



Village of Island Lake

3720 Greenleaf Avenue
Island Lake, Illinois 60042

Phone: 847-526-8764

Fax: 847-526-1534

Website:

www.villageofislandlake.com

LIQUOR LICENSE RENEWAL APPLICATION

Please read carefully and complete by printing in ink or typing. Provide ALL information requested or application will be returned to you.

Name of applicant:		Date of Birth	Date of application
Street Address:		Phone Number(s)	
City:	State:	Zip	
Name of Manager/Agent:			
Address:		State	Zip
Are you, your Manager or Agent a citizen of the United States? If a naturalized citizen, when and where naturalized?		YES	NO
<p>Answer the following "YES" or "NO"</p> <p>Have you, your Manager or Agent ever been:</p> <p>Arrested or charged with a violation under Federal or State Liquor laws?</p> <p>Convicted of a felony?</p> <p>Are you a disqualified to receive a license by the Liquor Control Ordinance, laws of this state, or the ordinances, rules or resolutions of the Village?</p>	<p>Circle one or the other:</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p>	<p>If answer is "YES" state offense and give date:</p>	
Have you (your partner, manager or agent) been summoned before the Liquor Commission during the past year for any violation of the Village of Island Lake Liquor Ordinance? If so, state offense and disposition.		YES	NO
<p>Has any law enforcement agency arrested the licensee, manager or agent during the past year for any infraction of violation of the law?</p> <p>YES NO</p> <p>If so, give name and address of said person.</p>			



Village of Island Lake

Does any person other than the licensee share in the profits of the business? YES NO
If YES, give name and address of said person.

IMPORTANT NOTICE

By signing this application, you are representing that you, your Manager and your Agent will not violate any of the laws of the state, or of the United States, or any ordinance, rule or resolution of the Village in the conduct of your place of business, and that you have read the Island Lake Liquor Ordinance in its entirety and will comply with all terms herein.

State of Illinois

County of Lake and McHenry

The undersigned swear that the said person/people in whose name this application is made will not violate any of the ordinances of the Village of Island Lake or County laws or State of Illinois laws or laws of the United States of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief.

Signatures

Applicant _____

Applicant _____

Manager _____

****Please attach to this application: 1. a copy of your general liability insurance 2. a copy of your liquor liability insurance 3. a copy of proof of completion of the required BASSETT program of each/all employees at your establishment.**