



**Village of Poplar Grove**  
**APPLICATION FOR LICENSE TO SELL**  
**ALCOHOLIC LIQUOR AT RETAIL**

**Check Class of License Applied for:**

<input type="radio"/> Class A (6 Day, On Premise, Full Kitchen) \$900	<input type="radio"/> Class F (BYOB with Food) \$150	<b>OFFICE USE ONLY</b> License No: _____ Date Issued: _____ License Expires: _____ Liquor: _____ Gaming: _____ Tobacco: _____ Fees: _____ Cash: _____ Check #: _____
<input type="radio"/> Class B (6 Day, Retail off Premise) \$500	<input type="radio"/> Class G (Golf) \$900	
<input type="radio"/> Class BB (Boutique) \$5000	<input type="radio"/> Class H (Local Catering) \$250	
<input type="radio"/> Class C (6 Day, Less 12% on Premise) \$700	<input type="radio"/> Class I (Non-Local Cater) \$350	
<input type="radio"/> Class D (Sunday) \$100	<input type="radio"/> Class J (Beer Garden) \$100	
<input type="radio"/> Class E (Event) \$100		

*\*Initial Application will include a \$100 administrative fee.*

**SECTION 1: Applicant Information:**

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

d/b/a Name: \_\_\_\_\_

Premise Address: \_\_\_\_\_

**Entity Information (if applicable):**

Date of formation: \_\_\_\_\_ Illinois Secretary of State Number: \_\_\_\_\_

Assumed Name; If any: \_\_\_\_\_

Is Entity in good standing with Illinois Secretary of State: \_\_\_\_\_ ROT Registration #: \_\_\_\_\_

If foreign Entity, date registered to do business in Illinois: \_\_\_\_\_

**General Information: (applies to anyone listed in Section 2):**

Owner of Premises: \_\_\_\_\_ (if leased, attach a copy of the lease to the application)

Renter of Premises: \_\_\_\_\_ Illinois Liquor License No.: \_\_\_\_\_

YES  NO Has applicant ever made an application for a liquor license which was denied?

YES  NO Has applicant ever had any previous liquor license suspended or revoked?

YES  NO Has the applicant ever been convicted of a felony?

YES  NO Has the applicant ever been convicted of a gambling offense?

YES  NO Do you possess a current federal wagering or gambling device stamp?

YES  NO Are you, or any other owner, in your place of business, a public official?

*\*If yes to any of the above, please explain on a separate sheet and attach to application.*

**Dram Shop Coverage:**

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Coverage Limit: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



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Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

\*If additional space is needed, please attach the additional sheet to the application.

Form with 6 sections for applicant information. Each section includes fields for Name (First, Middle, Last), Date of Birth, Driver's License No., State, Title, and % Ownership.