

Village of Island Lake

3720 Greenleaf Avenue
Island Lake, Illinois 60042

Phone: 847-526-8764; Fax: 847-526-1534
www.villageofislandlake.com



LIQUOR LICENSE RENEWAL APPLICATION

Complete information is required in order to process your application. Please print or type.

Name of applicant:		Date of Birth:	Date of application:
Address:		State:	Zip: Phone #(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
Answer the following YES or NO. Have you, your Manager or Agent ever been: Arrested or charged with a violation under Federal or State Liquor laws? Convicted of a felony? Disqualified to receive a license by the Liquor Control Ordinance, laws of this state, or the ordinances, rules or resolutions of the Village of Island Lake?	(Circle one.) YES NO YES NO YES NO	If YES, state offense and give date: If YES, state offense and give date:	
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? (Circle one.) YES NO If YES, state the offense and disposition. _____			
Has any law enforcement agency arrested the licensee, manager or agent during the past year for any infraction of violation of the law? (Circle one.) YES NO If YES, give name and address of said person. _____			

Village of Island Lake LIQUOR LICENSE RENEWAL APPLICATION, cont.



Does any person other than the licensee share in the profits of the business? (Circle one.) 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 swears 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 _____

Date ____ / ____ / ____

Applicant _____

Date ____ / ____ / ____

Manager _____

Date ____ / ____ / ____

***Please attach to this application copies of each of the following:**

- 1. Certificate of general liability insurance**
- 2. Certificate of liquor liability insurance**
- 3. Proof of completion of the required BASSETT program each/all servers at your establishment**