

**VILLAGE OF MAPLETON**

**8524 W. Main St.**

**Mapleton, Illinois 61547**

**APPLICATION FOR VILLAGE OF MAPLETON LIQUOR  
LICENSE – LIMITED LIABILITY COMPANY**

**ESTABLISHMENT NAME** \_\_\_\_\_

**CONTACT PERSON & PHONE** \_\_\_\_\_

**( ) -** \_\_\_\_\_

The undersigned applicant hereby makes application for the issuance of a license to engage in the business of selling alcoholic liquor, and provides the following information, attaching additional sheets as necessary to provide all information required, together with all required documents and application fee.

\$750.00 Application Fee Submitted  Yes  No

1. Type of application  Original  Change of Ownership  
 Expansion of Premises

2. Class of license applied for:

**A** - These licenses are those that operate primarily as a bar. Regular retailer's bar license permits the licensee to sell any and all alcoholic liquor by the drink or by the package only for consumption on the premise where sold.

**B** - Permits the licensee primarily engaged in the production and wholesale distribution of beer, ale or other malt beverage and wine to sell alcoholic liquor at retail by drink on the premises or by the package for consumption off the premises.

Registered Corporate Name of Applicant

\_\_\_\_\_

a. Corporate headquarters address, including city, state, zip

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

b. Date of organization \_\_\_\_/\_\_\_\_/\_\_\_\_

State of organization \_\_\_\_\_

c. Name and address of registered agent in Illinois

\_\_\_\_\_

d. Purpose for which organized as set forth in Articles of Organization

\_\_\_\_\_

e. Object of corporation as set forth in Charter \_\_\_\_\_

\_\_\_\_\_

4. Name of business for which application is made (“doing business as” name) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

5. Business office address to be used for all correspondence regarding this license, if approved (where certified mail is accepted): \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

6. Nature of business \_\_\_\_\_

7. Date business began at this location \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

8. Length of time applicant has been in a business of this character \_\_\_\_\_

9. Nature of entertainment proposed to be offered \_\_\_\_\_  
\_\_\_\_\_

10. Are any monies owed to the Village by the applicant, whether for bills, taxes, licenses, or otherwise?

Yes  No      If Yes, amount and length of time owed

11. Has a liquor license been revoked at this location within the past year? \_\_\_\_\_

12. Name of previous licensee, if any \_\_\_\_\_

13. Premises for which application is made were:

a. Purchased by applicant on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(attach copy of deed or contract for sale)

b. Leased by applicant from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (attach copy of lease, sublease,  
or assignment)

14. Is the location of the premises for which license is sought within one hundred (100) feet of any church, school, hospital, home for the aged or indigent persons, or for veterans, their wives or children, or any naval or military station?  Yes  No

If Yes, is the applicant's place of business a hotel offering restaurant service, a regularly organized club, a food shop, or other place where the sale of liquor is not the principal business?  
 Yes  No

If yes, how long has the place of business been in operation?

\_\_\_\_\_

15. Any Members with more than 5% of the ownership interest (please print all information):

a. Name \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Address (include city & zip code) \_\_\_\_\_

\_\_\_\_\_

Home Telephone ( \_\_\_\_ ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_

% ownership interest \_\_\_\_\_

b. Name \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Address (include city & zip code) \_\_\_\_\_

\_\_\_\_\_

Home Telephone ( \_\_\_\_ ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_

% ownership interest \_\_\_\_\_

c. Name \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Resident Address (include city & zip code) \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_

% ownership interest \_\_\_\_\_

d. Name \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Resident Address (include city & zip code) \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_

% ownership interest \_\_\_\_\_

16. Manager Name \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Resident Address (include city & zip code) \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_

% of stock owned \_\_\_\_\_

Years residency in: State of IL: \_\_\_\_\_

Peoria County \_\_\_\_\_ Village of Mapleton \_\_\_\_\_

17. List any governmental units to which an application for a liquor license has been submitted, date of such application, disposition of such application, amounts of and reasons for fines imposed, dates, reason, and length of suspension or revocation, if any. This information must be provided by the manager and any members with an ownership of more than 5%.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

18. List any convictions of non-traffic violations of any ordinance or statute of any city, county, or state or of the Federal government indicating the name of the offense(s) and date(s) of conviction. This information must be provided by all persons as stated in No. 17 above (attach additional sheets as necessary).

\_\_\_\_\_  
\_\_\_\_\_

19. Has any manufacturer, importing distributor, or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such a person, or any other person, directly or indirectly interested in the ownership, conduct, or operation of the place of business?

Yes  No

If Yes, give particulars \_\_\_\_\_

20. Has any person involved with this premises for which application is made been issued a Federal Wagering Stamp for the current tax year?

Yes  No

If Yes, list names \_\_\_\_\_

21. Please list Federal Employer's Identification Number (FEIN)

\_\_\_\_\_

22. Is any person who is a part of this application, or any other person, directly or indirectly interested in the business, a public official as defined in Sec. 2(14) Art. VI of the Illinois Liquor Control Act?

Yes  No

If Yes, list office held \_\_\_\_\_

23. Name of contact person regarding this license

\_\_\_\_\_

24. Email address of contact person

\_\_\_\_\_

25. Phone number of contact person (during regular business hours) (\_\_\_\_\_) \_\_\_\_\_

26. Cell phone number of contact person (during regular business hours) (\_\_\_\_\_) \_\_\_\_\_

27. Establishment email address \_\_\_\_\_

AFFIDAVIT

We, the undersigned members of the above-named limited liability company, each first being duly sworn, say that each of us has read the above and foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose of inducing the City of Champaign to issue the license herein applied for.

We further swear that the applicant will not violate any of the laws of the State of Illinois or of the United States of America in the conduct of applicant's place of business.

We further swear that we are the duly constituted members of said applicant and as such are authorized and empowered to execute this application for and on behalf of said applicant.

Name of Limited Liability Company

\_\_\_\_\_

Member 1 \_\_\_\_\_

Member 2 \_\_\_\_\_

Member 3 \_\_\_\_\_

Member 4 \_\_\_\_\_

Subscribed and sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 201\_\_

\_\_\_\_\_

(Notary Public)



## CRIMINAL BACKGROUND AND CREDIT CHECK

I authorize and empower the President of the Village of Mapleton or agent thereof or any other outside service company engaged by said President for this purpose, now or subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, criminal history information through correspondence, contact, or personal interviews with law enforcement agencies. Upon written request, I understand that said President will provide me with information regarding the nature and scope of the investigation if one is made.

Member 1 \_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

Member 2 \_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

Member 3 \_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

Member 4 \_\_\_\_\_  
(print name)

---

(signature)

Manager 

---

(print name)

---

(signature)

All others with more than 5% of the ownership interest:

---

(print name)

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(signature)

---

(print name)

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(signature)