



Liquor Control Commissioner- President  
Village of Brighton, Illinois

## APPLICATION FOR VILLAGE OF BRIGHTON LOCAL LIQUOR LICENSE\*

\* This Application requests information required under Chapter 2, Liquor Control, Brighton Village Ord 449, (as amended). Failure to provide any applicable information will result in the automatic denial of a license. The acceptance of the fee herein does not constitute approval by the Village of Brighton of the Application for a liquor license. If this Application is denied, all fees will be refunded.

Application for CLASS _____ Liquor License	Fee Tendered: \$ _____
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NOTE: Local liquor licenses allow the licensee to sell or offer for sale alcoholic liquor only at the premises specified in the license. Each license shall terminate April 30th from the date of issuance. Renewal applications shall be submitted at least 60 days prior to expiration.

Failure of licensee to comply with the liquor control requirements and restrictions set forth in Chapter 2 of the Brighton Village Code may result in revocation or suspension of the liquor license.

FOR OFFICE USE ONLY	
Date Received: _____, 20__	
Disposition: _____ Denied	Date: _____, 20__
_____ Granted	License # _____
	Date License Issued: _____, 20__
	Date License Expires: _____, 20__

**PART A. GENERAL APPLICANT INFORMATION:** *to be completed by all Applicants.*

Name of Applicant(s): \_\_\_\_\_  
\_\_\_\_\_

Check Appropriate Box:

New Application: \_\_\_\_\_

Renewal Application: \_\_\_\_\_ If Renewal Application, provide the following:

Current County Liquor License # \_\_\_\_\_ Date first issued: \_\_\_\_\_

Current Illinois Liquor License # \_\_\_\_\_

Name of Business That Will Be Selling Alcohol:

*\*NOTE: Renewal Applicants need only complete the sections of this Application which have changed since the original or last renewal application was submitted.*

Status of Business:

\_\_\_\_ Sole Proprietorship Date Assumed Name Filed: \_\_\_\_\_

\_\_\_\_ Partnership Date of Formation: \_\_\_\_\_

\_\_\_\_ Illinois Corporation Date of Incorporation: \_\_\_\_\_

\_\_\_\_ Foreign Corporation State of Incorporation: \_\_\_\_\_

Date Qualified to Do Business in Illinois: \_\_\_\_\_

\_\_\_\_ Limited Liability Company Date Formed: \_\_\_\_\_

\_\_\_\_ Club/Association Date Formed: \_\_\_\_\_

Stated Purpose: \_\_\_\_\_

Summary of Club activities this past year:

\_\_\_\_\_  
\_\_\_\_\_  
Address of Business Premises at Which Liquor Will Be Sold: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_

Business Fax #: \_\_\_\_\_

Business Web Site and/or E-mail address: \_\_\_\_\_

Hours of Business Operation:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Ownership of Premises: Name and address of the owner of the property upon which the business will operate. *(Except for renewal applications, if Applicant does not own the property, a copy of the current lease must be attached. NOTE: The lease must cover the full term of the license.)*

Federal Employer Identification Number: \_\_\_\_\_

Illinois Business Tax (Sales Tax) Number: \_\_\_\_\_

Insurance Policies Covering the Operation of the Business and the Business Premises:

Insurance Company	Type of Policy	Policy #	Co. Phone #

Address of any other premises within Brighton at which liquor may be warehoused:

\_\_\_\_\_

Identify the financial/lending institutions from which financial aid will be or has been provided to the Business:

Name of Institution	Address	Account #	Amount of Loan

For restaurant applicants only, attach a copy of the floor plans with complete dimensions noted. (Not applicable for renewal applications)

**PART B. OWNERSHIP INFORMATION:** *to be completed by all Applicants in accordance with the Status of Business stated above in Part A. This information must be provided for each owner/officer/director/partner as well as shareholders with stock interests equal to or exceeding 5% and for any manager or agent that will be conducting the business. If there are shareholders who own less than 5% indicate the aggregate total ownership in the space provided.*

Manager/Agent Conducting Business:

Name (Last, First)	MI	Home Address		City	State	Zip
Social Security #	Date of Birth	Sex	Title/Position	Telephone #	% Owned	
				( )		

Owners/Officers/Directors/Partners/Shareholders:

Name (Last, First)	MI	Home Address		City	State	Zip
Social Security #	Date of Birth	Sex	Title/Position	Telephone #	% Owned	
				( )		

Name (Last, First)	MI	Home Address		City	State	Zip
Social Security #	Date of Birth	Sex	Title/Position	Telephone #	% Owned	
				( )		

Name (Last, First)	MI	Home Address		City	State	Zip
Social Security #	Date of Birth	Sex	Title/Position	Telephone #	% Owned	
				( )		

Name (Last, First)	MI	Home Address		City	State	Zip
Social Security #	Date of Birth	Sex	Title/Position	Telephone #	% Owned	
				( )		

Total Percentage of Stock Held by all Persons with less than a 5% interest: \_\_\_\_\_%.

