

VILLAGE OF BANNOCKBURN
Office of Liquor Control Commissioner
2275 Telegraph Road
Bannockburn, Illinois 60015
(847) 945-6080 (847) 945-6538 Fax

APPLICATION FOR LIQUOR LICENSE
Under The
BANNOCKBURN LIQUOR ORDINANCE
SUPPLEMENT
Manager or Agent

Name of Applicant: _____ Phone # _____

Name of Manager or Agent Herein: _____

NOTICE

A copy of this form must be completed with respect to each person who is or will be managing any premises for which a liquor license is sought, if such person is other than the individual applicant, and other than a person with respect to whom a supplemental form is otherwise required (i.e. a partner who submits the supplemental partner form need not also submit this form). These supplemental forms are to be attached to the principal application form submitted.

Date: _____

Liquor Control Commissioner
Village of Bannockburn:

The undersigned _____ (individual), as the
_____ (title) of the _____
(employer-applicant), which (who) is currently applying for a liquor license under the
Bannockburn Liquor Ordinance, hereby submits the following supplemental information
and responses to the following questions.

Background Information

1. Legal Name _____
(Last, first, middle initial)
2. Permanent address (if less than two years, provide last previous address)

3. Date of birth _____
4. Gender _____ Female _____ Male
5. Social Security Number _____
6. Drivers license number and issuing State

7. Citizenship _____
8. If the undersigned was naturalized, date and place of naturalization

Statements Required

1. Have you ever been convicted of a felony under any federal or state law? _____
2. If so, state nature of offense and penalty imposed:

3. Have you ever been convicted of a violation of any federal or state law or local ordinance concerning the manufacture, possession or sale of alcoholic liquor or ever forfeited bond to appear in court to answer charges for any such violation?

4. If so, give details:

5. Have you ever been convicted of a gambling offense as proscribed by any federal or state law or regulation? _____
6. If so, give details: _____
7. Have you ever had a license similar to the one for which your employer is applying issued under state or federal law or under any local ordinance revoked within ten (10) years of the date of the present application? _____

8. If so, give details:

9. Have you had a license similar to the one for which your employer is applying issued under state or federal law or under local ordinance suspended more than once within one (1) year of the present application: _____
10. If so, give details:

11. Are you a Village employee, or law-enforcing official? _____
12. Have you been issued a federal gaming device stamp or a federal wagering stamp for the current taxable year? _____
13. Are you a permanent resident of the Village of Bannockburn? _____
14. Are you disqualified from receiving a license by reason of any matter or item contained in the laws of this State, this ordinance, or other ordinances of the Village? _____
15. If so, give details:

AFFIDAVIT

STATE OF ILLINOIS }
 } SS.
COUNTY OF _____ }

I swear (or affirm) that the statements contained in the liquor license application supplemental attached hereto are true and correct to the best of my knowledge and belief, and that I will not violate any of the ordinances or regulations of the Village of Bannockburn or laws of the state of Illinois or of the United States of America.

I authorize the use of this information for a background check as it relates to the consideration and issuance of this liquor license application.

Printed Name of Individual

Signature of Individual

SUBSCRIBED AND SWORN to before me on this ____ day of _____, 20__.

Notary Public

My Commission Expires:

VILLAGE OF BANNOCKBURN
Office of Liquor Control Commissioner
2275 Telegraph Road
Bannockburn, Illinois 60015
(847) 945-6080 (847) 945-6538 Fax

APPLICATION FOR LIQUOR LICENSE
Under The
BANNOCKBURN LIQUOR ORDINANCE
SUPPLEMENT
Corporate Directors, Officers, Shareholders

Name of Corporate Applicant: _____

Name and Title, Phone #, Position or Interest of Individual Herein:

Name: _____ Phone # _____

Title, Position or Interest _____

NOTICE

A copy of this form must be completed with respect to each director, officer and stockholders or stockholders controlling in the aggregate more than five percent of the voting stock of any corporate applicant for a liquor license under the Bannockburn Liquor Ordinance. These supplemental forms are to be attached to the principal application form submitted.

Date: _____

Liquor Control Commissioner
Village of Bannockburn:

The undersigned _____ (individual), as the
_____ (title) of the _____
(corporate applicant), which corporation is currently applying for a liquor license under
the Bannockburn Liquor Ordinance, hereby submits the following supplemental
information and responses to the following questions.

Background Information

1. Legal Name _____
1. (Last, _____ first, _____ middle initial)
2. Permanent address (if less than two years, provide last previous address)

3. Date of birth _____
4. Gender _____ Female _____ Male
5. Social Security Number _____
6. Drivers license number and issuing State

7. Citizenship _____
8. If the undersigned was naturalized, date and place of naturalization

Statements Required

1. Have you ever been convicted of a felony under any federal or state law? _____
2. If so, state nature of offense and penalty imposed:

3. Have you ever been convicted of a violation of any federal or state law or local ordinance concerning the manufacture, possession or sale of alcoholic liquor or ever forfeited bond to appear in court to answer charges for any such violation?

