



CITY OF ROLLING MEADOWS
3600 KIRCHOFF ROAD
ROLLING MEADOWS, IL 60008
APPLICATION FOR RETAIL LIQUOR LICENSE

For License Year _____

New Application Renewal License

Date: _____

Name of Business: _____

Contact: _____

Address: _____

Phone: _____ E-Mail: _____

Check box for the class of license applying for: Accompanying fee with each classification is:

		<u>Application Fee</u>
<input type="checkbox"/> Class A-1.....	\$4,600.00	+ \$1,000.00
<input type="checkbox"/> Class A-2.....	\$3,800.00	+ \$1,000.00
<input type="checkbox"/> Class A-3.....	\$5,200.00	+ \$1,000.00
<input type="checkbox"/> Class B.....	\$3,700.00	+ \$1,000.00
<input type="checkbox"/> Class B-1.....	\$3,700.00	+ \$1,000.00
<input type="checkbox"/> Class C.....	\$75.00	
<input type="checkbox"/> Class D.....	\$3,600.00	+ \$1,000.00
<input type="checkbox"/> Class D-1.....	\$3,700.00	+ \$1,000.00
<input type="checkbox"/> Class E.....	\$3,800.00	+ \$1,000.00
<input type="checkbox"/> Class H.....	\$5,000.00	+ \$1,000.00
<input type="checkbox"/> Class I.....	\$5,000.00	+ \$1,000.00
<input type="checkbox"/> Class J.....	\$5,000.00	+ \$1,000.00
<input type="checkbox"/> Class P.....	\$75.00	
<input type="checkbox"/> Class GC.....	\$4,500.00	+ \$1000.00
<input type="checkbox"/> Class K.....	\$3,800.00	+ \$1000.00

Amount Due: \$ _____

CHECKLIST

(FOR NEW AND RENEWAL APPLICATIONS)

Please use this checklist to verify that all documents are attached to the application. The application process will be delayed if any documents or information is incomplete or missing.

- Provide Certificate of Liquor Liability Insurance (Dram Shop) with the maximum limits with the *City of Rolling Meadows, 3600 Kirchoff Road, Rolling Meadows IL 60008* listed as certificate holder.
- Provide a current Certificate of Good Standing from Secretary of State.
- Provide copies of **all** current BASSETT/alcohol awareness training certificates for **all** owners, managers, supervisors and all employees involved in the sale of liquor.
- If premise is leased, provide a copy of current lease agreement that would encompass the term of the license sought. If business is owned, provide copy of deed. *(If we have a valid lease or copy of deed on file, please advise, and no new copy will be needed.)*
Lease Term: _____; Date of Deed: _____ (note dates)
- All on-site owners and managers **must** be finger printed. Must provide copies of paid receipt from Accurate Biometrics.
- Applicant must submit a written statement whether or not the applicant has ever been convicted of a misdemeanor, gambling offense or felony, and if so, the particulars thereof.
- Is the Affidavit page of the application notarized?
- Complete Food & Beverage and Motor Fuel Tax Registration Form
- Provide a copy of Articles of Incorporation. – **NEW APPLICATIONS ONLY**
- Provide a list of names and addresses of establishments formerly operated by the applicant within the last ten (10) years. – **NEW APPLICATIONS ONLY**
- Complete Business License/Registration Application. **NEW APPLICATIONS ONLY**

Please enter "N/A" for any of the following that are "Not Applicable"

1. Applicant's name: _____

Mailing address: _____ County _____

Domicile address: _____

Business address: _____

Telephone numbers (work) _____ (home) _____

Email Address (Primary) _____

Email Address (Alternate) _____

Date of birth _____ Place of birth _____

Date of naturalization _____ Place of naturalization _____

2. Business name _____

3. Federal Employee Identification Number (FEIN) _____

4. Corporation headquarters address _____ Fax# _____

5. Premise address _____ County _____

6. Premise telephone _____

7. Character of business and objects for which corporation was formed _____

8. Length of time applicant has been in business of such character _____

9. Check and fill-out if applicable:

Assumed Name – Date filed with County Clerk _____

Partnership – Date of formation _____

Illinois Corp. – Date of incorporation _____

Foreign Corp. – Sate of incorporation _____

Foreign Corp. – Date qualified to do business in Illinois _____

10. Current City of Rolling Meadows liquor license for this premise (if applicable):

License No. _____ Date of Issue _____ Date of Expiration _____

11. Current Illinois retail liquor license for this premise _____

Date of issue _____ Date of Expiration _____

12. If premise is leased, name, address, and telephone number of landlord:

12a. If applicable, give the following information as to your first City license applied for:

