



Birthplace of the Harvester

CITY OF PLANO

17 E. Main Street
Plano, Illinois 60545

Mayor 630-552-3210



City Clerk (630) 552-8275
City Treasurer (630) 552-8823

Fax 630-552-8292

Public Works (630) 552-7000
Building & Zoning (630) 552-8425

To: Liquor License Applicant
From: Deanna Brown, City Clerk

Please find attached an Application for Alcoholic Liquor License. Note that owner(s) of the establishment and all managers of the establishment must be listed on the application (Section 3) and have a background check conducted prior to the issuance of a liquor license by the City.

The City of Plano Liquor Control Ordinance is on the website at www.cityofplanoil.com.

At the time of filing the application, you will need to submit a \$250.00 non-refundable application fee.

Upon receipt of the application and fee, your file will be transferred to the City of Plano Police Department in order to conduct the required background check.

After completion of a clear background investigation, your file will be returned to the Clerk's Office. You will be contacted to set up a meeting time with the Liquor Control Commissioner, Mayor Robert A. Hausler.

Upon approval of your application, you will need to submit a copy of Dram Shop Insurance and a Kendall County Health Department Certificate in order for the license to be issued.

Please remember that the State of Illinois Liquor Commission will need a copy of your City of Plano liquor license before they can issue your license.

If you should have any questions regarding this matter, please contact me.

Sincerely,

Deanna Brown, MMC
City Clerk

Section 1: Applicant Information (SOLE PROPRIETORSHIP)

1-A Name of Applicant: Last: _____ First: _____ MI: _____

1-B Address: _____

City: _____ State: _____ Zip _____

How long have you lived at the above listed address? _____

If less than three (3) years, please give your previous address:

City: _____ State: _____ Zip: _____

1-C: Contact Number: Phone: _____ Cell: _____

1-D: Identifiers: Date of Birth: _____ SSN: _____

1-E: Citizenship: Is applicant a United States Citizen? ___ Yes ___ No
If no, how long has applicant been in the United States? _____
Port of Entry: _____

1-F: Principal Business Activity: _____

Section 2: Applicant Information (PARTNERSHIP) (If more than two partners, copy page and list as Exhibit)

2-A Name of Partner: Last: _____ First: _____ MI: _____

2-B Address: _____
City: _____ State: _____ Zip _____

How long have you lived at the above listed address? _____
If less than three (3) years, please give your previous address:

City: _____ State: _____ Zip: _____

2-C: Contact Number: Phone: _____ Cell: _____

2-D: Identifiers: Date of Birth: _____ SSN: _____

2-E: Citizenship: Is applicant a United States Citizen? ___ Yes ___ No
If no, how long has applicant been in the United States? _____
Port of Entry: _____

2-F: Principal Business Activity: _____

2-A Name of Partner: Last: _____ First: _____ MI: _____

2-B Address: _____
City: _____ State: _____ Zip _____

How long have you lived at the above listed address? _____
If less than three (3) years, please give your previous address:

City: _____ State: _____ Zip: _____

2-C: Contact Number: Phone: _____ Cell: _____

2-D: Identifiers: Date of Birth: _____ SSN: _____

2-E: Citizenship: Is applicant a United States Citizen? ___ Yes ___ No
If no, how long has applicant been in the United States? _____
Port of Entry: _____

2-F: Principal Business Activity: _____

Section 3: CORPORATION OR LIMITED LIABILITY COMPANY (LLC)
INFORMATION:

If applicant is a Corporation or LLC, list each Registered Agent, each Shareholder or Member owning more than 5% interest of stock of the Corporation, or 5% interest in the LLC and each Manager of the LLC.

3-A Full Name of Corporation or LLC: _____

3-B Complete Mailing Address: _____
City: _____ State: _____ Zip _____

3-C Contact Information: Name _____
Address: _____
City: _____ State _____ Zip _____
Phone; _____ Cell _____

3-D: Date of Incorporation or Organization: _____
(Attach Certificate of Good Standing)

3-E: Secretary of State File Number # _____

3-F: Principal Business Activity of Corporation or LLC:

3-G: Shareholder/Member:
Last: _____ First _____ MI _____
Address: _____
City: _____ State: _____ Zip _____
Contact Number: Phone: _____ Cell: _____
Identifier: Date of Birth: _____ SSN# _____
Citizenship: Citizen of United States? ____ Yes ____ No
If no, how long has shareholder/member been in the United States? _____
Port of Entry: _____

