



City of Harvey, Illinois Local Liquor License Application

Incomplete applications will not be accepted.

Completed applications may be submitted to: Mayor's Office, 15320 Broadway Avenue, Harvey

Date Application Received _____

License Year: 2020-2021

New License: ☐

Renewal: ☐ Change in Ownership/License Class: ☐

APPLICANT INFORMATION

A. Corporation name: <input type="text"/>		Class Applying For: <input type="text"/>
B. Business name (dba): <input type="text"/>		
C. Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit		
D. Previous business name (if <i>dba</i> changed): <input type="text"/>		
E. Contact Mailing Address where City should send notices <input type="text"/>		
F. Business telephone: <input type="text"/>	G. Business website: <input type="text"/>	H. Business Email: <input type="text"/>
I. Owner or Manager contact name for license: <input type="text"/>		
J. Contact telephone: <input type="text"/>	K. Contact e-mail address for notices: <input type="text"/>	

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address):			B. Zip code	C. # Parking Spaces
D. Total Building s.f.	E. Entertainment Area s.f.	F. Kitchen s.f.	G. Total Number of Seats	H. Seating Area s.f.
I. Number of bar seats	J. Retail/public Area s.f.	K. Cooler s.f.	L. Dry Storage s.f.	M. Sales Counter s.f.

OFFICIAL USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Approved/Denied:
_____ Mayor, Liquor Control Commissioner	Date Issued:

Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Staff and Legal Review Fee (\$500) Optional- must submit by September 1st	<input type="checkbox"/>	
Application Fee (\$2,250) plus Club License Capacity Fee (if required)	<input type="checkbox"/>	
Completed Local Liquor License Application (LLA).	<input type="checkbox"/>	
Completed Financial Disclosure Form (FDF)	<input type="checkbox"/>	
Copy of completed State Liquor License Application (https://www2.illinois.gov/ilcc/Pages/Applications.aspx) (in Section 3 do not include social security numbers or date of birth for local license application consideration)	<input type="checkbox"/>	
Certificate of Occupancy (issued by City of Harvey)	<input type="checkbox"/>	
Copy of the Articles of Incorporation	<input type="checkbox"/>	
Certificate of Good Standing from Illinois Secretary of State	<input type="checkbox"/>	
Floor Plan of Establishment (drawn to scale including all spaces including outdoor seating. Must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with percentages and square footage of each space. Include all seating configurations)	<input type="checkbox"/>	
Copy of Lease/Proof of Ownership of Property	<input type="checkbox"/>	
Proof of current Dram Shop Insurance Policy (Certificate of Liability Insurance) with City of Harvey listed as certificate holder at the maximum limit.	<input type="checkbox"/>	
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input type="checkbox"/>	
Liquor Establishment Owner, Manager and Emergency Contact Information with Organization chart/listing with names, title, address and percentage of stock of corporate officers/managers	<input type="checkbox"/>	
Copy of all reports you filed with the City of Harvey in 2019-2020 for excise taxes and copy of receipts from City of Harvey for excise tax payments	<input type="checkbox"/>	
Copies of any sales tax returns or sales taxes paid to the State of Illinois (ST-1 Sales and Use Tax and E911 Surcharge Returns and any associated schedules) from November 2019 - present	<input type="checkbox"/>	
Copy of Health Department Certificate from Cook County (for licensees who prepare and serve food for consumption on premises) and; Copy of Menu (if serving food)	<input type="checkbox"/> <input type="checkbox"/>	
Personal Information Form(s) (PIF) (one for each owner of 5% or owner, corporate officers to be listed on the license and on-site manager.)	<input type="checkbox"/>	
Current list of names, dates of birth and home addresses of all owners and managers	<input type="checkbox"/>	
Fingerprints and criminal background check	<input type="checkbox"/>	

Corporation / Premises Questions

1.	Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes state the parent corporation's name. _____
2.	Is the corporation obligated to pay a percentage of profits to a parent corporation or anyone that has not submitted a personal information form? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain. _____
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)?
4.	Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you? *Yes *No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application. _____ _____ _____
5.	If this is a new license application, what kind of business was previously conducted in the space in which you intend to operate your business _____
6.	State the estimated value of goods, wares and merchandise to be used in the course of business.
7.	Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing, or investigation by any jurisdiction with respect to a liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason(s) for the investigation or hearing.
8.	Please list names and addresses of other establishments the business or partners owns and operates that have active licenses within the State of Illinois.
9.	Is the premises within 100 feet of a church, grade school, middle school, alternative school or high school, hospital, or home for the indigent? <input type="checkbox"/> Yes <input type="checkbox"/> No

