



City of Warrenville
3S258 Manning Avenue
Warrenville, IL 60555

(630) 836 3050 tel
(630) 393 1531 fax
www.warrenville.il.us

Dear Liquor License Applicant:

As a potential liquor license holder, you will find a copy of the City of Warrenville ordinances included with your license application packet. These ordinances govern the condition of your license and also spell out prohibited activities.

As Liquor Commissioner, it is my responsibility to ascertain that establishments adhere to these ordinances for the safety of the public and to ensure that responsible business practices are in place regarding the sale of alcoholic beverages by license holders.

The City is very serious with the enforcement of the Liquor Code and regularly conducts random compliance checks. Violations of the City Liquor Code will result in citations, fines and even suspension of licenses.

The Warrenville Police Department notifies the Liquor Commissioner of Administrative Liquor License violations. Upon notification and City Attorney Review and approval, the licensee will be notified of the alleged violation and will have the opportunity to:

- Contest the violation at an administrative hearing.
- Stipulate to the violation and agree to the prescribed sanction, as set forth by the Liquor Commissioner.

Please be aware that the application process may take six to ten weeks for completion. If you have additional questions concerning Administrative Liquor License violations, please contact Chief of Police, Sam Bonilla at (630) 393-2131.

Sincerely,

Andrew Johnson
Liquor Commissioner

AJ/dh
Enclosures



Samuel A. Bonilla, Chief of Police

POLICE DEPARTMENT

3 S 245 Warren Avenue • Warrenville, IL 60555
(630) 393-2131 • FAX (630) 393-4071

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I, _____, do hereby authorize a review of all records concerning myself to any duly authorized agent of the Warrenville Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); other financial statements and reports, where filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records including background reports, efficiency ratings, complaints, or grievances filed by me or against me, and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Warrenville Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Warrenville Police Department from any and all liability which may be incurred or may arise as a result from the collection of such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not bear an original writing of my signature.

I have read and fully understand the contents of the above "AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS."

Date of Birth (mm/dd/yyyy)	Driver's Licence or State ID	Dated Signed
Name (Last, First, MI)	Purpose	
	<input type="checkbox"/> Cleaning Srvc <input type="checkbox"/> Police Dept <input type="checkbox"/> Fire Dept <input type="checkbox"/> City Emp <input type="checkbox"/> Liquor License Business Name: _____ _____	
Signature		



APPLICATION FOR LIQUOR LICENSE

Check One: Corporation LLC, LLP, or LP General Partnership Sole Proprietor

Date: _____

City of Warrenville Business ID No. _____

Local Information:

Corporate, LLC, LLP, LP Information:

Owner: _____

Registered Company Name: _____

d/b/a: _____
Local Business Name Registered with County

Registered Address (no P.O. Boxes): _____

Local Address: _____

Mailing address if different from above: _____

City, State, Zip: Warrenville, IL 60555

Local Phone: (630) _____

Phone: _____

Types of Licenses: (Attach copy of DuPage Health Department permit if applicable)

Liquor Class _____

Total Amount Due \$ _____

PLEASE PRINT

Local Manager's Full Name: _____
Last First M.I.

Home Address: _____

City, State, Zip: _____

Home Phone: () _____

Driver's License: _____

Signature of Local Manager _____ Date _____

Received
By: _____
City of Warrenville, Accounting Clerk

Zoning Approval:

Zoning Official

Date: _____

Date: _____ Zoning Class: _____

CITY OF WARRENVILLE
RETAIL LIQUOR DEALER'S LICENSE APPLICATION

(For Office Use Only):

Business Name: _____

License Number: _____ Class: _____

Date Issued: _____ Fee: _____

The undersigned hereby makes application for a retail liquor dealer's license pursuant to the provisions of the City Code of the City of Warrenville (as amended) regulating the sale of alcoholic liquors in the City of Warrenville, County of DuPage, Illinois and all amendments thereto now in force and effect.

