Village of Kirkland

511 W. Main St. · P.O. Box 550
Kirkland, Illinois 60146
Phone: (815) 522-6179

VILLAGE OF KIRKLAND, ILLINOIS
APPLICATION FOR RETAIL LIQUOR-DEALERS LICENSE

INDIVIDUAL – PARTNERSHIP

1. Business Name: _____

   Address: _____ Phone: _____

   Describe Premises to be Licensed: _____

2. Applicants Name: _____

   Home Address: _____

   Home Telephone: _____

   Citizen of U.S._____ Birth Date: _____

3. Character of business of applicant: _____

4. Length of time applicant has been in business of that character: _____

5. Has any previous liquor license by any state or subdivision thereof or by the federal government been revoked, and if so, the reasons thereof?

   _____
   _____
   _____
   _____
   _____
   _____

6. Has applicant, or any person entitled to receive profits, ever been convicted of a felony, gambling offense, being the keeper of a house of ill fame, pandering, or other crimes or misdemeanors opposed to decency or morality? Yes, ____ No, ____.

7. Does applicant, or any person entitled to receive profits, have a pending criminal charge of any felony, gambling offense, being the keeper of a house of il fame, pandering, or other crime or misdemeanors opposed to decency or morality? Yes, ____ No, ____.

8. Has applicant ever been convicted of a violation of any Federal, State or Local Law concerning the manufacture, possession or sale of alcoholic liquor? Yes ____ No ____.

9. Does Applicant have pending criminal charges of a violation of any Federal, State or Local Law concerning the manufacture, possession or sale of alcoholic liquor? Yes ____ No ____.

10. Has applicant ever forfeited bond to appear in court to answer charges for any such violation listed on 9 above? Yes ____ No ____.

11. Does Applicant beneficially own the premises for which a license is sought? Yes ____ No ____. If no, does applicant have a lease for the full period for which the license is to be issued? Yes ____ No ____.

12. Is the applicant a Law-Enforcing Public Official, or member of the Village of Kirkland? Yes ____ No ____.

13. Does any such official mentioned in number 12 have any interest in any way, either directly or indirectly, in the manufacture, sale or distribution of alcoholic liquor? Yes ____ No ____.

14. Does the application have a federal gaming device stamp or a Federal Wagering stamp issued by the Federal Government for the current tax period? Yes ____ No ____.

15. Do the premises have a Federal Gaming Device Stamp or a Federal Wagering stamp issued by the Federal Government for the current tax period? Yes ____ No ____.

16. Is the applicant eligible for sate retail liquor dealer's license? Yes ____ No ____.

17. Does the applicant directly or indirectly publish circulate, or display any written communication the intent and effect of which is to deny any person the full and equal enjoyment of the organization and / or the proposed licensed facilities and / or services because of race, color, religion, sex, or national origin? Yes ____ No ____

18. Does the applicant have liquor liability (Dram Shop) insurance for the full period for which the license is to be issued? Yes ____ No ____. Attach proof of insurance for full period of the license.

19. Will the applicant testify under oath to all competent, relevant and material questions propounded to him in any hearing conducted by the liquor commissioner, either before or after the issuance or a license? Yes ____ No ____.

21. Statement:
The undersigned, being duly sworn, hereby states that the information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will.

I solemnly swear (or affirm) that I will not violate any of the laws of the United States, that State of Illinois, or the Ordinances of the Village of Kirkland.

_____
Signature of Applicant

STATE OF ILLINOIS)
COUNTY OF DEKALB)
Village of Kirkland)

SUBSCRIBED AND SWORN TO
BEFORE ME THIS ____ DAY OF
_____, 20____.

_____
NOTARY PUBLIC

(SEAL)