

**VILLAGE OF BARRINGTON**  
**APPLICATION FOR LICENSE TO SELL LIQUOR**

May 1, 20\_\_ through April 30, 20\_\_

<b>For Office Use Only:</b>			
Liquor License No.			
Business Name			
Type	Amount	Date/Check No.	Code
Application Fee			L31
License Fee			L35
Administrator			

**Application Fees**

**Current License Holder**

- The application fee for a current license holder who wishes to renew an existing license at the same location is \$100 per license. There is no application fee for a Class 7.

**New License Applicant**

- For a new liquor license applicant who does not currently hold a liquor license from the Village, an initial, non-refundable application fee of \$500 is required

**License Fees**

- License fees are as follows:
  - Class 1-A      \$2,500 (sale & serving of alcoholic liquor for consumption on premises)
  - Class 1-B      \$1,500 (sale & serving of beer & wine for consumption on premises)
  - Class 2-A      \$2,500 (sale of packaged alcohol for consumption off premises)
  - Class 2-B      \$1,500 (sale of beer & wine for consumption off premises)
  - Class 3         \$500 (caterer license not held in combination with any other Village liquor license)
  - Class 4         \$500 (mail order, other remote ordering)
  - Class 5         \$500 (serving or sale of beer and/or wine-full service personal care establishment)
  - Class 6         \$100 (Barrington's White House)
  - Class 7         \$25.00 per day (temporary not-for-profit)
- License fees for renewal application are due at time of application. Prorated license fee for a new applicant is due two (2) weeks before business opens.
- Any licensee holding two (2) or more liquor licenses issued by the Village for the same licensed premises shall only be required to pay the highest of the respective annual liquor license fee.
- All licensees shall be required to comply with all applicable provisions of the Village of Barrington Village Code, including but not limited to BASSET regulations (Beverage Alcohol Sellers and Servers Education and Training program).

TO THE LIQUOR CONTROL COMMISSIONER OF THE VILLAGE OF BARRINGTON, ILLINOIS: The undersigned hereby makes application and submits these application fees and license fees in the total amount of \$\_\_\_\_\_ for a Class \_\_\_\_\_ Liquor License under the provisions of the Village of Barrington Village Code for the term ending April 30, 20\_\_\_\_, and hereby certifies to the following facts:

	Renewal Application		New/Initial Application	
	License Fee	App. Fee	License Fee	App. Fee
Class 1-A	_____	_____	_____	_____
Class 1-B	_____	_____	_____	_____
Class 2-A	_____	_____	_____	_____
Class 2-B	_____	_____	_____	_____
Class 3	_____	_____	_____	_____
Class 4	_____	_____	_____	_____
Class 5	_____	_____	_____	_____
Class 6	_____	_____	_____	_____
Class 7	_____	_____	_____	_____
TOTAL	\$_____	\$_____	\$_____	\$_____

1. THE APPLICANT SEEKS A LIQUOR LICENSE(S) FOR THE FOLLOWING BUSINESS AND PREMISES:

A. \_\_\_\_\_  
 Exact name business is conducted under \_\_\_\_\_ Principal kind of business \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address (including floor, room, etc.) \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_

B. Is the applicant a (check one):  Sole Proprietorship  Partnership  Corporation  LLC

C. Does the applicant own or lease the premises for which this license is sought:  
 Own (provide proof of ownership)  Lease (provide a copy of the lease)  
 If leased, please provide:

\_\_\_\_\_  
 Name of Lessor \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

D. Does the lease on the premises cover the full period for which the license is sought?  
 Yes  No  Period covered by lease: \_\_\_\_\_

E. Does the lease provide that the lessor will receive a percentage of profits or sales?  
 Yes  No  If yes, please give all details: \_\_\_\_\_  
 \_\_\_\_\_

F. State the distance from nearest church or school: \_\_\_\_\_

G. Illinois Municipal Retailers' Use & Service Occupation Tax Number registered to an address in the Village of Barrington (for each business, if more than one) \_\_\_\_\_  
\_\_\_\_\_

H. State Liquor License Number with expiration date (for each business, if more than one):  
\_\_\_\_\_

I. Has the applicant made application for a similar license for premises other than described in this application?      Yes       No

If yes, state date, location of premises and disposition of application:  
\_\_\_\_\_

