



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: 2021-2022

New License

Renewal

Change in Ownership/License Class

APPLICANT INFORMATION

A. Corporation name:		Class Applying For:		
B. Business name (dba):				
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 dba changed):				
E. Contact Mailing Address where City should send notices:				
F. Business telephone:	G. Business website:	H. Business Email:		
I. Owner or Manager contact name for license:				
J. Contact Telephone:		K. Contact e-mail address for notices:		
Has any of Applicant's business information changed since the applicant submitted their 2020-2021 application for a City of Harvey local liquor license (change of corporate officers, local management, banking or other financial information, physical layout of premises, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered Yes to the above, Applicant must provide the updated information in the relevant fields contained in the application form, tender appropriate supplementary documentation as may be necessary, review and sign the Affidavit.				
If you answered No to the above, indicating that nothing has changed since Applicant submitted its 2020-2021 application for a City liquor license, Applicant shall simply review and sign the Affidavit and <i>submit updated documentation requested on Application Checklist for any documentation that may have expired</i> (e.g. current State of Illinois liquor license, BASSET certifications, certificates of insurance, copy of lease if a new term), and arrange for fingerprinting of all required individuals.				

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.:	

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
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.
5.	Is 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 you 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.
	A. How many dues-paying members do you have? Click or tap here to enter text. (Attach a listing of members' names and addresses) 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
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.	If applicant is applying for a Club Liquor License:

11. Does your establishment have entertainment? Yes No

If Yes, what form(s) of entertainment do you offer? Bands/Solo DJ Televised Sports

Other:

Days and hours entertainment planned:

SUN	MON	TUES	WED	THUR	FRI	SAT

12. Do you employ security?

Yes No Only when entertainment is held

If yes, do you: Hire Private Security Company Use On-staff Employees

Hire Off-duty Police Officers Combination of the Above

13. Do you have security cameras on premise? Yes No

If Yes, are they: Indoor Outdoor Both

If Yes, please provide a brief description of the location(s):

14. 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:

15. For retail, check the retail item categories available for purchase at the location:

Dairy Baked Goods Frozen Goods Groceries

Snack Foods Health Aids Beauty Aids

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 liquor by the drink excise tax requirements set forth in Article 1 of Chapter 3-34 of the City Code, 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.

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

Application Checklist

(Check list to confirm attached to application)	Applicant	Office Use Only
Staff and Legal review fee (\$500) Optional – must submit by August 27 th 2021		
Application Fee (2,250) plus Club License Capacity Fee (If required)		
Completed Local Liquor License Application		
Completed financial disclosure form (FDF)		
Copy of completed State Liquor License and renewal application if State License expires on or before 10/31/21		
Certificate of Occupancy (issued by the City of Harvey)		
Copy of the Articles of Incorporation		
Certificate of Good Standing from Illinois Secretary of State		
Floor Plan of Establishment (drawn to scale including all spaces including outdoor seating. Must include layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with percentages and square footage of each space. Including all seating configurations)		
Copy of lease/ Proof of ownership of property		
Proof of current Dram Shop Insurance Policy (Certification of Liquor Liability Insurance, comprehensive general liability, & workers compensation insurance) with City of Harvey listed as certified holder at the maximum limit.		
Copy of State Certified Beverage Alcohol Sellers/ Servers Training Certificate (BASSET) (servers and managers dated within past three years)		
Liquor Establishment Owners, Manager and Emergency Contact Information with Organizations chart/ listing with names, title, address and percentage of stock of corporate officers / managers		
Excise taxes on liquor by the drink are paid in full from October 2019 – current		
Copy of Health Department Certification from Cook County (for licensees who prepared and served food for consumption on premises and copy of menu (if serving food)		
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.		
Current list of names, dates of birth and home addresses of all owners and managers		
Fingerprints and criminal background check		