3-H: Shareholder/Member:
Last: _____ First _____ MI _____
Address: _____
City: _____ State: _____ Zip _____
Contact Number: Phone: _____ Cell: _____
Identifier: Date of Birth: _____ SSN# _____
Citizenship: Citizen of United States? ____ Yes ____ No
If no, how long has shareholder/member been in the United States? _____
Port of Entry: _____

3-I: Shareholder/Member:

Last: _____ First _____ MI _____

Address: _____
City: _____ State: _____ Zip _____

Contact Number: Phone: _____ Cell: _____

Identifier: Date of Birth: _____ SSN# _____

Citizenship: Citizen of United States? _____ Yes _____ No

If no, how long has shareholder/member been in the United States? _____

Port of Entry: _____

3-J Shareholder/Member:

Last: _____ First _____ MI _____

Address: _____
City: _____ State: _____ Zip _____

Contact Number: Phone: _____ Cell: _____

Identifier: Date of Birth: _____ SSN# _____

Citizenship: Citizen of United States? _____ Yes _____ No

If no, how long has shareholder/member been in the United States? _____

Port of Entry: _____

Section 4: INFORMATION REQUIRED OF ALL APPLICANTS:

4-A: LOCAL BUSINESS MANAGER:

Name: Last: _____ First: _____ MI: _____

Address: _____
City: _____ State: _____ Zip _____

How long lived at the above listed address? _____

If less than three (3) years, please give previous address:

City: _____ State: _____ Zip: _____

Contact Number: Phone: _____ Cell: _____

Identifiers: Date of Birth: _____ SSN: _____

Citizenship: Is Local Manager a United States Citizen? ___ Yes ___ No
If no, how long has applicant been in the United States? _____
Port of Entry: _____

Applicant's EIN: _____

Illinois Business Taxpayer Identification Number (Sales Tax): _____

Location Information

4-B: Address of Location or General Location for which license is sought:

Address: _____

Or General Location: _____

4-C: Building Owner Name:

Last: _____ First: _____ MI _____

Or Property Owner Name:

Last: _____ First: _____ MI _____

4-C: Address: _____
City: _____ State: _____ Zip _____

4-D: Contact Person Number:

Phone: _____ Cell: _____

4-E: Additional Comments: Please list any additional comments that may pertain to the location where the license is sought:

4-F: NOTE: PRIOR TO ISSUANCE OF LIQUOR LICENSE, APPLICATION MUST BE MADE FOR CITY OF PLANO BUSINESS LICENSE.

NOTE: PRIOR TO ISSUANCE OF LIQUOR LICENSE, PROOF OF DRAM SHOP INSURANCE MUST BE PRESENTED TO THE CITY.

Section 5: Liquor Sale Information (If more locations, please copy and submit as an Exhibit)

5-A: Previous Licenses: If applicant or any of its shareholders, members or managers, has ever engaged in the business of the sale of alcoholic liquor at retail, list all names and all locations, including the city, county and state:

Location Name: _____

Location Address: _____

City, County, State: _____

5-B: Will you familiarize yourself with the laws of the United States, State of Illinois and Ordinances of the City of Plano pertaining to the sale of alcoholic liquor and abide by them?

___ Yes ___ No

5-C: Will you and all employees refuse to serve or sell alcoholic liquor to an intoxicated person and/or a minor?

___ Yes ___ No

5-D: Have you, or in the case of a corporation or LLC any shareholder/member owning more than 5% of the outstanding stock, or any officer, Manager or local manager, or in the case of a partnership, has any partner, ever had a liquor license revoked or suspended?

___ Yes ___ No

If yes, please list the name of business which had said license revoked/suspended, its location, the date of the revocation/suspension, and all details of the revocation/suspension, including events leading to the revocation/suspension below:

Name of Business: _____

Address of Business: _____

State, County, City of Business: _____

Date of Revocation/Suspension: _____

Details of Violation: Attached Detailed Statement. Date, Time, Location, etc.

Section 6: Additional Information

6-A: Have you, or in the case of a corporation or LLC has any shareholder/member owning more than 5% of the outstanding stock, any officer, Manager or the local manager, or in the case of a partnership, has any partner, ever been convicted of any violation of any law pertaining to alcoholic liquor?

