

Village of Sugar Grove, Illinois

VILLAGE RETAIL LIQUOR APPLICATION

Incomplete applications will not be accepted.

Applications may be submitted at 160 S. Municipal Drive,
Sugar Grove, IL 60554 or by email to vclerk@sugargroveil.gov.



BUSINESS NAME: _____

APPLICATION CHECKLIST

Please use the checklist to confirm all items have been submitted.	APPLICANT	OFFICE USE
Application Fee of \$500 - <i>New Applications Only</i>		<input type="checkbox"/>
Copy of Certificate of Incorporation – <i>New Applications Only</i>		<input type="checkbox"/>
Copy of State Registration – <i>New Applications Only</i>		<input type="checkbox"/>
Copy of Certificate of Occupancy – <i>New Applications Only</i>		<input type="checkbox"/>
Inspection Scheduled & Completed. Call 630-391-7245 to schedule – <i>New Applications Only</i>		<input type="checkbox"/>
Completed Application		<input type="checkbox"/>
Copy of Lease or Proof of Ownership		<input type="checkbox"/>
Copy of Dram Shop Certificate of Insurance		<input type="checkbox"/>
On-Premise Financial Statement (if applicable)		<input type="checkbox"/>
Personal Information Form		<input type="checkbox"/>
Copy of State Liquor License		<input type="checkbox"/>
Copy of Kane County Health Department Certificate		<input type="checkbox"/>
Copy of Menu (if applicable)		<input type="checkbox"/>
Copies of Beverage Alcohol Sellers and Servers Education and Training Certification (BASSET) for all employees.		<input type="checkbox"/>
License Fee Included – <i>Renewals Only</i>		<input type="checkbox"/>

OFFICIAL USE ONLY

Date application was received: _____ Received by: _____

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A. Applicant Information

Type of Business: Individual Partnership Corporation Other (explain):		
Business Name:		
D/B/A:		
Business Address:		
Business Phone:	Business Cell:	Business Fax:
Business Email:	Business Website:	Employer Identification Number (EIN):
Applicant/Contact Person Name:	Title:	Email:
Applicant Phone/Cell:	Applicant Driver's License #:	Applicant Date of Birth:
If Corporation, Corporation Name:		
Corporation's Full Address:		

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B. LIQUOR LICENSE CLASSIFICATIONS AND FEES

Select the classification of liquor license(s) you would like to apply for from the list below.
See section 3-2-6 of the Sugar Grove Village Code for a description of each license classification, guidelines, and more information.

1.	On Premise – All Ages	Annual License	\$1500	<input type="checkbox"/>
		Temporary (Current License Holder)	\$100	<input type="checkbox"/>
		Temporary (Non-License Holder)	\$750	<input type="checkbox"/>
2.	On Premise – 21+	Annual License	\$1500	<input type="checkbox"/>
		Temporary (Current License Holder)	\$100	<input type="checkbox"/>
		Temporary (Non-License Holder)	\$750	<input type="checkbox"/>
3.	On Premise – Pour	Annual License	\$1500	<input type="checkbox"/>
		Temporary (Current License Holder)	\$100	<input type="checkbox"/>
		Temporary (Non-License Holder)	\$750	<input type="checkbox"/>
4.	Off-Premise	Annual License	\$1500	<input type="checkbox"/>
		Temporary (Current License Holder)	\$100	<input type="checkbox"/>
		Temporary (Non-License Holder)	\$750	<input type="checkbox"/>
5.	Government – On and Off Premise	Annual License	\$1500	<input type="checkbox"/>
		Temporary (Current License Holder)	\$100	<input type="checkbox"/>
		Temporary (Non-License Holder)	\$750	<input type="checkbox"/>

C. OVERLAY PERMIT CLASSIFICATIONS AND FEES

Bring Your Own Beer/Beverage (BYOB)

The holder of a valid on-premise liquor license may apply annually for a Bring Your Own Beer/Beverage (BYOB) Permit, allowing alcohol to be brought into and consumed on the designated premises.