2. The following information is also required of any applicant for a license:

A. **SOLE PROPRIETORSHIPS:** If the applicant is a sole proprietorship (please complete the following):

➤ Applicant's full name: \_\_\_\_\_

➤ Date of birth: \_\_\_\_\_ Home telephone: \_\_\_\_\_

➤ Business telephone: \_\_\_\_\_

➤ Residence address: \_\_\_\_\_

➤ Previous address: \_\_\_\_\_

➤ If not a resident of the Village of Barrington, state name and address of registered agent:  
\_\_\_\_\_

➤ Social security number: \_\_\_\_\_  
\_\_\_\_\_

➤ Driver's license number: \_\_\_\_\_

➤ Is applicant a U.S. citizen?      Yes       No

    Date and place of naturalization, if applicable: \_\_\_\_\_

➤ If not a U.S. citizen, country of citizenship: \_\_\_\_\_

➤ Character of Business: \_\_\_\_\_

➤ Length of time applicant has been in business: \_\_\_\_\_

B. **PARTNERSHIPS AND LLCs**: If the applicant is a partnership or an LLC (please complete the following):

List the full name, present and previous address, date of birth, social security number, driver's license number, citizenship of all partners or all members and managers of an LLC entitled to or receiving a share of the profits of the business:

- ➤ Applicant's full name: \_\_\_\_\_
  - Date of birth: \_\_\_\_\_ Home telephone: \_\_\_\_\_
  - Business telephone: \_\_\_\_\_
  - Residence address: \_\_\_\_\_
  - Previous address: \_\_\_\_\_
  - If not a resident of the Village of Barrington, state name and address of registered agent:  
\_\_\_\_\_
  - Social security number: \_\_\_\_\_
  - Driver's license number: \_\_\_\_\_
  - Is applicant a U.S. citizen? Yes  No   
Date and place of naturalization, if applicable: \_\_\_\_\_
  - If not a U.S. citizen, country of citizenship: \_\_\_\_\_
  - Character of Business: \_\_\_\_\_
  - Length of time applicant has been in business: \_\_\_\_\_
  
- ➤ Applicant's full name: \_\_\_\_\_
  - Date of birth: \_\_\_\_\_ Home telephone: \_\_\_\_\_
  - Business telephone: \_\_\_\_\_
  - Residence address: \_\_\_\_\_
  - Previous address: \_\_\_\_\_
  - If not a resident of the Village of Barrington, state name and address of registered agent:  
\_\_\_\_\_
  - Social security number: \_\_\_\_\_
  - Driver's license number: \_\_\_\_\_
  - Is applicant a U.S. citizen? Yes  No   
Date and place of naturalization, if applicable: \_\_\_\_\_
  - If not a U.S. citizen, country of citizenship: \_\_\_\_\_
  - Character of Business: \_\_\_\_\_
  - Length of time applicant has been in business: \_\_\_\_\_
  
- ➤ Applicant's full name: \_\_\_\_\_
  - Date of birth: \_\_\_\_\_ Home telephone: \_\_\_\_\_
  - Business telephone: \_\_\_\_\_
  - Residence address: \_\_\_\_\_
  - Previous address: \_\_\_\_\_

- If not a resident of the Village of Barrington, state name and address of registered agent: \_\_\_\_\_
- Social security number: \_\_\_\_\_
- Driver's license number: \_\_\_\_\_
- Is applicant a U.S. citizen?      Yes  No
- Date and place of naturalization, if applicable: \_\_\_\_\_
- If not a U.S. citizen, country of citizenship: \_\_\_\_\_
- Character of Business: \_\_\_\_\_
- Length of time applicant has been in business: \_\_\_\_\_

C. **CORPORATIONS**: If the applicant is a corporation (please complete the following):

Legal Name of Corporation: \_\_\_\_\_

Date of Incorporation (Attach copy of Articles of Incorporation): \_\_\_\_\_

State object for which corporation was organized: \_\_\_\_\_

(If the stock of the applicant corporation is traded on a nationally recognized securities market, the Village may elect to forego background check(s) and fingerprinting of the officers, directors, and stockholders owning more than five percent (5%) of the stock of such corporation if the local manager of the proposed licensee and the premises to be licensed would otherwise qualify for a license issued pursuant to Chapter 3, "Liquor Control", of Title 3 of the Barrington Village Code.)