___ Yes ___ No

If yes, please list the name of the violator(s) the type, date and location of said offense.

Name: _____ Type of Violation: _____

Date of Violation: _____ Location of Violation: _____

Details of Violation: Attach Detailed Statement

6-B: Have you, or in the case of a corporation or LLC has any shareholder/member owning more than 5% of the outstanding stock, any officer, Manager or the local manager, or in the case of a partnership, has any partner, ever been convicted of a felony?

___ Yes ___ No

If yes, please list the name of the violator(s) the type, date and location of said offense.

Name: _____ Type of Violation: _____

Date of Violation: _____ Location of Violation: _____

Details of Violation: Attach Detailed Statement

6-C: Have you, or in the case of a corporation or LLC has any shareholder/member owning more than 5% of the outstanding stock, any officer, Manager or the local manager, or in the case of a partnership, has any partner, ever been convicted of a gambling offense?

___ Yes ___ No

If yes, please list the name of the violator(s) the type, date and location of said offense.

Name: _____ Type of Violation: _____

Date of Violation: _____ Location of Violation: _____

Details of Violation: Attach Detailed Statement

6-D: Have you, or in the case of a corporation or LLC has any shareholder/member owning more than 5% of the outstanding stock, any officer, Manager or the local manager, or in the case of a partnership, has any partner, ever been issued a Federal Gaming Device Stamp or a Federal Wagering Stamp?

___ Yes ___ No

If yes, please list the name of the person issued the stamp and details of the issuance.

Name: _____

Details of Issuance: Attach Detailed Statement

Section 7: Current/Past Employment Information

7-A: Name of Applicant: _____
(Individual, Partnership, Corporation or Limited Liability Company)

7-B: List the occupation or employment with addresses thereof for the past 10 years for all parties listed on this application, beginning with the most recent place of employment/occupation. Please use one form for each part listed on this application and submit with this application. If more room is needed, please copy and attach to submitted application.

Name: _____
Employer Name: _____
Employer Address: _____
City, State, Zip: _____ Phone: _____
Hire Date: _____ End Date: _____

Name: _____
Employer Name: _____
Employer Address: _____
City, State, Zip: _____ Phone: _____
Hire Date: _____ End Date: _____

Name: _____
Employer Name: _____
Employer Address: _____
City, State, Zip: _____ Phone: _____
Hire Date: _____ End Date: _____

Name: _____
Employer Name: _____
Employer Address: _____
City, State, Zip: _____ Phone: _____
Hire Date: _____ End Date: _____

Name: _____
Employer Name: _____
Employer Address: _____
City, State, Zip: _____ Phone: _____
Hire Date: _____ End Date: _____

Name: _____
Employer Name: _____
Employer Address: _____
City, State, Zip: _____ Phone: _____
Hire Date: _____ End Date: _____

Section 8: Waiver and Release of all Claims Form

Please read this statement carefully and be aware that by agreeing to allow the City of Plano to investigate your criminal/financial background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review. If more pages are needed for all parties listed on this application, please copy page and attach with this submitted application.

I AUTHORIZE an investigator or other duly accredited representative of the City of Plano or its agents to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments or other sources of information. This information may include, but is not limited to, by academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information and financial and credit information.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the City of Plano or its agents authorized above regardless of any previous agreement to the contrary.

I WAIVE and relinquish all claims I may have against the City of Plano and its officers, agents, servants and employees as a result of participating in this background check.

I STATE that I have read and fully understand this Waiver and Release of Claims form.

Signature of Applicant/Authorized Agent

Signature of Applicant/Authorized Agent

Printed Name of Applicant/Authorized Agent

Printed Name of Applicant/Authorized Agent

Date

Date

Signature of Applicant/Authorized Agent

Signature of Applicant/Authorized Agent

Printed Name of Applicant/Authorized Agent

Printed Name of Applicant/Authorized Agent

Date

Date

Section 9: Photo Identification

Attach a copy of the applicant(s) driver's license and/or a state photo identification card.

Section 10: Certification

I certify that all information and answers provided by this applicant on this application are true and accurate, along with the acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information.

Signature of Person Submitting Application

Printed Name of Person Submitting Application

Date of Signature