1.	Bring Your Own Beer/Beverage (BYOB)	Annual License	\$100	<input type="checkbox"/>
		Temporary (License Holder ONLY)	\$100	<input type="checkbox"/>

Food Service Waiver

On-premise licensees must generate more than 15% of their gross annual revenues from food sales. Holders of a valid on-premises liquor license can apply annually for a Food Service Waiver. This waiver permits the sale and consumption of alcoholic beverages on the premises without requiring food service.

2.	Food Service Waiver	Annual License	No Cost	<input type="checkbox"/>
		Temporary (License Holder ONLY)	No Cost	<input type="checkbox"/>

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D. OWNERS, INVESTORS (Greater than 5% interest), INFORMATION

Please provide as follows:

- **Sole Proprietor or Partnership** – Provide information for ALL owners and partners.
- **Corporations** – Provide ALL Director and Officer information.

If more space is needed, please attach a separate sheet with information.

Full Name (include middle initial):

Title:

Percent of ownership:

Home Address:

Date of Birth:

Place of Birth:

Phone:

Cell:

Email:

Driver's License Number (provide a copy of license with application):

State of Issuance:

Full Name (include middle initial):

Title:

Percent of ownership:

Home Address:

Date of Birth:

Place of Birth:

Phone:

Cell:

Email:

Driver's License Number (provide a copy of license with application):

State of Issuance:

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E. MANAGER, ASSISTANT MANAGER, SECONDARY MANAGER, COOK INFORMATION

All managers, assistant managers, and secondary managers MUST submit to an initial background check. Establishments preparing food onsite are required to provide cook information. If more space is needed, please attach a separate sheet.

Full Name (include middle initial):

Title:

Percent of ownership:

Home Address:

Date of Birth:

Place of Birth:

Phone:

Cell:

Email:

Driver's License Number (provide a copy of license with application):

State of Issuance:

Full Name (include middle initial):

Title:

Percent of ownership:

Home Address:

Date of Birth:

Place of Birth:

Phone:

Cell:

Email:

Driver's License Number (provide a copy of license with application):

State of Issuance:

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F. CORPORATION/BUSINESS ESTABLISHMENT LOCATION INFORMATION

1. Street Address for Liquor License:

2. Brief Business Plan Description Based on Type of Establishment:

3. Has the corporation ever been dissolved either voluntarily or involuntarily?

☐ Yes

☐ No

If yes, provide the date of reinstatement: _____

4. Is the corporation a subsidiary or a parent corporation?

☐ Yes

☐ No

If yes, provide the parent corporation name: _____

5. Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not listed as a shareholder?

☐ Yes

☐ No

If yes, please explain:

6. How long has the corporation been in the business of retail sales of alcohol (years/months)?

Years:

Months:

7. Does the corporation own or lease the building or space in which the business is located?

☐ Own

☐ Lease

If leased, is a copy of the lease attached to the application (Yes/No): _____

8. Has any director, officer, shareholder, or manager ever been found guilty of a felony or misdemeanor, including but not limited to gambling or any alcohol-related traffic offense:

☐ Yes

☐ No

If yes, please explain:

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9. Has any director, officer, shareholder, or manager ever been found guilty of a felony or misdemeanor, including but not limited to gambling or any alcohol-related traffic offense:

☐ Yes

☐ No

If yes, please explain:

10. Has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing, or investigation by any jurisdiction concerning a liquor license?

☐ Yes

☐ No

If yes, list ALL charges, the date of the charge, and the eventual disposition of the charge. If no charges were filed, and state the reason(s) for the investigation or hearing.

11. Is the establishment within 100 feet of a church, school, hospital, or home for the indigent?

☐ Yes

☐ No

12. Does your establishment have entertainment?

☐ Yes

☐ No

If yes, please list each form of entertainment below:

13. Do you employ security?

☐ Yes

☐ No

☐ Only when there is entertainment

If yes, do you:

☐ Use on-staff employees

☐ Hire a Private Company

☐ Both

If you hire a private company, please provide the company name and contact information:

Company Name:

Address:

Contact Person:

Phone:

Email:

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G. Affidavit

I, _____, certify that I am the applicant for the license requested in the foregoing application, that I am of good repute, character, and standing, and that the answers to the questions in the foregoing application are true and correct in every detail. I further state that I have read and understand the Village of Sugar Grove Liquor Code. I further agree not to violate any of the laws of the United States, the State of Illinois, or any of the code of ordinances of the Village of Sugar Grove, in the conduct of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT, OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT, FOR NON-RENEWAL, OR FOR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the Village of Sugar Grove or any agency thereof to check with any agency or individual name referred to in this application to verify or clarify any answer that I have given.