Clubs/Associations must submit along with this Application, two (2) copies of a list of its members names and addresses.





Provide current and former employment history for the past 10 years:

Employer	Address	Phone #
Immediate Supervisor	Title/Position	From/To
Employer	Address	Phone #
Immediate Supervisor	Title/Position	From/To
Employer	Address	Phone #
Immediate Supervisor	Title/Position	From/To

**PART D. LIQUOR LICENSE HISTORY:** to be completed by all Applicants and any other person listed above in Part B.

Indicate whether this is your first application for a liquor license: ☐ Yes ☐ No

If this is not your first application, identify each licensing authority (state, county, municipality) from which a license has been sought and the disposition of each application. If you have ever had a license denied, or if you have ever withdrawn an application, please provide a written statement setting forth the reasons and circumstances.

State/County/Municipality	Granted/Denied/Withdrawn	Issuance Date, if any	Expiration Date, if any

Provide your Federal Tax Stamp Document Control Number showing that your business been approved to sell alcoholic beverages by the Federal Bureau of Alcohol, Tobacco and Firearm.

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**PART E. ELIGIBILITY QUESTIONS:** *to be completed by all Applicants and any other person listed in Part B. above. If any question is not answered, the Application will be rejected.*

- |    | YES                      | NO                       |   |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> |                          | Are you delinquent in the payment of any Illinois Business Tax (sales, withholding, etc.)?  |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever applied for and been denied a liquor license?   |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any previous liquor license revoked?  |
| 4. |                          |                          | Have you ever been convicted of a felony  |
| 5. | <input type="checkbox"/> |                          | Do you possess a current federal wagering stamp?  |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Do you or any partner, officer, manager, or any stockholder owning directly or indirectly in the aggregate equal to or more than 5% of the corporate stock possess a current federal wagering stamp issued by the United States Internal Revenue Service?                           |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a gambling offense as defined and enumerated in the Illinois Liquor Control Act, 235 ILCS 5/6-2(16)?  |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Are you, other person with an interest in the business, a public official or law enforcement official within the jurisdiction of the Village of Brighton?   |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Except for merchandise credit in the ordinary course of business, have you received or borrowed money, credit or anything of value directly or indirectly from any other licensee, supplier, manufacturer, importer, distributor, or representative thereof, of alcoholic products? |

If the answer to any of the above questions was "yes," a written detailed explanation must be provided below:

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For each Manager and/or Agent listed above in Part B, state whether he/she would be qualified to obtain a state and local liquor license. If your answer is No, provide a complete explanation.

Yes                      No

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For each person listed above in Part B, provide the following citizenship information:

☐ United States                      ☐ Other \_\_\_\_\_

If a naturalized citizen, provide the date and place of naturalization:

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For each person listed above in Part B who is not a U.S. citizen, attach a copy of the documentation which identifies that person's legal status in this country.

**PART F. CERTIFICATION:** *This Application must be signed by an owner, officer, partner or authorized agent of the business. The signature must be an original—rubber stamps are not acceptable.*

I, the undersigned Applicant or authorized agent thereof, swear, affirm and certify that the matters stated in this Application are true and correct and are made upon my personal knowledge and information for the express purpose of obtaining a liquor license from the Village of Brighton. Further, I swear, affirm and certify that the Applicant is qualified and eligible to obtain the license applied for and that the Applicant understands and agrees not to violate any of the laws of the United States of America, the State of Illinois or the Village of Brighton.

It is understood and agreed that the Village of Brighton will be notified within 30 days of any changes in the information stated herein. It is further agreed that all individuals, partners, officers, or managers, as well as all stockholders owning directly or indirectly in the aggregate equal to or more than 5% of the corporate stock, will be fingerprinted in connection with this Application.

\_\_\_\_\_  
Print Name of Applicant/Authorized Agent

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Subscribed and sworn before me  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_

NOTARY PUBLIC