Date _____ Disposition Granted Denied Withdrawn

13. Premise address of first application:

14. Date liquor sales began at premises _____

15. Retailer's Occupation Tax (ROT) Registration Number _____

16. Amount of goods, wares, and merchandise on hand at premises at the time of application:

17. Yes No Are you delinquent in payment of Retailers' Occupation Tax (sales tax)?

18. Yes No Are you delinquent under the cash beer law?

19. Yes No Are you delinquent under the 30 day credit law?

20. Yes No Are you delinquent with your City water bill?

21. Yes No Are you delinquent with any City invoices?

22. Yes No Are you delinquent with your City Food & Beverage Tax?

Questions 23 through 29 pertain to the applicant and any other person listed on the Federal Wagering Stamp (see question 27) and refer to all liquor license and applications therefore, whether of a state or any subdivision of a state. If any questions are answered "Yes", attach a sheet to this application giving full explanation, particulars, and/or copies of documents.

23. Yes No Have you ever made application for a liquor license which has been denied or declined?

24. Yes No Have you ever had any previous liquor license suspended, revoked, canceled, surrendered, or otherwise terminated?

25. Yes No Have you ever been convicted of a felony?

26. Yes No Have you ever been convicted of a gambling offense?

27. Yes No Do you possess a current Federal Wagering Stamp?

28. Yes No Are you, or is any other person directly involved in your business, a public official?

29. Yes No Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?

30. Every individual applicant, sole owner, partner, corporate officer or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officer, directors, and stockholders of more than 5% for all corporate stockholders), manager, or agent conducting the business 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 a 5% interest. If additional space is needed, type or print information in the same format and attach the sheet to this application.

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code	%
Date of Birth	Sex	Title/Position	Email		Area Code/Telephone No.		

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code	%
Date of Birth	Sex	Title/Position	Email		Area Code/Telephone No.		

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code	%
Date of Birth	Sex	Title/Position	Email		Area Code/Telephone No.		

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code	%
Date of Birth	Sex	Title/Position	Email		Area Code/Telephone No.		

NOTE: This application for Retail Liquor License is subject to all provisions and conditions of Chapter 6, Alcoholic Liquor, of the Code of Ordinances, City of Rolling Meadows, Illinois, and must be submitted in original form only. Photocopies and facsimiles will not be accepted.

NOTE: You must notify the City Liquor Control Commission in writing of any changes in this application within 30 days of such change.

Manager's List

Business Name: _____

Name (Last, First, Middle Initial)	Home Address	City	State	Zip Code	Date of Birth
Driver's License No.	Social Security No.	Email		Area Code/Telephone No.	

Name (Last, First, Middle Initial)	Home Address	City	State	Zip Code	Date of Birth
Driver's License No.	Social Security No.	Email		Area Code/Telephone No.	

Name (Last, First, Middle Initial)	Home Address	City	State	Zip Code	Date of Birth
Driver's License No.	Social Security No.	Email		Area Code/Telephone No.	

Name (Last, First, Middle Initial)	Home Address	City	State	Zip Code	Date of Birth
Driver's License No.	Social Security No.	Email		Area Code/Telephone No.	

NOTE: PLEASE NOTIFY THE DEPUTY CITY CLERK'S OFFICE OF ANY CHANGES WITHIN 60 DAYS!!!!



Phone: 773-685-5699
Fax: 773-685-5433
www.accuratebiometrics.com

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security # _____ Phone # _____

Place of Birth: (State or Country if outside USA): _____

ORI- _____

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

Client ID

TCN# _____ Date Printed _____

**CITY OF ROLLING MEADOWS
FOOD & BEVERAGE AND MOTOR FUEL TAX REGISTRATION FORM**

This form is to be used by businesses to register with the City of Rolling Meadows for collection and Remittance of the Food & Beverage and Motor Fuel Tax. Complete and return this form to:

**CITY OF ROLLING MEADOWS – FINANCE DEPT.
3600 KIRCHOFF ROAD
ROLLING MEADOWS, IL 60008
Finance@cityrm.org**

APPLICANT'S NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ILLINOIS IBT NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF BUSINESS ORGANIZATION:

() SOLE PROPRIETORSHIP () CORPORATION () PARTNERSHIP () OTHER _____

PRINCIPAL OR MANAGER NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAME OF PERSON RESPONSIBLE FOR TAX RETURNS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FREQUENCY FOR FILING ILLINOIS ST-1 SALES AND USE TAX RETURN:

MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

DATE OF FIRST TAXABLE SALE: _____

I DECLARE THAT I HAVE EXAMINED THIS REGISTRATION FORM, AND TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ENTERED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

SIGNATURE _____ DATE _____