(Please Check Applicable Box):

New Application

Renewal Application

(Please print or type):

Current Date: _____ License Class #: _____

License Period (From): _____ (To): _____
Date Date

Applicant: _____
(Name of Sole Proprietor, Partnership, Corporation, Limited Liability Company, etc.)

d/b/a: _____

Local Business Address: _____

Mailing Address (if different than Business Address): _____

Business Phone Number: () _____

Fax Number: () _____

Name of Local Contact Person: _____

Phone Number of Local Contact Person: () _____

Title of Local Contact Person (Manager, Owner, President, etc.) _____

1. Check the appropriate category:

- A. Sole Proprietorship (Must sign page 13)
- B. General Partnership (Must sign page 13)
- C. Limited Partnership
(Two (2) general partners must sign page 13) (← Please note)
- D. Corporation or Club
(Two (2) officers must sign page 13) (← Please note)

(Attach a copy of Corporate Charter, Articles of Incorporation, or Annual Report) On File (← Please attach)
- E. Limited Liability Company
(Two (2) officers must sign page 13) (← Please note)

(Attach a copy of Articles of Organization) On File (← Please attach)

2. Illinois Business Tax Number: _____

3. If Corporation, please answer the following questions:

- A. Date of incorporation: _____
Date
- B. State of incorporation: _____
Name of State
- C. If foreign Corporation, date qualified under Illinois Business Corporation Act to transact business in Illinois: _____
Date
- D. Type of business (i.e., restaurant, hotel, etc.):

4. If Limited Liability Company, please answer the following questions:

- A. Date of formation: _____
Date
- B. State of formation: _____
Name of State
- C. If foreign company, date registered to transact business in Illinois:

Date
- D. Type of business (i.e., restaurant, hotel, etc.):

5. Length of time in business: _____

6. Total square footage: _____ Seating capacity: _____

7. Value of liquor merchandise now on hand: \$ _____

8. Are the premises located within 100 feet of any church, school, hospital, home for the aged, indigent, or veterans, their spouses or children, or any military or naval station: Yes No

9. Do you lease or own the premises: Lease Own

A. If leased, date lease expires: _____

Copy of current lease is attached:

Yes Already On File

B. If leased, name and address of owner(s) of premises:

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

C. Are premises held in trust? Yes No

If yes, provide name and address of all Owners of the beneficial interest of such trust (If name and address are unavailable, list name of bank and Document or Trust #) (← Please note)

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

10. If an Individual or Partnership, list the following:
(If Corporation or Limited Liability Company, skip to page 7)

- All Owners.
- Any general partner(s) or limited partner(s) owning more than 5 percent of the total limited partnership interest.
- The business manager.

(Please include the full name; date of birth; place of birth; citizenship; naturalization date and place (if applicable); home address; home telephone number; driver's license number, and social security number).

(Attach additional pages, if necessary)

Name: _____
Last First Middle

Date of Birth: ____/____/____ Place of birth: _____

Citizenship: _____ Naturalization: _____
(if applicable) (if applicable)

Date: _____ Place: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: () _____ Work phone #: () _____

Social Security #: _____ Driver's License #: _____

Position: _____ Percent of Ownership: _____
(Owner, Partner, Business Manager, etc.)

Name: _____
Last First Middle

Date of Birth: ____/____/____ Place of birth: _____

Citizenship: _____ Naturalization: _____
(if applicable) (if applicable)

Date: _____ Place: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: () _____ Work phone #: () _____

Social Security #: _____ Driver's License #: _____

Position: _____ Percent of Ownership: _____
(Owner, Partner, Business Manager, etc.)

Name: _____
Last First Middle

Date of Birth: ____/____/____ Place of birth: _____

Citizenship: _____ Naturalization: _____
(if applicable) (if applicable)

Date: _____ Place: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: () _____ Work phone #: () _____

Social Security #: _____ Driver's License #: _____

Position: _____ Percent of Ownership: _____
(Owner, Partner, Business Manager, etc.)

Name: _____
Last First Middle

Date of Birth: ____/____/____ Place of birth: _____

Citizenship: _____ Naturalization: _____
(if applicable) (if applicable)

Date: _____ Place: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: () _____ Work phone #: () _____

Social Security #: _____ Driver's License #: _____

Position: _____ Percent of Ownership: _____
(Owner, Partner, Business Manager, etc.)

If Corporation or Limited Liability Company, list the following:

- All Officers
- All Directors
- All persons owning more than 5 percent of the aggregate stock of the Corporation or interest in the Company

(Attach additional pages if necessary)

(Please include the full name; date of birth; place of birth; citizenship; naturalization date and place (if applicable); home address; home telephone number; driver's license number, and social security number).

