



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 ▪ www.hampshireil.org

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: _____

NAME OF APPLICANT: _____

APPLICATN'S PHONE: _____

APPLICATNS EMAIL: _____

NAME OF BUSINESS: _____

SALES TAX ID: _____ BUSINESS PHONE: _____

ADDRESS OF BUSINESS: _____

MAILING ADDRESS: _____

Pursuant to the provisions of Chapter IIIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

- | | |
|------------------------------|------------------------------|
| _____ Class A-1 - \$1,500.00 | _____ Class C-4 - \$1,500.00 |
| _____ Class A-2 - \$1,250.00 | _____ Class D - \$1,750.00 |
| _____ Class B-1 - \$1,500.00 | _____ Class E - \$1,750.00 |
| _____ Class B-2 - \$1,500.00 | _____ Class F - \$1,500.00 |
| _____ Class C-1 - \$1,500.00 | _____ Class H - \$500.00 |
| _____ Class C-2 - \$1,500.00 | _____ Class I - \$500.00 |
| _____ Class C-3 - \$1,750.00 | _____ Class J - \$1,250.00 |

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on _____ and ending December 31, _____
Month, Day, Year Year

3. Type of Business Entity (check one):

- Individual Corporation
 Partnership Other (specify): _____

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

NAME: _____

BIRTHDAY: _____ HOME PHONE: _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

BUSINESS STATUS: _____

PERCENTAGE OF STOCK HELD:

(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? _____

If naturalized, state date and place of naturalization: _____

If an Illinois corporation, state date of corporation: _____

If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. _____

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. _____

7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location.

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government, or any municipality. _____

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. _____

9. Has the applicant ever had any previous liquor license revoked? _____

If answer is in the affirmative, state the date and reason for such revocation.

10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? _____

11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. _____

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. _____

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. _____

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village? _____

14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? _____

If the answer is in the affirmative, attach a copy of said lease to the application.

15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? _____

16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession, or sale of alcoholic liquor? _____

17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? _____

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? _____

18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives, or children, or any military or naval station? _____

19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?
