

**Cook County Liquor Control
Commission
Zahra Ali**

Deputy Liquor Control Commissioner
118 N. Clark Street, Room 1160
Chicago, Illinois 60602
(312)603-3727



**Cook County Liquor Control
Commission**

Toni Preckwinkle
President
Cook County Board of
Commissioners

2021 – 2022 LIQUOR LICENSE RENEWAL APPLICATION

Applicant Name:

Business Name:

Applicant's Address:

City/County, State, Zip:

Home Phone:

Business Phone:

Cell Phone:

Email:

Check box if mailing address is the same as above, if different than above add Mailing address below.

Mailing Address:

City/County, State, Zip:

Home Phone:

Business Phone:

Cell Phone:

Email:

For Office use only:

Examined by:

Issue Date:

Date:

Account #:

Approved by:

Comments:

Is the applicant entitled to share in the profits of the business that is operating on the premises? YES NO

Is the applicant a U.S. Citizen? YES NO

Illinois Retailers Occupation Tax Number:

Federal Employer's Identification Number:

Please check all the description that may apply to the business that is seeking a Liquor License:

<input type="checkbox"/> Package Goods/Small Grocery Store	<input type="checkbox"/> Convenience Store with Gasoline
<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other
<input type="checkbox"/> Club	

Please respond to all questions below, even if you have already entered that information on Page 1 of this application.

Type of Entity:

<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company

If the business is a corporation then:

List the date of incorporation:

What State established the corporation:

Name and Address of Registered Agent:

If the corporation is not an Illinois corporation, has the applicant qualified under the Business Corporation Act of 1983 (805 ILCS 5/1.01) or the Limited Liability Company Act (805 ILCS 1-1) to transact business in Illinois?

YES NO

Please submit proof of good standing from the Secretary of State.)

CORPORATE/PARTNERSHIP FORM

Please list all Directors, Owners, Partners, Managers, Registered Agents, Share Trust Holders and/or Shareholders of a corporation that own more the 5% of the corporation's stock.

Name:	Title:	Phone Number:
Address:	Social Sec. # (last 4)	Date of Birth:

Name:	Title:	Phone Number:
Address:	Social Sec. # (last 4)	Date of Birth:

Name:	Title:	Phone Number:
Address:	Social Sec. # (last 4)	Date of Birth:

Name:	Title:	Phone Number:
Address:	Social Sec. # (last 4)	Date of Birth:

Please attach spread sheet, if there are additional individuals.

Whenever changes occur in the individuals that are listed above or should be listed above, those changes must be reported in writing to the Liquor Control Commission within thirty (30) days of the effective date of such change. The licensee shall pay a fee of \$250 at the time of filing the notice of such change. Any named changes must satisfy all of the eligibility requirements for a liquor license as provided in the ordinance. Any instance of noncompliance with the requirement of this subsection shall be grounds for revocation of any liquor license held such person or entity.

Does the applicant or any other Partner, Director, Officer, Manager, or Stockholder (of more than 5%) of an applicant corporation or partnership hold a federal wagering stamp for the current tax period, or have a wagering stamp for the current tax year been issued on the premises? YES NO

Has the applicant or any other Partner, Director, Officer, Manager, or Stockholder (of more than 5%) of an applicant corporation or partnership ever made a separate application for a liquor license for any premises other the premises described below?
 YES NO

Has the applicant or any other Partner, Director, Officer, Manager, or Stockholder (of more than 5%) of an applicant corporation or partnership ever been issued a license of any kind that has been revoked, suspended or involuntarily terminated in any way?
 YES NO

(If Yes, please indicate the type of license and circumstances leading to the license being revoked, suspended or involuntarily terminated.)

Has the applicant or any other Partner, Director, Officer, Manager, or Stockholder (of more than 5%) of an applicant corporation or partnership ever been convicted, forfeited bond and/or been granted immunity for any of the following situations (please check all conditions that are applicable):

- | | |
|---|--|
| <input type="checkbox"/> Any felony under federal or state law | <input type="checkbox"/> Any drug-related offense |
| <input type="checkbox"/> Any gambling related offense | <input type="checkbox"/> Any alcohol control offense |
| <input type="checkbox"/> Any offense related to morals or decency | |

(If yes, to any of the above, please describe the circumstances.)

Is the applicant or any other Partner, Director, Officer, Manager, or Stockholder (of more than 5%) of an applicant corporation or partnership a public official (whether elected or appointed) or sworn as a law enforcement officer within Cook County?
 YES NO

If Yes, please indicate the position and the relevant terms of office below:

Business Premise Information:

The information requested below applies to the location where the business license is being sought. Please respond to all the questions below, even if you have already entered that information on Page 1 of this application.

Name of the Business:

Street Address of the Business:

City/County, State, Zip:

Property Index Number:

Business Phone Number:

Cell Phone Number:

Eligibility Questions:

I hereby certify that property is owned by applicant.

I hereby certify that property is leased from landlord.

I hereby certify that property is managed via operating or management agreement.

Is the property where alcoholic beverages will be served owned or leased?

YES NO

(If the answer is "Owned" please skip to the next question. Proof of ownership must be submitted with this application)

What is the expiration date on the lease?

What is the name and address of the landlord?

Does the business intend to serve food and will a Food License be required for the premises?

YES NO

Is the applicant engaged in the manufacture of alcohol?

YES NO

If so, at what location(s)?

Is the applicant conducting the business of importing or distributing alcoholic beverages?

YES NO

If so, at what location(s)?

Are the premises within 100 feet of any church, school, day care center, hospital, library, or home for the aged, or for indigent persons, or for veterans?

YES NO

If so, please specify:

Is the premises in the business of a convenience store AND selling gasoline?