Corporate/LLC

Individual/Partnership

Printed Name

Printed Name

President Signature

Signature

Printed Name

Printed Name

Signature of Secretary

Signature

Date

Date

Signed and sworn before me this _____ day of _____, 20____

Notary Public

(seal)

VILLAGE OF SUGAR GROVE

LIQUOR LICENSE APPLICATION PERSONAL INFORMATION FORM



To ensure that your liquor license application is processed quickly and thoroughly, please complete this form in its entirety. Make sure to fill in all sections.

Providing a false or misleading answer may result in the denial of your liquor license application. All information must be printed or typed clearly.

1. BUSINESS NAME:		2. D/B/A:	
3. BUSINESS ADDRESS:		4. BUSINESS PHONE:	
5. APPLICANT NAME:			
6. CELL PHONE:		7. ALTERNATE PHONE:	
8. APPLICANT'S CURRENT HOME ADDRESS:		9. APPLICANT'S PREVIOUS ADDRESS:	
10. DRIVER'S LICENSE NUMBER (include a copy of license with this form):		11. DATE OF BIRTH:	12. PLACE OF BIRTH:
13. GENDER: MALE FEMALE		14. EYE COLOR:	15. HAIR COLOR:
16. ARE YOU A US CITIZEN: YES NO		17. IF NO, PLACE AND DATE OF CITIZENSHIP:	
18. HAVE YOU EVER BEEN FINGERPRINTED: YES NO		19. IF YES, EXPLAIN:	
20. HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES NO		21. IF YES, EXPLAIN:	

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LIQUOR LICENSE APPLICATION PERSONAL INFORMATION FORM



22. HAVE YOU EVER BEEN ARRESTED: <div style="text-align: center;"> YES NO </div>	23. IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION: <div style="display: flex; justify-content: space-between;"> <div>DATE:</div> <div>CHARGE:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div>LOCATION:</div> <div>DISPOSITION:</div> </div>
24. HAVE YOU EVER APPLIED FOR ANY OTHER LICENSES IN THE VILLAGE OF SUGAR GROVE: <div style="text-align: center;"> YES NO </div>	25. IF YES, WHAT IS THE DISPOSITION OF THE APPLICATION:
26. HAVE YOU EVER HAD A LICENSE REVOKED: <div style="text-align: center;"> YES NO </div>	27. IF YES, EXPLAIN:
28. HAVE YOU HELD OR DO YOU HOLD A LICENSE WITH THE VILLAGE OF SUGAR GROVE: <div style="text-align: center;"> YES NO </div>	29. IF YES, LIST THE BUSINESS, TYPE OF LICENSE, AND HOW LONG THE LICENSE HAS BEEN IN PLACE.

AFFIDAVIT

I, _____ HAVE PERSONALLY READ AND ANSWERED EACH AND EVERY QUESTION IN THIS LICENSE APPLICATION, AND I DO SOLEMNLY SWEAR THAT EACH AND EVERY ANSWER IS FULL, TRUE, COMPLETE, CORRECT IN EVERY RESPECT. I UNDERSTAND THAT IF THIS APPLICATION CONTAINS ANY FALSE OR MISLEADING INFORMATION OF ANY MATERIAL FACT, IT IS GROUNDS FOR DENIAL OF A LICENSE.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE VILLAGE OF SUGAR GROVE OF ANY CHANGE IN THE BUSINESS OFFICERS (MANAGERS, OWNERS, PARTNERS, AND CORPORATE MEMBERS) AND ALSO IN ANY CHANGE OF INFORMATION PERTINENT TO THIS APPLICATION.

I FURTHER AUTHORIZE THE VILLAGE OF SUGAR GROVE AND/OR ITS AGENTS TO CONDUCT A THOROUGH AND COMPLETE INVESTIGATION INTO MY BACKGROUND.

Signature of Applicant

Date