

VILLAGE OF ROSCOE
APPLICATION FOR LICENSE
RETAIL LIQUOR DEALER'S LICENSE
(§114 of Village of Roscoe Code of Ordinances)

CHECK CLASS OF LICENSE APPLIED FOR:

- () Class A On and Off Premises (full Liquor) \$ 4,000.00
- () Class C Package Store (full Liquor) \$ 3,000.00
- () Class D Beer & Wine (on Premises) \$ 2,500.00
- () Class F Full Liquor (on Premises Only) \$ 3,000.00
- () Class G Package Store (Beer & Wine) \$ 2,000.00
- () Class T Temporary (One Day) \$ 100.00
- () Class BL Boutique Gaming \$ 5,000.00
- () Class BP Brew Pub \$ 2,500.00

OFFICE USE ONLY

LICENSE NO. _____
DATE ISSUED: _____ EXPIRES: _____
FEE: _____
CASH: _____ CHECK NO: _____
RECEIPT # _____

SECTION 1: Applicant Information:

Applicant: _____

Primary Contact Person /Agent: _____
(first) (middle) (last)

Mailing Address: _____
(street) (city) (state) (zip)

Business Name: _____

Premise Address: _____
(street) (city) (state) (zip)

Business Phone: _____ Other Phone: _____ Fax: _____

Corporate Information (if applicable):

Illinois Corporate Registration Number: _____ Date of Incorporation/Formation: _____

Is corporation in good standing with Illinois Secretary of State: _____ If foreign corporation, date qualified to do business in Illinois _____

Assumed Name of Corporation: _____

General Information: (applies to anyone listed in Section 2)

Owner of Premises: _____ (if leased, attach a copy of the lease to the application)

Date applicant began liquor sales at this premise: _____ Illinois Liquor License Number: _____

- YES NO Has applicant ever made application for a liquor license which was been denied?
- YES NO Has applicant ever had any previous liquor license suspended or revoked?
- YES NO Has applicant ever been convicted of a felony?
- YES NO Has applicant ever been convicted of a gambling offense?
- YES NO Do you possess a current federal wagering or gambling device stamp?
- YES NO Are you, or is any other person, directly or indirectly in your place of business, a public official?

* If yes to any of the above, please explain on separate sheet.

Dram Shop Coverage:

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license (attach a copy of the policy declaration to this application).

Insurance Company Name: _____

Address: _____

Policy Number: _____ Coverage Limits: _____

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SECTION 3. BASSET CERTIFICATION

Effective January 1, 2011, all new and renewal applications for liquor licenses must be accompanied with proof of completion of a State certified Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to this application.

	<u>EMPLOYEE NAME</u>	<u>BASSET TRAINING PROVIDER</u>	<u>CERTIFICATION DATE</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____
13)	_____	_____	_____
14)	_____	_____	_____
15)	_____	_____	_____
16)	_____	_____	_____
17)	_____	_____	_____
18)	_____	_____	_____
19)	_____	_____	_____
20)	_____	_____	_____
21)	_____	_____	_____
22)	_____	_____	_____
23)	_____	_____	_____
24)	_____	_____	_____
25)	_____	_____	_____
26)	_____	_____	_____
27)	_____	_____	_____
28)	_____	_____	_____
29)	_____	_____	_____
30)	_____	_____	_____

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AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF ROSCOE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE of ROSCOE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF.

I further swear or affirm that I have read and understand the Village of Roscoe Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Roscoe, and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(TITLE OR POSTION)

(TITLE OR POSITION)

(DATE SIGNED)

(DATE SIGNED)

AFFIRM: _____
(SECRETARY)

(DATE SIGNED)

STATE OF _____)

COUNTY OF _____) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____

NOTARY PUBLIC