



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: 2023-2024

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 <i>dba</i> 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:	

Have any changes to Articles of Corporation or Articles of Organization been made? If Yes Provide a copy of your Articles of Amendment. If No proceed to next question.

Has any of Applicant's business information changed since the applicant submitted their 2022-2023 Liquor License application (change of corporate officers, local management, banking or other financial information, physical layout of premises, etc.)? Yes 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 2022-2023 application for a City liquor license, Applicant must review and sign the Affidavit and *submit updated documentation requested on the Application Checklist for any documentation that may have expired* (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):		Zip code:		#Parking Spaces:	
Total Building s.f.:	Entertainment Area s.f.:	Kitchen s.f.:	Total Number of Seats:	Seating Area s.f.:	
Number of bar seats:	Retail/public Area s.f.:	Cooler s.f.:	Dry storage s.f.:	Sales Counter s.f.:	

Application Checklist

(Check items to confirm application)	Applicant		
	New for 2023-24	Same as 2022-23	Office Use Only
Staff and Legal Review Fee (\$500) Optional – must submit by August 18, 2023	<input type="checkbox"/>	n/a	
Application Fee (\$2,250) plus Club License Capacity Fee (if required)	<input type="checkbox"/>	n/a	
Completed Liquor License Application (LLA)	<input type="checkbox"/>	n/a	
Completed Financial Disclosure Form (FDF)	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of State Liquor License, and renewal application if state license expires on or before 10/27/23	<input type="checkbox"/>	n/a	
Copy of the Articles of Incorporation or Articles of Organization, and Articles of Amendment (if any)	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of Good Standing from Illinois Secretary of State	<input type="checkbox"/>	n/a	
Copy of Lease/Proof of Ownership of Property	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of current Dram Shop Insurance Policy (Certificate of Liquor Liability Insurance), comprehensive general liability, insurance with City of Harvey listed as certificate holder at the maximum limit	<input type="checkbox"/>	n/a	
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Proof excise taxes on liquor by the drink are paid in full	<input type="checkbox"/>	n/a	
Personal Information Form(s) (PIF (one for each owner of 5% or owner, corporate officers to be listed on the license and on-site manger	<input type="checkbox"/>	<input type="checkbox"/>	
Current list of names, dates of birth and home addresses of all owners and managers	<input type="checkbox"/>	<input type="checkbox"/>	
Fingerprints and criminal background check	<input type="checkbox"/>	n/a	

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, please submit additional personal information form(s).														
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)?														
4.	Have any changes to the Articles of Corporation or Articles of Organization been made? If Yes Provide a copy of your Articles of Amendment. If No proceed to next question.														
5.	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.														
6.	Is this a new license application, what kind of business was previously conducted in the space in which you intend to operate your business?														
7.	State the estimated value of goods, wares and merchandise to be used in the course of business.														
8.	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.														
9.	Please list names and addresses of other establishments the business or partners owns and operates that have active licenses within the State of Illinois.														
10.	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														
11.	If applicant is applying for a Club Liquor License: A. How many dues-paying members do you have? _____ (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														
12.	Does your establishment have entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what form(s) of entertainment do you offer? <input type="checkbox"/> Bands/Solo <input type="checkbox"/> DJ <input type="checkbox"/> Televised Sports <input type="checkbox"/> Other: Days and hours entertainment planned: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 14.28%;">SUN</th> <th style="width: 14.28%;">MON</th> <th style="width: 14.28%;">TUES</th> <th style="width: 14.28%;">WED</th> <th style="width: 14.28%;">THUR</th> <th style="width: 14.28%;">FRI</th> <th style="width: 14.28%;">SAT</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SUN	MON	TUES	WED	THUR	FRI	SAT							
SUN	MON	TUES	WED	THUR	FRI	SAT									
13.	Do you employ security? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only when entertainment is held If yes, do you: <input type="checkbox"/> Hire Private Security Company <input type="checkbox"/> Use On-staff Employees <input type="checkbox"/> Hire Off-duty Police Officers <input type="checkbox"/> Combination of the Above														
14.	Do you have security cameras on premise? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are they: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both If Yes, please provide a brief description of the location(s):														
15.	For retail, check the retail item categories available for purchase at the location: <input type="checkbox"/> Dairy <input type="checkbox"/> Baked Goods <input type="checkbox"/> Frozen Goods <input type="checkbox"/> Groceries <input type="checkbox"/> Snack Foods <input type="checkbox"/> Health Aids <input type="checkbox"/> 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

