



# VILLAGE OF CHERRY VALLEY RETAIL LIQUOR LICENSE APPLICATION

### Class of License and Fee

- A - Retail sale of alcohol, No Sundays \$1,300.00
- B - Packaged/Store off premises, No Sundays \$1,300.00
- C - Sales of spirits less than 12%, No Sundays \$1,120.00
- D - Club on Premises, No Sundays \$1,120.00
- E - Sunday Sales \$300 or \$150 (with J) \$180 (with B, C, D)
- G - Extended hours, No Sundays \$180.00
- I - Banquet Halls \$2,500.00
- J - Golf Course Cart \$600.00
- K - Early Sunday Sales \$100.00
- L - Video Gaming \$1,500.00
- CR- Catering License \$200.00

### Hours of Operation

- A, B, C, D: Mon. – Sat. 7:00 am to 1:00 am
- E: Sunday Sales 11:00 am to 11:00 pm
- G: Mon. – Sat. 1:00 am to 2:00 am
- I: Mon. – Sun. 11:00 am to Midnight
- J: Mon. – Sun. 11:00 am to 7:00 pm
- K: Sunday Sales 9:00 am to 11:00 am
- CR: Catering Endorsement – Tied to event times

**New Applicants: \$200.00 Non-refundable  
application fee**

LICENSE NO. \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

LICENSE EXPIRES: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

LIQUOR FEES: \_\_\_\_\_

GAMING FEES: + \_\_\_\_\_

**TOTAL=** \_\_\_\_\_

**FOR OFFICE USE ONLY**

## SECTION 1 - Applicant Information:

Applicant: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Primary Contact: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Class Applying For: \_\_\_\_\_

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

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Business Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Corporate/LLC Information (If Applicable):

Illinois Corporate/LLC Registration Number: \_\_\_\_\_ Date of Incorporation/Formation: \_\_\_\_\_

Is Corporation/LLC in good standing with Illinois Secretary of State? \_\_\_\_\_

If foreign corporation, date qualified to do business in Illinois: \_\_\_\_\_ ROT Registration #: \_\_\_\_\_

Assumed Name of Corporation/LLC: \_\_\_\_\_ Date Filed with County: \_\_\_\_\_

## General Information:

Owner of Premise: \_\_\_\_\_ (Please attach a copy of the lease if applicable)

Date applicant began liquor sales at this premises: \_\_\_\_\_ Illinois Liquor License Number: \_\_\_\_\_

Anticipated Opening Date: \_\_\_\_\_

Has applicant ever made application for a liquor license that was denied?  YES  NO

Has applicant ever had any previous liquor license suspended or revoked?  YES  NO

Has the applicant, owner, or manager ever been convicted of a felony?  YES  NO

Has the 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 any other person, in your place of business, a public elected or appointed official?  YES  NO

Is the proposed location within 100 feet of any church, school other than an institution of higher learning, hospital, home for aged or indigent persons or for veterans, their spouses or children or any military or naval station; provided, however, that this subsection shall not apply to hotels offering restaurant service, regularly organized clubs, or to restaurants, food shops or other places where sale of alcoholic liquors is not the principal business carried on; nor to the renewal of a license for the sale at retail of alcoholic liquor on premises within 100 feet of any church or school where the church or school has been established within such 100 feet since the issuance of the original license. In the case of a church, the distance of 100 feet shall be measured to the nearest part of any building used for worship services or educational programs and not to property boundaries.  YES  NO

*\*If yes to any of the above, please explain on separate sheet and attach to application.\**



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### **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. (Please attach copy to application)

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage Limit: \_\_\_\_\_

### **SECTION 2 - Owner & Officer Information:**

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organizations and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

|  |
|--|
| <p>1. Name: _____<br/> <small>(First Name) (Middle Initial) (Last Name)</small></p> <p>_____</p> <p><small>(Date of Birth) (Driver's License Number) (State) (Title) (% ownership)</small></p> |
| <p>2. Name: _____<br/> <small>(First Name) (Middle Initial) (Last Name)</small></p> <p>_____</p> <p><small>(Date of Birth) (Driver's License Number) (State) (Title) (% ownership)</small></p> |
| <p>3. Name: _____<br/> <small>(First Name) (Middle Initial) (Last Name)</small></p> <p>_____</p> <p><small>(Date of Birth) (Driver's License Number) (State) (Title) (% ownership)</small></p> |
| <p>4. Name: _____<br/> <small>(First Name) (Middle Initial) (Last Name)</small></p> <p>_____</p> <p><small>(Date of Birth) (Driver's License Number) (State) (Title) (% ownership)</small></p> |
| <p>5. Name: _____<br/> <small>(First Name) (Middle Initial) (Last Name)</small></p> <p>_____</p> <p><small>(Date of Birth) (Driver's License Number) (State) (Title) (% ownership)</small></p> |

**If additional space is needed, attach an additional sheet to the application.**



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**SECTION 3 – Basset Certification:**

Effective January 1, 2011, all new and renewal application for liquor licenses must be accompanied with proof 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 the 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. | _____                | _____                           | _____                     |



**VILLAGE OF CHERRY VALLEY**  
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**Catering Endorsement/License**

Village of Cherry Valley  
 806 E. State Street  
 Cherry Valley, IL 61016

A class CR (Catering Endorsement) license shall allow the holder to serve alcoholic liquors as an incidental part of a food service that serves prepared meals, which **excludes** the serving of snacks as the primary meal either on-site or off-site. A class CR license shall only be issued to the applicant who can demonstrate that they are operating a valid catering business or restaurant within Winnebago and Boone Counties.

A class CR license shall not be used for on-site service of alcoholic liquors for consumption unless the person or entity also holds a valid local liquor license with the Village of Cherry Valley.

**Fee: \$200.00 annually**  
**(License will not be prorated)**

|                        |   |
|------------------------|---|
| <b>Applicant Name:</b> | <b>Current License Holder's Establishment Name:</b> |
| <b>Phone Number:</b>   | <b>Class(es) of License Currently Held:</b>         |
| <b>Address:</b>        |   |
| <b>City:</b>           | <b>State and Zip:</b>                               |

**I understand the liquor commissioner, in the interest of the public health and safety, may deny the request. The liquor commissioner is specifically granted the authority to issue an order directing the licensee to cease operation after the special event has commenced, if, in the liquor commissioner's opinion, the event is jeopardizing the health and safety of the community.**

**Additionally, such authorization is subject to all applicable ordinances, regulations, and statutes and if the licensee violates any ordinance, regulation or statute, the liquor commissioner may revoke the endorsement or the license as provided by ordinance and statute.**

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Liquor Commissioner Signature

\_\_\_\_\_  
 Date



VILLAGE OF CHERRY VALLEY  
RETAIL LIQUOR LICENSE APPLICATION

BACKGROUND INVESTIGATION QUESTIONNAIRE

1. Is this Background Investigation for a Licensee (or License Applicant), a Manager or both?  
(Mark one below)

- \_\_\_\_\_ Licensee or License Applicant
- \_\_\_\_\_ Manager Applicant
- \_\_\_\_\_ Both, a Licensee and Manager

2. Business name:

\_\_\_\_\_

(a) Business Address: \_\_\_\_\_

(b) Phone number of license applicant or license holder: \_\_\_\_\_

3. Applicant's Full Name:

\_\_\_\_\_ (Last) (First) (Middle)

(a) Maiden Name and /or Aliases: \_\_\_\_\_

(b) Social Security Number: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

(c) Date of Birth: \_\_\_\_\_ County Born in: \_\_\_\_\_ State Born in: \_\_\_\_\_

(d) Current Age: \_\_\_\_\_ Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

(e) \*Sex: \_\_\_\_\_ \*Race \_\_\_\_\_ Citizenship \_\_\_\_\_ USA \_\_\_\_\_ OTHER: \_\_\_\_\_

***\*The Village of Cherry Valley has no interest in the sex or race of applicants; this information is strictly used as identifiers for criminal history background checks.***

I, the undersigned applicant, swear or affirm that the information stated above is true and correct to the best of my knowledge and belief. I understand that to falsify information is grounds for this application to be denied.

\_\_\_\_\_  
Applicant's Name – Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

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



**VILLAGE OF CHERRY VALLEY**  
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**AFFIDAVIT**

I, the undersigned applicant or authorized agent thereof, swear of 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 CHERRY VALLEY 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 CHERRY VALLEY, 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 Cherry Valley Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Cherry Valley, and agree to abide by such laws and regulations.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

\_\_\_\_\_  
(TITLE OR POSITION)

\_\_\_\_\_  
(TITLE OR POSITION)

\_\_\_\_\_  
(DATE SIGNED)

\_\_\_\_\_  
(DATE SIGNED)

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
VILLAGE PRESIDENT