List the names, titles, present and previous address, date of birth, social security number, driver's license number of all officers, directors and all shareholders owning 5% or more of the stock of the corporation [add a separate sheet with this information if more room is needed]:

- ➤ Applicant's full name: \_\_\_\_\_
- Date of birth: \_\_\_\_\_ Home telephone: \_\_\_\_\_
- Business telephone: \_\_\_\_\_
- Residence address: \_\_\_\_\_
- Previous address: \_\_\_\_\_
- If not a resident of the Village of Barrington, state name and address of registered agent: \_\_\_\_\_
- Social security number: \_\_\_\_\_
- Driver's license number: \_\_\_\_\_
- Is applicant a U.S. citizen?      Yes  No
- Date and place of naturalization, if applicable: \_\_\_\_\_
- If not a U.S. citizen, country of citizenship: \_\_\_\_\_
- Character of Business: \_\_\_\_\_
- Length of time applicant has been in business: \_\_\_\_\_
  
- ➤ Applicant's full name: \_\_\_\_\_
- Date of birth: \_\_\_\_\_ Home telephone: \_\_\_\_\_
- Business telephone: \_\_\_\_\_

- Residence address: \_\_\_\_\_
  - Previous address: \_\_\_\_\_
  - If not a resident of the Village of Barrington, state name and address of registered agent: \_\_\_\_\_
  - Social security number: \_\_\_\_\_
  - Driver's license number: \_\_\_\_\_
  - Is applicant a U.S. citizen?      Yes  No
  - Date and place of naturalization, if applicable: \_\_\_\_\_
  - If not a U.S. citizen, country of citizenship: \_\_\_\_\_
  - Character of Business: \_\_\_\_\_
  - Length of time applicant has been in business: \_\_\_\_\_
- ➤ Applicant's full name: \_\_\_\_\_
  - Date of birth: \_\_\_\_\_ Home telephone: \_\_\_\_\_
  - Business telephone: \_\_\_\_\_
  - Residence address: \_\_\_\_\_
  - Previous address: \_\_\_\_\_
  - If not a resident of the Village of Barrington, state name and address of registered agent: \_\_\_\_\_
  - Social security number: \_\_\_\_\_
  - Driver's license number: \_\_\_\_\_
  - Is applicant a U.S. citizen?      Yes  No
  - Date and place of naturalization, if applicable: \_\_\_\_\_
  - If not a U.S. citizen, country of citizenship: \_\_\_\_\_
  - Character of Business: \_\_\_\_\_
  - Length of time applicant has been in business: \_\_\_\_\_
- ➤ Applicant's full name: \_\_\_\_\_
  - Date of birth: \_\_\_\_\_ Home telephone: \_\_\_\_\_
  - Business telephone: \_\_\_\_\_
  - Residence address: \_\_\_\_\_
  - Previous address: \_\_\_\_\_
  - If not a resident of the Village of Barrington, state name and address of registered agent: \_\_\_\_\_
  - Social security number: \_\_\_\_\_
  - Driver's license number: \_\_\_\_\_
  - Is applicant a U.S. citizen?      Yes  No
  - Date and place of naturalization, if applicable: \_\_\_\_\_
  - If not a U.S. citizen, country of citizenship: \_\_\_\_\_
  - Character of Business: \_\_\_\_\_
  - Length of time applicant has been in business: \_\_\_\_\_



5. The following information is also required of any applicant (attach additional sheet(s) if needed):
- A. What is the present business of the applicant, where is this business located, and how long has the applicant been in that business?
  - B. If the applicant has more than one present business and/or more than one present business location, state each below.
  - C. If the applicant is a partnership or an LLC, state below the present business(es) and/or business location(s) for each partner, or for each member and each manager of an LLC.
  - D. If the applicant is a corporation, state below the present business(es) and/or business location(s) for each officer, director, and shareholder owning more than 5% of the stock in the corporation.

Name of Person		
	Name of Present Business	
	Business Location Address	
	Number of Years in Business	

Name of Person		
	Name of Present Business	
	Business Location Address	
	Number of Years in Business	

Name of Person		
	Name of Present Business	
	Business Location Address	
	Number of Years in Business	

Name of Person		
	Name of Present Business	
	Business Location Address	
	Number of Years in Business	

Name of Person		
	Name of Present Business	
	Business Location Address	
	Number of Years in Business	



6. List each and every other occupation or business with which the applicant has been associated for 15 years prior to the date of this application and where such occupation or business was located.
- A. In the case of a sole proprietorship, list such information for the sole proprietor.
- B. In the case of a partnership or an LLC, list such information for each partner or for each member and each manager of an LLC.
- C. 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.)