4. If so, give details:

5. Have you ever been convicted of a gambling offense as proscribed by any federal or state law or regulation? _____
6. If so, give details: _____
7. Have you ever had a license similar to the one for which your employer is applying issued under state or federal law or under any local ordinance revoked within ten (10) years of the date of the present application? _____

8. If so, give details:

9. Have you had a license similar to the one for which your employer is applying issued under state or federal law or under local ordinance suspended more than once within one (1) year of the present application: _____
10. If so, give details:

11. Are you a Village employee, or law-enforcing official?

12. Have you been issued a federal gaming device stamp or a federal wagering stamp for the current taxable year? _____
13. Are you a permanent resident of the Village of Bannockburn? _____
14. Are you disqualified from receiving a license by reason of any matter or item contained in the laws of this State, this ordinance, or other ordinances of the Village? _____
15. If so, give details:

AFFIDAVIT

STATE OF ILLINOIS }
 } SS.
COUNTY OF _____ }

I swear (or affirm) that the statements contained in the liquor license application supplemental attached hereto are true and correct to the best of my knowledge and belief, and that I will not violate any of the ordinances or regulations of the Village of Bannockburn or laws of the state of Illinois or of the United States of America.

I authorize the use of this information for a background check as it relates to the consideration and issuance of this liquor license application.

Printed Name of Individual

Signature of Individual

SUBSCRIBED AND SWORN to before me on this ____ day of _____, 20__.

My Commission Expires:

Notary Public

VILLAGE OF BANNOCKBURN
Office of Liquor Control Commissioner
2275 Telegraph Road
Bannockburn, Illinois 60015
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APPLICATION FOR LIQUOR LICENSE
Under The
BANNOCKBURN LIQUOR ORDINANCE
SUPPLEMENT
Partnership

Name of Partnership Applicant: _____

Name and Title, Position or Interest of Individual Herein:

Name: _____ Phone # _____

Title, Position or Interest _____

NOTICE

A copy of this form must be completed with respect to each partner authorized to share in the profits of any partnership applicant for a liquor license under the Bannockburn Liquor Ordinance. These supplemental forms are to be attached to the principal application form submitted.

Date: _____

Liquor Control Commissioner
Village of Bannockburn:

The undersigned _____ (partner), of the
_____ (partnership), which partnership is currently
applying for a liquor license under the Bannockburn Liquor Ordinance, hereby submits
the following supplemental information and responses to the following questions.

Background Information

1. Legal Name _____
1. (Last, _____ first, _____ middle initial)
2. Permanent address (if less than two years, provide last previous address)

3. Date of birth _____
4. Gender _____ Female _____ Male
5. Social Security Number _____
6. Drivers license number and issuing State

7. Citizenship _____
8. If the undersigned was naturalized, date and place of naturalization

Statements Required

1. Have you ever been convicted of a felony under any federal or state law? _____
2. If so, state nature of offense and penalty imposed:

3. Have you ever been convicted of a violation of any federal or state law or local ordinance concerning the manufacture, possession or sale of alcoholic liquor or ever forfeited bond to appear in court to answer charges for any such violation?

4. If so, give details:

5. Have you ever been convicted of a gambling offense as proscribed by any federal or state law or regulation? _____
6. If so, give details: _____
7. Have you ever had a license similar to the one for which your employer is applying issued under state or federal law or under any local ordinance revoked within ten (10) years of the date of the present application? _____

8. If so, give details:

9. Have you had a license similar to the one for which your employer is applying issued under state or federal law or under local ordinance suspended more than once within one (1) year of the present application: _____
10. If so, give details:

11. Are you a Village employee, or law-enforcing official?

12. Have you been issued a federal gaming device stamp or a federal wagering stamp for the current taxable year? _____
13. Are you a permanent resident of the Village of Bannockburn? _____
14. Are you disqualified from receiving a license by reason of any matter or item contained in the laws of this State, this ordinance, or other ordinances of the Village? _____
15. If so, give details:

AFFIDAVIT

STATE OF ILLINOIS }
 } SS.
 COUNTY OF _____ }

I swear (or affirm) that the statements contained in the liquor license application supplemental attached hereto are true and correct to the best of my knowledge and belief, and that I will not violate any of the ordinances or regulations of the Village of Bannockburn or laws of the state of Illinois or of the United States of America.

I authorize the use of this information for a background check as it relates to the consideration and issuance of this liquor license application.

 Printed Name of Individual

 Signature of Individual

SUBSCRIBED AND SWORN to before me on this ____ day of _____, 20__.

 Notary Public

My Commission Expires:
