

10 N. Water Street
South Elgin, IL 60177
847-742-5780
847-742-3253 Fax

Village of South Elgin
Department of Administration

www.southelgin.com

Hours of Operation
Monday - Friday
8:30 am - 5:00 pm

APPLICATION FOR CHANGE IN LICENSE INFORMATION

Includes: Change in Ownership Information - Change in Liquor Manager – Change in Location
Change in Business or Establishment Name – Change in Service Information
Section 111.07 of the Village Code of Ordinances

CURRENT BUSINESS INFORMATION

Name of Business: _____

Doing-Business-As: _____

Establishment Address: _____

Contact: _____ Phone: _____ Email: _____

CHANGE IN OWNERSHIP INFORMATION

(Corporate Officers/LLC Members/Shareholder interests equal to or exceeding five percent (5%))

Name: _____

Home Address: _____

Phone Number: _____ Percent Owned: _____

Date of Birth: _____ Sex: _____ Title/Position: _____

Place of Birth: _____ Citizenship: _____

If naturalized, date and place of naturalization: _____

(Use additional sheets if necessary)

Has this above stated individual been fingerprinted Yes No

Provide owner/officer/partner information for removal

Name: _____

Home Address: _____

Phone Number: _____

(Use additional sheets if necessary)

You must submit, with this application, evidence of the formal transfer, such as stock purchase agreement, bill of sale and a copy of a filed Change of Officer Application from the Illinois Secretary of State and update officer/ownership information with the Illinois Liquor Control Commission and with the Illinois Department of Revenue. Your Illinois Business Tax (IBT) Number, Federal Employer Identification Number (FEIN) and LLC/Corporate/Partnership must remain unchanged.

Should this request require a special meeting of the Liquor Commission the request shall be accompanied by a non-refundable fee in the amount \$800 - Section 111.07(C).

CHANGE IN LIQUOR MANAGER

Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____ Email: _____

Driver's License Number: _____

Has the Liquor Manager been fingerprinted by the South Elgin Police Department? Yes No

For a Change in Ownership and/or Liquor Manager, the following general questions must be answered:

Does everyone listed in this application understand and agree not to violate any liquor laws of the United States, the State of Illinois and any ordinances of the Village of South Elgin in conducting business?

Yes No

If no, explain: _____

Has anyone listed this application been convicted of any violation of any law pertaining to alcoholic liquor?

Yes No

If yes, explain: _____

Has anyone listed in this application ever been convicted of a felony under Federal, State law or convicted of a misdemeanor opposed to decency or morality?

Yes No

If yes, explain: _____

Has anyone listed in this application ever been convicted of a gambling offense?

Yes No

If yes, explain: _____

Has anyone listed in this application been convicted of being the keeper of a house of ill fame; or of pandering or other crime of misdemeanor opposed to decency and morality?

Yes No

If yes, explain: _____

Has anyone listed in this application ever permitted appearance bond forfeiture for any of the violations mentioned above?

Yes No

If yes, explain: _____

Has the owner/officer/partner ever had a liquor license revoked?

Yes No

If yes, explain: _____

CHANGE IN LOCATION

New Address: _____

Is the premise within 100 feet of any church, school other than an institution of higher learning, hospital, home for the aged or indigent person or for veterans, their spouses or children, or any military or naval station?

Yes

No

Has the applicant attached a Certificate of Appropriateness issued the Community Development Department certifying that that the location and as required the floor plan and/or site plan of the establishment complies with the applicable provisions of the Village Code concerning land use and improvement?

Yes

No

Has a request for change in location also been made to the Illinois Liquor Control Commission?

Yes

No

(If the new premises is leased a copy of the lease must be attached and valid thru the license period)

CHANGE OF BUSINESS/ESTABLISHMENT NAME

Name of Business: _____

Doing-Business-As: _____

Establishment Address: _____

Phone: _____ Email: _____

If you are changing the business name, you must submit a copy of your Certificate of Registration from the Illinois Department of Revenue; a copy of your Articles of Amendment from the Secretary of State's Office and a copy of your application to the Illinois Liquor Control Commission.

If you are changing the DBA name, you must submit a copy of your Certificate of Registration from the Illinois Department of Revenue and a copy of your application to the Illinois Liquor Control Commission

CHANGE IN SERVICE INFORMATION

(Individual upon whom service may be made within the Village)

Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____ Email: _____

AFFIDAVIT

I, the undersigned, swear or affirm that the matters stated in the foregoing application are true and correct; are made upon my personal knowledge and information; are made for the purpose of requesting the South Elgin Local Liquor Commissioner/Commission approve and process the requested change. I also understand that an untrue, incorrect or misleading answer given in this application is sufficient cause for the revocation of any license granted.

I further give my permission to the Village of South Elgin or any agency thereof to check with any agency or individual named or referred to in the application to clarify any answer that I have given. I also hereby authorize the Chief of Police of the Village of South Elgin to conduct a background investigation, including authorization to receive reports from other law enforcement agencies necessary to verify information included in this application. I hereby release the Village of South Elgin, its officers, employees and agents, from any and all liability which may arise as a result of such background investigations.

Signature of Applicant: _____

Printed Name of Applicant: _____

Title/Position: _____ Dated: _____

State of _____

County of _____

Signed (or subscribed or attested) before me on _____ (date)
by _____ name(s) of person(s)

(Signature of Notary Public)

(Seal)

Received by: _____
Date: _____
Request Granted by: _____
Date: _____