



**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><b>Application Fee</b></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:

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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:

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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:

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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

# Rolling Meadows Police Dept-Liquor

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-IL016980L**

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

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](mailto: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 \_\_\_\_\_



COMMUNITY DEVELOPMENT DEPARTMENT  
 3600 Kirchoff Road, Rolling Meadows, IL 60008  
 Phone 847-506-6030 Fax 847-483-0365  
 Business License/Registration Application  
 Businesses located in Rolling Meadows

Please print or type all information

Name of business \_\_\_\_\_ D.B.A. (if applicable) \_\_\_\_\_

Address of business \_\_\_\_\_

Business phone number \_\_\_\_\_ Email \_\_\_\_\_

Full name of owner \_\_\_\_\_ Owner phone number \_\_\_\_\_

Billing/mailling address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Emergency Contact- Full Name \_\_\_\_\_ Phone number \_\_\_\_\_

Federal taxpayer ID number (FEIN) \_\_\_\_\_ OR: Illinois business tax number (IBT) \_\_\_\_\_

Number of Employees \_\_\_\_\_ Expected date of occupancy \_\_\_\_\_

***For all businesses – please attach a letter that gives a detailed description of your company and its operation within its location.***

**ALL BUSINESSES THAT HAVE MULTIPLE CATEGORIES:**

*(retail with grocery or gas station with mini-mart or restaurant, etc), please indicate sq. ft. of each category*

- |   |  |
|---|--|
| <input type="checkbox"/> Office/Retail/Service _____ sq. ft.  | <input type="checkbox"/> Warehouse/Industrial _____ sq. ft.                            |
| <input type="checkbox"/> Sale of tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Food Establishment _____ sq. ft.                              |
| <input type="checkbox"/> Pawnbroker _____ sq. ft.   | <input type="checkbox"/> Food – Low Risk/Prepackaged/Minimal Preparation Food          |
| <input type="checkbox"/> Gas Station  | <input type="checkbox"/> Outdoor seating   |
| <input type="checkbox"/> Accessory Car Wash   | <input type="checkbox"/> General Contractor _____ sq. ft.                              |
| <input type="checkbox"/> Hotel/Motel (indicate number of rooms) _____                                       | <input type="checkbox"/> Sub-Contractor _____ sq. ft.                                  |
| <input type="checkbox"/> Funeral Home _____ sq. ft.   | <input type="checkbox"/> Nursing/assisted listing home (number of rooms) _____         |
| <input type="checkbox"/> Laundromat/Laundry _____ sq. ft.   | <input type="checkbox"/> Nursing/assisted living home – public (number of rooms) _____ |
| <input type="checkbox"/> Vending machines (food/beverage) _____   | <input type="checkbox"/> Mobile Business (indicate number of vehicles) _____           |
| <input type="checkbox"/> Coin-operated devices (gumball, candy, etc.) _____                                 | <input type="checkbox"/> Other (describe) _____  |

**I hereby certify I am the owner or a duly authorized agent of the business making this application, empowered to bind said business to all terms & conditions of the license. I understand issuance of the license & the license’s continuation is conditioned upon compliance with all applicable codes, ordinances & laws. I agree to pay all fees associated with the license & to submit the premises to inspection in accordance with all codes & ordinances. I understand failure to comply with all applicable ordinances & laws may result in revocation of the license & the privilege to conduct business in the City of Rolling Meadows.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_  Owner  Agent (include title) \_\_\_\_\_

\*\*\* For city use only - do not write below this line \*\*\*

New business  New location  New owner Zoning Classification: \_\_\_\_\_

Building permit needed?  YES  NO Sign requested?  YES  NO

Approval CD Dept. \_\_\_\_\_ Health Dept. \_\_\_\_\_

License/Registration Number: \_\_\_\_\_ TOTAL Fee: \_\_\_\_\_