be forwarded to the applicable Police Department for investigation by said Police Department, who shall supply a copy of their report of investigation to the President and Liquor Commissioner.

The undersigned understands that the required liquor license may not now exist and may not become hereafter available.

Failure to complete all aspects of this application including payment for said license and any outstanding fees due to the Village of Lake Barrington will void license request and require that no business be conducted until license approval has been given. Provide additional signature sheets if needed.

Date of this application: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant if **Sole Proprietorship**

**PARTNERSHIP**

\_\_\_\_\_  
Signatures of all Partners if a Partnership

\_\_\_\_\_  
Signatures of all Partners if a Partnership

\_\_\_\_\_  
Signatures of all Partners if a Partnership

**CORPORATION**

\_\_\_\_\_  
Signature and Title of President or Vice  
President if Corporation

\_\_\_\_\_  
Signature of Corporate Secretary

VERIFICATION

STATE OF ILLINOIS        )  
SS.                                )  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn upon oath, states that he has read the foregoing application for license and the answers to the above questions and knows the contents of said application, and that each of the statements in the said application contained are true in substance and in fact.

\_\_\_\_\_  
Signature of Applicant/Registered Agent

\_\_\_\_\_  
Title

SUBSCRIBED AND SWORN TO before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

## SCANNED FINGERPRINTING REQUIRED FROM APPLICANTS AND LIQUOR MANAGERS

In an effort to continue streamlining the licensing process for our liquor license holders, **the Village is switching from the fingerprint card process to scanned fingerprints.** **The Village of Lake Barrington has made arrangements with the Barrington Police Department to get your fingerprints scanned. This is done BY APPOINTMENT ONLY.**

1. **Make an appointment with Sgt. Kevin T. Croke at 847-304-3300.**
2. **Pay scan service fee when your fingerprints are scanned. Provide a check made payable to the Village of Barrington in the amount of \$25 (if you are a resident of Barrington the fee is \$10).**

**Barrington Public Safety Building  
400 Northwest Highway  
Barrington, IL**

Please note the separate \$34.25 per person Illinois State Police fee to conduct the background check is included in your invoice. Please contact me if there are changes to the number of people who are required to get their background checked and I will provide you with a revised invoice.

Do not hesitate to call or email if you have any questions. Your cooperation is appreciated.

*Sgt. Kevin T. Croke, Star 201*  
**Criminal Investigations Division**  
Barrington Police Department  
400 N. Northwest Highway  
Barrington, IL. 60010  
Phone [847/304-3300](tel:8473043300)  
Fax [847/304-3950](tel:8473043950)  
E-mail [KCroke@Barrington-il.gov](mailto:KCroke@Barrington-il.gov)