



BENSENVILLE  
VILLAGE CLERK'S OFFICE

**LIQUOR LICENSE APPLICATION**

Local Liquor Control Commissioner  
Village of Bensenville  
12 South Center Street  
Bensenville, Illinois 60106

The applicant, \_\_\_\_\_, doing business as \_\_\_\_\_  
\_\_\_\_\_, located at \_\_\_\_\_  
Bensenville, Illinois, hereby makes application for a Class \_\_\_\_\_ retail liquor license for the  
period ending December 31, 20\_\_\_\_\_, and tenders the sum of \$\_\_\_\_\_, the prescribed fee.  
Each license issued shall be an annual license and shall expire on the 31<sup>st</sup> day of December next  
following its issuance.

*(Fill out completely. Attach additional sheets as necessary to provide complete answers to each  
question)*

1. Type of Application:  
\_\_\_\_\_ New License (If applicant holds a current state liquor license, attach a copy. If not,  
provide a copy to the Village within ten (10) days of the issuance of the state liquor license).

2. Class of License applied for: \_\_\_\_\_

3. Applicant's name, mailing address and telephone number. (Applicant shall be a natural  
person(s) or legal entity which will be show as the license on any license issued.):

Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

4. A. Legal status of Applicant:  
\_\_\_\_\_ Sole Owner  
\_\_\_\_\_ Co-partnership  
\_\_\_\_\_ For profit corporation  
\_\_\_\_\_ Not-for-profit corporation  
\_\_\_\_\_ Other (describe in detail): \_\_\_\_\_  
\_\_\_\_\_

B. EIN or SSN of Applicant: \_\_\_\_\_



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C. IBT Number of Applicant: \_\_\_\_\_

5. A. Name, address, telephone number of business to be licensed:

Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

B. Does Applicant hold legal title to or beneficially own the premises for which a license is sought?

\_\_\_\_\_ Yes (Attach a copy of the Deed; if ownership is in a Trust, attach a copy of a trust disclosure).

\_\_\_\_\_ No (Attach a copy of a Lease for the premises in favor of the Applicant for the full period for which the license is to be issued).

6. Nature of the business (provide information sufficient to establish eligibility for the class of license applied for): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If applicable, the date of filing of the "assumed name" of the business with the county clerk: \_\_\_\_\_

\_\_\_\_\_

8. In the case of a co-partnership, the date of the formation of the partnership: \_\_\_\_\_

9. In the case of an Illinois corporation, the date of incorporation: \_\_\_\_\_

10. In the case of a foreign corporation, the state where it was incorporated and the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois: \_\_\_\_\_

11. Has the Applicant ever been convicted of a felony under any federal or state law? If yes, give detailed particulars: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Has the Applicant ever been convicted of being the keeper of a house of ill fame or is the Applicant keeping a house of ill fame? If yes, give detailed particulars: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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- 13. Has the Applicant ever been convicted of pandering or other crime or misdemeanor opposed to decency and morality? If so, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 14. Has the Applicant ever been convicted of a violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor and/or has the Applicant ever forfeited a bond to appear in court to answer charges for any such violation? If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 15. Has the Applicant ever been convicted of a gambling offense as proscribed by an of subsections (a)(3) through (a)(11) of Section 28-1 of, or as proscribed by Section 28-1.1 or 28-3 of, the "Criminal Code of 1961", as heretofore or hereafter amended, or as proscribed any statute replaced by any of the aforesaid statutory provisions? If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 16. Has the Applicant ever admitted to, been charged with or been found (either administratively or judicially) to have violated any federal, state or local municipal law or ordinance concerning the manufacture, possession or sale of alcoholic liquor? If yes, give detailed particulars, including but not limited to any fines or other penalties paid by or imposed upon Applicant as a result thereof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 17. Has the Applicant ever admitted to, been charged with or been found (either administratively or judicially) to have violated any federal, state or local municipal law or ordinance concerning conduct or activity other than the manufacture, possession or sale of alcoholic liquor? If yes, give detailed particulars, including but not limited to any fines or other penalties paid by or imposed upon Applicant as a result thereof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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- 18. Is the Applicant currently at the time of this Application in compliance with all federal, state and local municipal laws, ordinances and other applicable rules and regulations? If no, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 19. Has the Applicant ever made an Application for a liquor license which has been denied? If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 20. Has the Applicant ever had any previous liquor license revoked? If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 21. Is the Applicant a law enforcing public official, a member of a local liquor control commission, a mayor, alderman, or member of any city council or commission, a president, trustee or member of any village board of trustees, or any president or member of a county board? If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 22. Does the Applicant hold a federal wagering stamp or federal gaming device stamp issued for the current tax period? \_\_\_\_\_
- 23. Has the federal wagering stamp or federal gaming device stamp been issued for the current tax year for the premises identified in question 5 above? \_\_\_\_\_
- 24. List the name, sex, date of birth, social security number, position and percentage of ownership in the business of any sole owner, partner, corporate officer, director, manager or operating agent and any person who owns more than five (5) percent of the shares of the Applicant or any parent corporation of the Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 25. Have the Applicant's owners, managers, assistant managers, bartenders, servers, salespersons, and any persons actually in charge of or to be in charge of the licensed premises during any hours of operation had BASSETT training? \_\_\_\_\_  
\_\_\_\_\_



