



United City of Yorkville
651 Prairie Pointe Drive
Yorkville, Illinois 60560
630-553-4350

Application for Liquor License

Please print legibly in ink or type application.

Liquor License Term – May 1 through April 30

All applications must be accompanied by a non-refundable \$350.00 application fee

SECTION 1. APPLICANT INFORMATION

Type of Business: Corporation ☐ LLC ☐ Partnership ☐ Individual Applicant ☐

Name of Corporation, LLC, Partnership, or Individual: _____

Office Address of Corporation, LLC, Partnership:

_____ City / State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Contact Person: _____ Email: _____

Illinois Business Tax Number: _____

Local Business Name (assumed or d/b/a name): _____

Local Street Address: _____ City / State: _____ Zip: _____

Local Business Phone: _____ Email address: _____

Mail renewal application to: Local Business Address ☐ Corporation, LLC, Partnership Address ☐

SECTION 2. ESTABLISHMENT INFORMATION

Principal Business Activity Proposed for this location: _____

Does your long-term plan involve any changes to your currently proposed concept? _____

Class of Liquor License Applying for: _____

What percentage of your revenue will come from liquor sales? _____

Will your establishment have an outdoor beer garden/patio area? _____

Will your establishment have video gaming devices? _____

Will your establishment have amusement devices? _____

What is your anticipated opening date? _____

What are your proposed hours of operation? _____



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SECTION 3. LIQUOR LICENSE CLASSES AND FEES

Note: This is a list of the license types and does not offer thorough explanations of the classifications and provisions as listed in the City Code in Title 3, Chapter 3 – Liquor Control Ordinance. Please refer to the City Code for a description of the different license classes. Questions can be directed to the City Clerk's Office.

Tavern/Bar:

- A1 - Beer, wine, liquor, and package (excluding gasoline service stations and video gaming cafes)..... \$1750
- A2 - Beer, wine, and liquor (excluding gasoline service stations and video gaming cafes) \$1200
- A3 - Beer, wine, liquor, and package in conjunction with a gasoline service station... \$1750
- A4 - Beer, wine, and liquor service at video gaming cafes..... \$1200

Restaurant:

- R1 - Beer, wine, liquor, and package (excluding video gaming cafes)..... \$1250
- R2 - Beer, wine, and liquor (excluding video gaming cafes)..... \$850

Bar and Grill: (treated as R1 until 9:00 p.m. and treated as A2 from 9:00 p.m. to close)

- BG - Bar and Grill (excluding video gaming cafes)..... \$1450

Package:

- B - Beer, wine, and liquor (carryout only)..... \$1250
- B1 - Beer and wine (carryout only) \$1050

Other license classes:

- BH Banquet Hall..... \$1750
- CA Catering..... \$750
- C Club: nonprofit, private, fraternal... \$500
- GC Golf Course..... \$2000
- H Hotel/Motel... \$2000
- J Bring Your Own..... \$50
- L Brewery..... \$1750
- M Microbrewery/Brewpub \$1750
- MD Microdistillery \$1500
- S Sports Complex..... \$1050
- SNC Service No Charge..... \$10
- WP Water Parks..... \$1050

Supplemental Licenses available for existing liquor license holders in classes A, R, or C

- G Beer Garden / Patio Service..... \$250
- F Outdoor service from licensed premises on adjacent City right-of-way... \$250



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SECTION 4. CORPORATE / LLC / PARTNERSHIP / SOLE PROPRIETORSHIP INFORMATION

For Corporations - List each Officer and Director. Also list all shareholders owning more than 5% of stock.

For LLCs - List LLC Manager and all members of the LLC.

For Partnerships - List each Partner.

For Sole Proprietorship - List individual applicant.

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

If less than three (3) years, please list your previous home address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ Date of Birth: _____

Is applicant a United States citizen? Yes ☐ No ☐ I am a citizen of _____

Position/Title: _____ Percent of Shares Owned: _____

Please list employment history with addresses for the past five (5) years:

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

*** Please copy this page (if needed) to list all required persons**



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SECTION 5. ON-SITE GENERAL MANAGER INFORMATION

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

If less than three (3) years, please list your previous home address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ Date of Birth: _____

Is applicant a United States citizen? Yes ☐ No ☐ I am a citizen of _____

Position/Title: _____ Percent of Shares Owned: _____

Are you BASSET certified? Yes ☐ No ☐ Attach copy of BASSET certificate.

Please list the on-site general manager's employment history with addresses for the past five (5) years:

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____



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SECTION 6. BUSINESS PREMISES

Does the applicant own the premises where the local business with the liquor license will be operated and maintained? Yes ☐ No ☐

Name of Landlord: _____

Landlord Address: _____

Landlord Phone: _____ Landlord Email: _____

Lease Period Start: _____ Lease Period End: _____

SECTION 7. FOOD AND ALCOHOL SERVICE

Yes ☐ No ☐ Will you be offering food service?

Yes ☐ No ☐ Will you familiarize yourself with all laws of the United States, State of Illinois, County of Kendall and the Ordinances of the United City of Yorkville, pertaining to the service of food and abide by all of them?

Yes ☐ No ☐ Will you maintain the entire premise in a clean and sanitary manner, free from conditions which might cause accidents?

Yes ☐ No ☐ Will you familiarize yourself with the laws of the United States, State of Illinois and Ordinances of the United City of Yorkville pertaining to the sale of alcoholic liquor and abide by all of them?

Yes ☐ No ☐ Will you and all employees refuse to serve or sell alcoholic liquor to an intoxicated person and/or a minor?