Name: _____
Last First Middle

Date of Birth: ____/____/____ Place of birth: _____

Citizenship: _____ Naturalization: _____
(if applicable) (if applicable)

Date: _____ Place: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: () _____ Work phone #: () _____

Social Security #: _____ Driver's License #: _____

Position: _____ Percent of Ownership: _____
(Officer, Director, etc.)

Name: _____
Last First Middle

Date of Birth: ____/____/____ Place of birth: _____

Citizenship: _____ Naturalization: _____
(if applicable) (if applicable)

Date: _____ Place: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: () _____ Work phone #: () _____

Social Security #: _____ Driver's License #: _____

Position: _____ Percent of Ownership: _____
(Officer, Director, etc.)

Name: _____
Last First Middle

Date of Birth: ____/____/____ Place of birth: _____

Citizenship: _____ Naturalization: _____
(if applicable) (if applicable)

Date: _____ Place: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: () _____ Work phone #: () _____

Social Security #: _____ Driver's License #: _____

Position: _____ Percent of Ownership: _____
(Officer, Director, etc.)

.....

Name: _____
Last First Middle

Date of Birth: ____/____/____ Place of birth: _____

Citizenship: _____ Naturalization: _____
(if applicable) (if applicable)

Date: _____ Place: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: () _____ Work phone #: () _____

Social Security #: _____ Driver's License #: _____

Position: _____ Percent of Ownership: _____
(Officer, Director, etc.)

11. Is applicant licensed as a restaurant? Yes No

If yes, a copy of your DuPage County Health Department Environmental Health Services Permit must be attached. Yes, copy is attached

12. Does applicant or any person listed in question 10 have a current liquor license at any other location? Yes No

If yes, who issued the license? _____
(Name of Licensing Authority)

Location of Establishment _____
(Address)

13. Has the applicant or any person listed in question 10 held a liquor license in the past? Yes No

If yes, who issued the license? _____
(Name of Licensing Authority)

Location of Establishment _____
(Address)

License Term - Beginning: _____ Ending: _____

14. Has any previous liquor license issued to applicant or any person in question 10 ever been suspended or revoked? Yes No

If yes, provide licensing authority and reasons why suspended or revoked:

15. Has any liquor license issued to applicant or any person in question 10 been subjected to any form of disciplinary action, including fines? Yes No

If yes, provide name of licensing authority and reasons why fined or disciplined:

16. Does the applicant or any person listed in question 10 possess a current federal wagering or gaming device stamp? Yes No

If yes, describe: _____

17. Is applicant or any person listed in question 10 disqualified from receiving a liquor license or renewal by reason of any matter contained in Illinois State Law or City of Warrenville ordinances? Yes No

18. Does applicant have dram shop insurance to cover the premises sought to be licensed? Yes No

(Attach verification of policy, with the City of Warrenville list as Certificate Holder (← Please attach)

Policy MUST include:

- Insurer's name
Agent's name
- Date of expiration of policy (Must cover date of Liquor License 05/01 thru 04/30)
Amount of coverage
- Type of coverage

19. Current State of Illinois Liquor License is attached:

Yes On File

(← Please attach)

20. Please read and initial each of the following sections:

A. The applicant, or person signing on behalf of the applicant, affirms that if this applicant is granted a liquor license and thereafter the applicant acquires, hires, or appoints a new manager not listed as a manager in this retail liquor license application, that within five (5) days of the date of the new manager commencing his/her duties, and submit to fingerprinting and a background check, the applicant shall notify the City of Warrenville Finance Department and request "Statement of Manager" documents which shall be completed and returned to the Finance Department for further processing and approval by the Appropriate authorities.

I have read the above paragraph _____
(Initials)

B. By attachment of his/her signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer.

I have read the above paragraph _____
(Initials)

C. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application, have not in the past and will not in the future violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the City of Warrenville controlling the retail sale of alcoholic liquor and the conduct of his/her place of business, other than as indicated on page 9 of this application.

I have read the above paragraph _____
(Initials)

D. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application, have never sold, delivered, or given away alcoholic liquor in violation of any State law or City ordinance to a person under the minimum age required to purchase or possess liquor, other than as indicated on page 9 of this application.

I have read the above paragraph _____
(Initials)

E. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application have never been convicted of a felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any matter or thing contained in the laws of the State of Illinois or the provisions of the Liquor Control Ordinance of the City of Warrenville.