10.	<p>If applicant is applying for a Club Liquor License:</p> <p>A. How many dues-paying members do you have? _____ (Attach a listing of members' names and addresses.)</p> <p>B. Does your club have the qualifications described in the Illinois Liquor Control Act and the City of Harvey City Code?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
11.	<p>Does your establishment have entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what form(s) of entertainment do you offer? <input type="checkbox"/> Bands/Solo <input type="checkbox"/> DJ <input type="checkbox"/> Televised Sports</p> <p><input type="checkbox"/> Other: _____</p> <p>Days and hours entertainment planned:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 12.5%;">SUN</th> <th style="width: 12.5%;">MON</th> <th style="width: 12.5%;">TUES</th> <th style="width: 12.5%;">WED</th> <th style="width: 12.5%;">THUR</th> <th style="width: 12.5%;">FRI</th> <th style="width: 12.5%;">SAT</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	SUN	MON	TUES	WED	THUR	FRI	SAT							
SUN	MON	TUES	WED	THUR	FRI	SAT									
12.	<p>Do you employ security?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only when entertainment is held</p> <p>If yes, do you: <input type="checkbox"/> Hire Private Security Company <input type="checkbox"/> Use On - Staff Employees</p> <p style="padding-left: 100px;"><input type="checkbox"/> Hire Off- Duty Police Officers <input type="checkbox"/> Combination of the Above</p> <p>If you hire a Private Security Company, please provide the company name and contact person.</p> <p>_____</p> <p>_____</p>														
13.	<p>Do you have security cameras on premise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are they: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both</p> <p>If yes, please provide a brief description of the location(s): _____</p> <p>_____</p> <p>_____</p>														
14.	<p>For Classes required to serve food for consumption on the licensed premises, please list the name of the chef(s) for the location applying for a liquor license:</p>														
15.	<p>For retail, check the retail item categories available for purchase at the location:</p> <div style="display: flex; flex-wrap: wrap; padding: 0;"> <div style="width: 25%;"><input type="checkbox"/> Dairy</div> <div style="width: 25%;"><input type="checkbox"/> Baked Goods</div> <div style="width: 25%;"><input type="checkbox"/> Frozen Goods</div> <div style="width: 25%;"><input type="checkbox"/> Groceries</div> <div style="width: 25%;"><input type="checkbox"/> Snack Foods</div> <div style="width: 25%;"><input type="checkbox"/> Health Aids</div> <div style="width: 25%;"><input type="checkbox"/> Beauty Aids</div> </div>														

Affidavit

I, authorized agent(s) for the applicant, first being duly sworn, under oath, depose and state that the information contained in the foregoing application is true and correct.

I also understand that any untrue, inconsistent, incorrect or misleading information contained herein shall be cause for the refusal to grant, non-renewal or the revocation of any license granted pursuant to this application.

I further state that I have read and understand all applicable laws, including, without limitation, statutory provisions set forth in the Illinois Liquor Control Act of 1934, 235 ILCS 5/1-1, et. seq. and City of Harvey's Code of Ordinances and fully understand my obligations under said applicable local laws. I further certify I am aware of the City of Harvey's excise tax requirements, that this establishment has filed all applicable reports and paid all applicable taxes to the City of Harvey and that none are due and owing.

I swear and affirm not to violate any of the relevant laws of the United States, the State of Illinois or any of the ordinances of the City of Harvey in the conduct of the place of business described herein. I understand and agree that if I violate any local, state or federal laws regarding alcohol sales, consumption or possession, while I have a City of Harvey Liquor License, said license may be suspended or revoked. If said violation occurs within the first year (probationary period) a liquor hearing will be called and the license may be revoked immediately, with no progressive discipline required.

I further authorize the City of Harvey or any of its designated agents to contact any agency or individual named or referred to in this Application for the purpose of verifying and/or clarifying any information I have provided herein.

I further certify that if any of the foregoing information changes during the course of the current license year, including, without limitation, changes to the status of the State liquor license, changes in the corporate stockholder shares or corporate officers, I will notify the City of Harvey, in writing, within seven (7) days of such change.

Corporate/LLC Signatures

Individual/Partnership Signatures

President

Signature

Secretary

Signature

Treasurer

Signature

Signed and sworn to before me this _____ day of

_____, 20____.

Notary Public

(SEAL)