Yes ☐ No ☐ Will you have a full kitchen? Describe: _____

SECTION 8. SECURITY PLAN

Describe your security plan: _____



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SECTION 9. PREVIOUS LIQUOR LICENSE INFORMATION

(The questions in this section apply to the applicant and all other persons listed in Sections 4 and 5).

Has the applicant or any other person listed in sections 4 and 5, ever held a liquor license in the United States? Yes ☐ No ☐

If yes, please list all businesses and locations, including the city, county, and state.

Business Name: _____

Location Address: _____

City, County & State: _____

Business Name: _____

Location Address: _____

City, County & State: _____

Has the applicant or any other person listed in sections 4 and 5, ever had a liquor license revoked or suspended by any federal, state, county, or local government agency? 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: _____

*** Please copy this page (if needed) to list previous licenses/suspensions/revocations.**



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SECTION 10. BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED.

(The questions in this section apply to the applicant and all other persons listed in Sections 4 and 5).

For questions answered "yes", a written, detailed explanation is required and must be attached to this application.

- Yes ☐ No ☐ Has the applicant, or any other person listed in sections 4 and 5, ever been convicted of any violation of any law pertaining to alcoholic liquor?
- Yes ☐ No ☐ Has the applicant, or any other person listed in sections 4 and 5, ever been convicted of a felony?
- Yes ☐ No ☐ Has the applicant, or any other person listed in sections 4 and 5, ever been convicted of keeping a place of prostitution; pimping; pandering; soliciting for a prostitute; or any offenses involving bodily harm?
- Yes ☐ No ☐ Has the applicant, or any other person listed in sections 4 and 5, ever been convicted of a gambling offense?
- Yes ☐ No ☐ Has the applicant, or any other person listed in sections 4 and 5, ever been issued a federal gaming device stamp or a federal wagering stamp?
- Yes ☐ No ☐ Is the applicant, or any other person listed in sections 4 and 5, a public official or law enforcement official in the same jurisdiction as the license?
- Yes ☐ No ☐ Is the applicant, or any other person listed in sections 4 and 5, delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- Yes ☐ No ☐ Does the applicant, or any other person listed in sections 4 and 5, have outstanding, past due financial obligations owed to the City, including but not limited to fines, fees, utility charges and property taxes?

SECTION 11. DRAM SHOP INSURANCE

If your liquor application is approved, you must provide a Certificate of Liability Insurance showing liquor liability coverage for your establishment before a liquor license will be issued. The certificate must list the city as certificate holder as follows:

United City of Yorkville
651 Prairie Pointe Drive
Yorkville, IL 60560



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SECTION 12. BUILDING DEPARTMENT PERMITS / INSPECTIONS

Please contact the Building Department at (630)553-8545 to inquire on the necessary permits and/or inspections that are required for your business.

SECTION 13. HEALTH DEPARTMENT PERMITS / INSPECTIONS

Please contact the Kendall County Health Department at (630)553-9100 to inquire on the necessary health department permits and/or inspections that are required for your business.

SECTION 14. FLOOR PLAN

A floor plan or layout of the proposed facility must be attached to this application. The drawing should show the licensed premises including any outdoor seating if applicable. You must include entrances, exits, table set up, and the location of any kitchen and bar areas, if applicable.

How many total seats will you have? _____

How many bathrooms will you have? _____

SECTION 15. APPLICATION SUBMITTAL

Questions on Liquor Licensing can be directed to the City Clerk's Office at (630)553-8565.

Before your application can be processed, you **MUST** complete the following requirements:

- ☐ Original signed, notarized, and fully completed liquor application.
- ☐ Copy of Valid Driver's License or State ID for all persons listed in this application.
- ☐ Copy of on-site general manager's BASSET certificate.
- ☐ Non-refundable \$350.00 application fee.
- ☐ Floor plan showing the layout of proposed facility.
- ☐ In Section 10, if any questions were answered yes - a written, detailed response to those questions must be attached.
- ☐ Fingerprinting is required on the applicant and persons listed in sections 4 and 5.



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SECTION 16. WAIVER AND RELEASE OF ALL CLAIMS FORM

Please read this statement carefully and be aware that by agreeing to allow the United City of Yorkville 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.

I AUTHORIZE an investigator or other duly accredited representative of the United City of Yorkville 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, my 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 United City of Yorkville or its agents authorized above regardless of any previous agreement to the contrary.

I WAIVE and relinquish all claims I may have against the United City of Yorkville 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 All Claims Form.

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date



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SECTION 17. AFFIDAVIT

In witness whereof, the undersigned, being first duly sworn, verifies that the statements contained in this Application for a Liquor License are true and correct in every detail, along with an acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information. I further state that I have read and understand the United City of Yorkville Code of Ordinances regarding Liquor Control which address the sale and delivery of alcoholic beverages. I further agree not to violate any state or federal laws or any of the ordinances of the United City of Yorkville in the conduct of my place of business and to report any changes to this application whether they occur before or after a license is issued, to the City Clerk within 30 days.

Signature of Applicant

Signature of Applicant

Printed Name of Applicant

Printed Name of Applicant

Applicant Title

Applicant Title

Date

Date

This instrument was subscribed and sworn before me on this ____ day of _____, 20____,
by _____ (name of person or persons).

NOTARY

NOTE:

Applications by corporations shall be sworn to and signed by the corporate president and attested to and signed by the corporate secretary.

Applications by a partnership shall be sworn to and signed by two members of the partnership.