LIST EACH PRIOR BUSINESS OF EACH PERSON		
Name of Person		
	Name of Prior Business	
	Occupation	
	Street Address of Business	
	Dates in Business	From: _____ To: _____
Name of Person		
	Name of Prior Business	
	Occupation	
	Street Address of Business	
	Dates in Business	From: _____ To: _____
Name of Person		
	Name of Prior Business	
	Occupation	
	Street Address of Business	
	Dates in Business	From: _____ To: _____
Name of Person		
	Name of Prior Business	
	Occupation	
	Street Address of Business	
	Dates in Business	From: _____ To: _____
Name of Person		
	Name of Prior Business	
	Occupation	
	Street Address of Business	
	Dates in Business	From: _____ To: _____

7. If the applicant is now in business, whether as a sole proprietorship, partnership or corporation, or LLC, and the license is to be held in connection with such business, what is the approximate value of goods, wares and merchandise on hand at this time: \$ \_\_\_\_\_

8. Has the applicant made application for a similar or other license for some other location?  
Yes  No  If yes, please state the disposition of each other application. \_\_\_\_\_

9. Have you familiarized yourself with all ordinances of the Village of Barrington pertaining to the sale of alcoholic liquor and do you agree to abide by them? Yes  No

10. Please attach 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 for the duration of the license period.

11. Please describe the parking facilities available to the business. \_\_\_\_\_

12. Have you, or in the case of a corporation, the local manager, in the case of a partnership, any partners, or in the case of an LLC, any member(s) and manager(s), ever been convicted of any violation of any law pertaining to alcoholic liquor?  
Yes  No  If yes, please provide all details: \_\_\_\_\_

13. Have you, or in the case of a corporation, the local manager, in the case of a partnership, any of the partners, or in the case of an LLC, any member(s) and manager(s), ever had a liquor license revoked or suspended? Yes  No   
If yes, please attach an additional sheet stating the reasons for such revocation or suspension and the place and dates involved.

14. Has the applicant 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 the Village of Barrington? Yes  No

If the applicant is a partnership or an LLC, list such information for each partner or for each member and each manager of the LLC; if the applicant is a corporation, list such information for each officer, director and shareholder owning more than 5% of the stock of said corporation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List each arrest of the applicant for offenses other than traffic violations, indicating the place and date of arrest, the charge made and the final disposition of the charge. If none, please state none. If the applicant is a partnership, list such information for each partner, if the applicant is an LLC, list such information for each member of or manager of the LLC, and if the applicant is a corporation, list such information for each officer, director and shareholder owning more than 5% of the stock of said corporation.

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16. Has the applicant ever filed bankruptcy proceedings? Yes  No   
If yes, please state the date and place of such filing. \_\_\_\_\_

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17. Has there ever been issued to the applicant, a stamp relative to the Federal Tax on wagers? \_\_\_\_\_

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18. If the applicant is a partnership or an LLC, has such stamp ever been issued to any partner or to any member of or manager of the LLC? \_\_\_\_\_

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19. If the applicant is a corporation, has such stamp ever been issued to any officer, director or shareholder owning 5% or more of the stock of said corporation? Yes  No

If yes, please state the date and places where said stamp was held by the applicant and the purposes for which the stamp was held. \_\_\_\_\_

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20. Does the applicant agree not to allow gambling devices or gambling on the premises? Yes  No

21. Does the applicant agree not to violate any of the laws of the State of Illinois, of the United States, or any ordinance of the Village of Barrington in the conduct of its place of business? Yes  No

22. Has the applicant complied with the Employee Training Requirement contained in Section 3-3-19 of the Barrington Village Code? (The applicant must attach written evidence of compliance with these requirements, such as a legible photocopy of the BASSET Certificate or the equivalent for each employee.) Yes  No

23. Is the applicant delinquent in filing any required tax return or paying any amounts owed to the State of Illinois? Yes  No

24. Does the applicant owe any tax amount to the Village of Barrington? Yes  No   
If yes, the applicant must provide written evidence with this application that any tax owed to the Village by the applicant has been satisfied by payment in the form of a cashier's check, certified check, money order,

or cash.

25. Is the applicant currently in violation of any tax act administered by the Illinois Department of Revenue with respect to any of the following:

- |     |                                                                                                                                                    |     |                          |    |                          |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| (a) | Failure to file a tax return?                                                                                                                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) | The filing of a fraudulent return?                                                                                                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) | Failure to pay all or part of any tax or penalty finally determined to be due?                                                                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) | Failure to keep books and records?                                                                                                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) | Failure to secure and display a certificate or sub-certificates of registration, if required?                                                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) | Willful violation of any rule or regulation of the Illinois Department of Revenue relating to the administration and enforcement of tax liability? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

## GENERAL AGREEMENTS AND UNDERSTANDINGS

The applicant hereby states that the applicant will not violate any of the laws of the State of Illinois or any Ordinance of the Village of Barrington in the conduct of the applicant's business conducted pursuant to any license issued hereunder.