I have read the above paragraph _____
(Initials)

F. The applicant affirms that he/she and all individuals required to be identified in this application acknowledge that the granting of a liquor license is:

- a matter of privilege, not a right
- that citizens of the City of Warrenville have traditionally and customarily enjoyed and professed a high regard for decency and morality
- that certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control ordinance of the City of Warrenville.

I have read the above paragraph _____
(Initials)

G. The applicant acknowledges that he/she and all individuals required to be identified in this application understand and will obey the provisions of the Liquor Control ordinance of the City of Warrenville.

I have read the above paragraph _____
(Initials)

H. By attachment of his/her signature, the applicant affirms that he/she and all persons required to be identified in this application, have not received or borrowed money or anything else of value, and that he/she will not receive or borrow money or anything else of value (other than merchandising credit in the ordinary course of business for a period of not to exceed 30 days, as expressly permitted under Section A of 235 Illinois Compiled Statutes 5/6-5 of the Illinois liquor control act), directly or indirectly from any manufacturer, importing distributor or distributor representative of any such manufacturer, nor be a part in any way, directly or indirectly, to any violation by a manufacturer, distributor or importing distributor of 235 Illinois Compiled Statutes 5/6-5 of the Illinois liquor control act.

I have read the above paragraph _____
(Initials)

I. Applicant understands that he/she and all persons required to be identified in the application may be required to be finger printed. All such fingerprinting shall be done by the City of Warrenville Police Department. Said fingerprints shall be submitted to the appropriate State and/or Federal agencies for processing as available. The cost of fingerprinting shall be recoverable from the applicant.

I have read the above paragraph _____
(Initials)

21. Statement on company letterhead signed by an officer stating that all employees under the age of twenty-one (21) have completed the Beverage Alcohol Sellers and Services Education and Training (BASSET) program or the Training for Intervention Procedures (TIPS) program or a credited program by showing proper documentation, is attached. For employees twenty-one (21) and over who have had no BASSET or TIPS, the letter states that the owner/manager has given them the training necessary to prevent them from selling to a minor.

(Attach Statement)

(← Please attach)

Statement is attached _____
(Initials)

SIGNATURE PAGE

The Applicant(s) in whose name this application is made or;
The Corporation in whose name this application is made, if a Corporation; or
The Limited Liability Company (Ltd.) in whose name this application is made, if a Company

reaffirms all of the foregoing statements to be true and correct to the best of his/our knowledge and belief.

We further affirm that we are familiar with the laws of the United States, State of Illinois, and the ordinances of the City of Warrenville relating to the sale of alcoholic liquor.

Applicant(s) agrees not to violate any of the laws of the United States, State of Illinois, or any of the ordinances of the City of Warrenville in the conduct of business described herein.

CORPORATION OR LIMITED LIABILITY COMPANY

(2 Officers Must Sign Here):

Name: _____
Print

Name: _____
Print

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

INDIVIDUAL OR PARTNERSHIP

(2 Partners Must Sign Here)

Name: _____
Print

Name: _____
Print

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

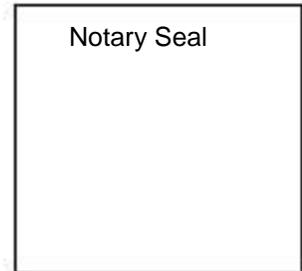
Date: _____



Subscribed and Sworn to me this _____ day of

_____ 20__.

Notary Public



WAIVER
CITY OF WARRENVILLE
RETAIL LIQUOR DEALER'S LICENSE APPLICATION

In connection with my application referred to above, I authorize the City of Warrenville to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:

(Please complete all questions):

Name:	
Home Address:	
Home Phone Number:	()
Date of Birth:	
Social Security Number:	
Driver's License Number:	
Type of Permit:	
New or Renewal Permit:	

Applicant's Signature

Date

Subscribed and Sworn to before
me this _____ day of _____
20____.