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26. Does the Applicant currently carry Dram Shop Insurance coverage (a certificate of insurance showing liquor liability insurance must be filed with the Village Clerk's Office prior to issuance of a liquor license)? \_\_\_\_\_

27. Each person signing this Application and each manager employed or to be employed at the licensed premises shall submit a completed license personal interest form along with this Application.

28. Vending machines maintained on the licensed premises:

Type of Machine	Number of Machines	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vendor's name: \_\_\_\_\_

Dated: \_\_\_\_\_



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Signature of Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
(Name, Title, Date)

COUNTY OF DUPAGE     )  
  )     SS  
STATE OF ILLINOIS     )

Subscribed and Sworn to under penalties of perjury  
Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

(Seal)

Applicant must be signed by:

Applicant:	Signed by:
Sole Owner	Sole Owner
Partnership	At least two (2) partners
Corporation	Corporate President and Secretary of two (2) authorized agents
All Others	At least two (2) authorized agents

Application for \_\_\_\_\_ is approved.

\_\_\_\_\_  
Director of Community Development

\_\_\_\_\_  
Inspectional Services

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Local Liquor Control Commissioner



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VILLAGE OF BENSENVILLE

LIQUOR LICENSE PERSONAL INTEREST FORM

*(To be attached to Liquor License Application by each person designated in paragraph 27 of the Liquor License Application)*

1. Name of Applicant as shown on liquor license application: \_\_\_\_\_  
\_\_\_\_\_
2. Name and home address of person having personal interest: \_\_\_\_\_  
\_\_\_\_\_
3. Home and business telephone numbers: \_\_\_\_\_
4. Sex: \_\_\_\_\_
5. Date and place of birth (attach copy of birth certificate if born in the United States): \_\_\_\_\_  
\_\_\_\_\_
6. Social Security Number: \_\_\_\_\_
7. Position in the business: \_\_\_\_\_
8. Percent of ownership: \_\_\_\_\_
9. Driver's license number and state of issuance (attach a copy of current driver's license): \_\_\_\_\_  
\_\_\_\_\_
10. Citizenship (If naturalized, date and place of naturalization and certificate of naturalization number): \_\_\_\_\_
11. Have you ever been convicted of a felony under any federal or state law? If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Have you ever been convicted of being the keeper of a house of ill fame or are you keeping a house of ill fame? If yes, give detailed particulars: \_\_\_\_\_  
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- 18. Are you currently at the time of this Application in compliance with all federal, state and local municipal laws, ordinances and other applicable rules and regulations? If no, give detailed particulars: \_\_\_\_\_  
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\_\_\_\_\_



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\_\_\_\_\_  
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- 21. Are you a law enforcing public official, a member of a local liquor control commission, a mayor, alderman, or member of any city council or commission, a president, trustee or member of any village board of trustees, or any president or member of a county board? If yes, give detailed particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

COUNTY OF DUPAGE     )  
  )     SS  
STATE OF ILLINOIS     )

Subscribed and Sworn to under penalties of perjury  
Before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