The applicant understands that fingerprinting of the applicant will be conducted by the Village. In the case of a partnership, each partner must be fingerprinted, in the case of an LLC, each member and each manager must be fingerprinted, and in the case of a corporation, each officer, director and shareholder owning 5% or more of the stock of the corporation must be fingerprinted, provided, however, if the stock of the applicant corporation is traded on a nationally recognized securities market, the Village may elect to forego background check(s) and fingerprinting of the officers, directors, and stockholders owning more than five percent (5%) of the stock of such corporation if the local manager of the proposed licensee and the premises to be licensed would otherwise qualify for a license issued pursuant to Chapter 3, "Liquor Control", of Title 3 of the Barrington Village Code. (Fingerprinting is not required for the renewal of a license if the applicant has once been fingerprinted).

The applicant also understands that no license shall be issued until at least 30 days from the date of filing of this application and that a copy of this application will be forwarded to the Chief of Police for investigation by said Chief of Police, who shall supply a copy of his report of investigation to the President and the Board of Trustees.

The applicant also understands that Illinois statutes provide as follows:

- (1) No liquor license shall be renewed by the Village President acting as local liquor control commissioner if the Illinois Department of Revenue has reported to the Illinois Liquor Control Commission that the applicant is delinquent in filing any required tax returns or paying any amounts owed to the State of Illinois until the applicant is issued a certificate by the Illinois Department of Revenue stating that all delinquent returns or amounts owed have been paid by guaranteed remittance or the payment agreement to pay all amounts owed has been accepted by the Illinois Department of Revenue;
- (2) No liquor license to be issued by the local liquor control commissioner shall be renewed by the Village President acting as local liquor control commissioner unless the applicant provides documentation that any tax owed by the applicant to the Village has been satisfied by payment in the form of a cashier's check, certified check, money order, or cash; and
- (3) The Village President, acting as the local liquor control commissioner, shall refuse the issuance or renewal of a license, or suspend or revoke the license, of any person, for any of the following violations of any tax act administered by the Illinois Department of Revenue:
  - (a) Failure to file a tax return;
  - (b) The filing of a fraudulent return;
  - (c) Failure to pay all or part of any tax or penalty finally determined to be due;
  - (d) Failure to keep books and records;
  - (e) Failure to secure and display a certificate or sub-certificates of registration, if required; and/or
  - (f) Willful violation of any rule or regulation of the Illinois Department of Revenue relating to the administration and enforcement of tax liability.

The applicant further understands that if any information submitted in this application should change during the term of the liquor license, the applicant is required to notify the Village of Barrington Liquor Control Commissioner and submit to him or her an amended application containing the new information.

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

IF A SOLE PROPRIETORSHIP:		
Signature of Applicant:		Print Name:

IF A CORPORATION, SIGNATURE OF PRESIDENT OR VICE PRES. AND CORP. SECRETARY REQUIRED:		
Signature of President or Vice President:		Print Name and Title:
Signature of Corporate Secretary:		Print Name:

IF A PARTNERSHIP, SIGNATURE OF EACH PARTNER IS REQUIRED:		
Signature of Partner:		Print Name:
Signature of Partner:		Print Name:
Signature of Partner:		Print Name:
Signature of Partner:		Print Name:

IF A LIMITED LIABILITY COMPANY, SIGNATURE OF EACH MEMBER AND MANAGER IS REQUIRED:		
Signature of Member and/or Manager:		Print Name:
Signature of Member and/or Manager:		Print Name:
Signature of Member and/or Manager:		Print Name:
Signature of Member and/or Manager:		Print Name:

NOTE: BOTH APPLICATION AND VERIFICATION MUST BE SIGNED AS FOLLOWS:

(Verification must be signed in front of a notary public)

- Sole Proprietorship - By Owner
- Corporation - By President or Vice President and Secretary
- Partnership - By All Partners
- Limited Liability Company - By All Members and Managers

RETURN COMPLETED FORM TO:	Village of Barrington Liquor Control Commissioner Attn: Ms. Colleen Nigg 200 South Hough Street Barrington, IL 60010
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**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.

\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(S E A L)

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