Notary Public

CITY OF WARRENVILLE
STATEMENT OF MANAGER OR AGENT CONDUCTING BUSINESS
AS AN EMPLOYEE OF LIQUOR LICENSE APPLICANT

(Supplement to City of Warrenville Retail Liquor License Application)

The statements contained herein are hereby made a part of the application submitted by

(Name of Applicant as shown on Liquor License Application)

for the issuance of a City of Warrenville Retail Liquor Dealer's License for the premises located at

(Address as shown on Liquor License Application)

1. Name of manager or agent:

2. Home address: _____

Home Phone: _____ Cell Phone: _____

3. Date of birth: _____ Place of Birth: _____

4. Have you been fingerprinted by the Warrenville Police Dept. for the purpose of this application?

Yes No If yes, when _____

5. Are you a citizen of the United States? Yes No

If you are a naturalized citizen, when were you naturalized and where? _____

6. Have you ever been convicted of any felony under any Federal or State law? Yes No.

If yes, give the date, the nature of the offense, and the disposition of said conviction(s):

Date: _____

Nature of offense: _____

Disposition of conviction(s) _____

7. Have you ever been convicted of being the keeper of a house of ill fame; of pandering; or other crime or misdemeanor opposed to decency and morality? Yes No.

If yes, give the date, the nature of the offense, and the disposition of said conviction(s):

Date(s): _____ Nature of offense(s): _____

Disposition of conviction(s) _____

8. Have you ever been convicted of a violation of any Federal or State liquor law?

Yes No.

If yes, give the date and disposition of said conviction(s): Date: _____

Disposition of conviction(s) _____

9. Has a Federal wagering stamp been issued to you by the Federal government for the current tax period? Yes No. If yes, state the specifics: _____

10. Has any license previously issued to you by the State, Federal, or local authorities been revoked?

Yes No.

If yes, state the date and reasons for revocation: Date: _____

Reason for revocation: _____

11. A. In what capacity are you employed by the applicant: Manager Agent

B. Give the name of the person who appointed/hired you to your present capacity: _____

Date of appointment: _____

C. Have you been appointed by resolution of a Board of Directors or Board of Trustees:

Yes No.

If yes, give the date of the passage of the resolution: _____

12. Employment History for the last five (5) years:

Employer: _____

Address of Employer: _____

Street Address

City/State/Zip

Type of Employment: _____

Employer: _____

Address of Employer: _____

Street Address

City/State/Zip

Type of Employment: _____

Employer: _____

Address of Employer: _____
Street Address City/State/Zip

Type of Employment: _____

Employer: _____

Address of Employer: _____
Street Address City/State/Zip

Type of Employment: _____

AFFIRMATION

I, _____, affirm that the information and statements contained in this
(PRINT NAME)

STATEMENT OF MANAGER OR AGENT are true and correct to the best of my knowledge and
belief.

Signature

Date

SUBSCRIBED AND SWORN TO BEFORE ME

THIS ____ DAY OF _____, 20__.

Notary Public

WAIVER
 CITY OF WARRENVILLE
 STATEMENT OF MANAGER OR AGENT CONDUCTING BUSINESS
 AS AN EMPLOYEE OF LIQUOR LICENSE APPLICANT

In connection with my Statement of Manager or Agent as referred to above, I authorize the City of Warrenville to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:
 (Please complete all questions):

Name:	
Home Address:	
Phone Number:	()
Date of Birth:	
Social Security Number:	
Driver's License Number:	
Type of Permit:	
New or Renewal Permit:	

 Applicant's Signature

 Date

Subscribed and Sworn to before
 me this _____ day of _____
 20____.

 Notary Public

For City of Warrenville Office Use Only:

**CHECK-OFF LIST
Attachments and Signatures**

- _____ If Corporation, copy of Corporate Charter, Articles of Incorporation, or Annual Report is attached or on file (page 3, 1.D.)
- _____ If Limited Liability Company, Articles of Organization is attached or on file (page 3, 1.E)
- _____ If premises is leased, a copy of current lease is attached or on file (page 4, 9.A.)
- _____ Certificate of Insurance for Liquor Liability is attached and covers entire license period (10, 18)
- _____ "Statement of Manager" form is completed and attached, if applicable
- _____ Current State of Illinois Liquor License attached or on file (page 10, 19.)
- _____ Questions 20.A. through I., and question 21 have been read and initialed by applicant (pages 10-12)
- _____ Statement on company letterhead signed by an officer stating all employees have taken and passed the BASSET/TIPS program noted on page 12
- _____ Page 13 is signed by 2 partners, 2 officers, or sole proprietor, and notarized
- _____ Waiver is completed, signed, and notarized (page 14)
- _____ Payment is attached
- _____ DuPage County Health Permit is attached if applicable