



City Clerk (630) 552-8275

City Treasurer (630) 552-8823

Mayor (630) 552-3210

Public Works (630) 552-7000

Building & Zoning (630) 552-8425

To: Liquor License Applicant  
From: Carin Martin, 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 & 4) and have a background check, including live scan finger printing 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](http://www.cityofplanoil.com).

At the time of filing the application, you will need to submit a \$250.00 non-refundable application fee and \$40.00 for each applicant for live scan.

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 and you will be required to go to the Police Department for live scan.

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 Michael Rennels.

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,

Carin Martin, RMC, CMC  
City Clerk

**APPLICATION FOR ALCOHOLIC LIQUOR LICENSE**

**City of Plano – 17 E. Main Street – Plano, Illinois 60545- 630-552-8275**

*Please print legibly in ink or type application*

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
(Individual, Partnership, Corporation or Limited Liability Company)

Applicant Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_  
(Doing Business As)

Business Address: \_\_\_\_\_

Scheduled Opening Date: \_\_\_\_\_

Class of Liquor License Applied For: \_\_\_\_\_

**FOR POLICE DEPARTMENT USE ONLY**

\_\_\_ Approved \_\_\_ Denied Signature \_\_\_\_\_ Date \_\_\_\_\_  
Norman Allison, Chief of Police

**FOR MAYOR/LIQUOR COMMISSION ONLY**

\_\_\_ Approved \_\_\_ Denied Signature \_\_\_\_\_ Date \_\_\_\_\_  
Michael Rennels, Mayor

FOR CITY CLERK USE ONLY

Items Filed with Clerk's Office:

\_\_\_ Application.....Date: \_\_\_\_\_  
\_\_\_ Copy of Dram Insurance..... Date: \_\_\_\_\_  
\_\_\_ Kendall County Health Dept. Certificate..... Date: \_\_\_\_\_  
\_\_\_ Exhibits as Required (Listed Below)  
    Exhibit \_\_\_ : \_\_\_\_\_ Date: \_\_\_\_\_  
    Exhibit \_\_\_ : \_\_\_\_\_ Date: \_\_\_\_\_  
    Exhibit \_\_\_ : \_\_\_\_\_ Date: \_\_\_\_\_  
    Exhibit \_\_\_ : \_\_\_\_\_ Date: \_\_\_\_\_  
    Exhibit \_\_\_ : \_\_\_\_\_ Date: \_\_\_\_\_

Fees

All Fees payable at the City of Plano Clerk's Office located at 17 E. Main St., Plano, IL.

FINGERPRINT FEE – below to be completed by office personnel

Live scan fee	\$40.00	_____
Non-resident home or business	\$40.00	_____

Clerk initials: \_\_\_\_\_ Total Fees Paid: \$ \_\_\_\_\_

Date License Issued: \_\_\_\_\_

By: \_\_\_\_\_  
Carin Martin - 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: 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: 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: 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: Corporation 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#: \_\_\_\_\_

3-H: Shareholder/Member:  
Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Identifier: Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

3-I: Shareholder/Member:  
Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Identifier: Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

3-J Shareholder/Member:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Identifier: Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

**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: \_\_\_\_\_

**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:

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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