YES NO

Does the business have more than 500 stock keeping units and product mix for sale to consumers?

YES NO

Describe below the types of grocery stock for sale to consumers:

Have there been any changes in the existing operation, floor plan, or seating accommodations since you last applied for or renewed the license?

YES NO

Do you sell Tobacco Products? YES NO

Do you have paid parking or valet services? YES NO

Do you have other Liquor Licenses in another state or other local municipalities? YES NO

Is the establishment licensed by the State of Illinois for video gaming terminals? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please indicate last license approval date?
Is this establishment currently registered for Cook County Home Rule Taxes? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please indicate COOK ID?
Beer Garden License:
In addition to the regular Retail Liquor License, are you also applying for a Beer Garden License? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, please complete this section. If No, please skip to the next section.) Indicate the number of license locations to be issued ? Name of Location?
Have you mailed via first class mail notices to all persons who reside upon lots lying within 1,000 feet of the property lines of the location for which the license is being sought? (See Alcoholic Beverage Ordinance, Section 6-11(c) for guidance on what must be stated on the notice and who must receive it.) <input type="checkbox"/> YES <input type="checkbox"/> NO
Live Music Entertainment License:
In addition to the regular Retail Liquor License, are you also applying for a Live Music Entertainment license? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, please complete this section. If No, please skip to the next section.)
Indicate the number of license locations to be issued?
Name of Location?
Are you seeking a Live Music Entertainment License for an Indoor or Outdoor location? <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both (If Outdoor, must apply for Beer Garden License)
If Outdoor, is the location within 1,000 feet of property used for residential purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO
Special Late License:
In addition to the regular Retail Liquor License, are you also applying for a Special Late License? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, please complete this section. If No, please skip to the next section.)
Indicate the number of license locations to be issued?
Name of Location?
Are you seeking a Special Late License for an Indoor or Outdoor location? <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both (If Outdoor, must apply for Beer Garden License)
If Outdoor, is the location within 1,000 feet of property used for residential purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO

Additional Special Late License:

In addition to the regular Retail Liquor License and Special Late License, are you also applying for an Additional Special Late License? YES NO

(If Yes, please complete this section. If No, please skip to the next section.)

Indicate the number of license locations to be issued?

Name of Location?

Do you currently have an Additional Special Late License? YES NO If yes, in what year was that license first issued?

Additional Information:

Do you have a Retailer Tobacco License in Unincorporated Cook County from the Dept. of Public Health? YES NO

Do you have a Retail Food Establishment Permit from the Dept. of Public Health? YES NO

Affidavit of Applicant

STATE OF ILLINOIS)

COUNTY OF COOK)

I, _____, after having been duly sworn on oath state that this application was completed by me, that I have investigated all statements contained in this application and that I have personal knowledge that they are true and correct. I further understand that any false statement or misrepresentation of any fact contained herein is grounds for denial or revocation/suspension of the license for which I am applying. I agree to fully cooperate with any agency designed to investigate the information provided herein and to provide any additional information or documents that are necessary to substantiate my suitability to hold a Cook County Liquor License.

I further pledge that, during the course of conducting business, I will not violate any laws of the United States, any laws of the State of Illinois, nor any ordinance of Cook County, including Part I, Chapter 6.

Signature

Title

Signed and Sworn before me

This ____ day of _____, 20 ____

Notary Public

LIQUOR LICENSE INDEBTEDNESS AFFIDAVIT

Pursuant to the Cook County Alcoholic Beverage Ordinance, all information requested on this form must be fully completed before this affidavit or the Liquor License Application is considered complete. Failure to list all debts or outstanding liabilities may result in a denial of the application or an automatic revocation of any liquor license that has been issued.

State of Illinois)

County of Cook)

As the individual person signing this Affidavit, I, _____, after having been sworn by oath, state as follows:

My home address is: _____

The name of the business that is the liquor license applicant is: _____

The address of the premises to be licensed is: _____

The entity applying for a Cook County Liquor License is a:

Sole Ownership Partnership Corporation Limited Liability Company

I hereby affirm that I have made all necessary inquiries and conducted an investigation of the partnership and all individual partners of the licensee or the corporation and all directors, officers and shareholders who hold more than 5% of the corporation's stock or the sole proprietor of the business to be licensed regarding any debts that may be owed to Cook County. As a result of these inquiries and investigations, to the best of my knowledge and belief, none of the foregoing persons or entities owes a debt to Cook County.

Signature

Signed and Sworn before me

This ____ day of _____, 20 ____

Notary Public

LIQUOR LICENSE FEE DETAIL

Please carefully mark the type of license and endorsement for which this application is intended:

	Fee	Number	Total Fee
Regular Retail Liquor License	\$2,000	_____	_____
(minimum required license)			
A retail license allows the sale of any alcoholic liquor only between the hours of:			
7:00 am – 1:00 am Mon. – Thur.			
7:00 am Fri – 2:00 am Sat.			
7:00 am Sat – 2:00 am Sun.			
7:00 am Sun – 1:00 am Mon.			
Special Late License	\$700	_____	_____
This endorsement to the Regular Retail Liquor License allows an additional hour for the sale of any alcoholic liquor:			
7:00 am – 2:00 am Mon. – Thur.			
7:00 am Fri – 3:00 am Sat.			
7:00 am Sat. – 3:00 am Sun.			
7:00 am Sun. – 2:00 am Mon.			
Additional Special Late License	\$1,500	_____	_____
ONLY applies to existing holders of this endorsement. NO new or additional Special Late Liquor License endorsements will be issued. This endorsement allows for the sale of liquor and alcohol:			
7:00 am – 4:00 am Mon. – Sun.			
Beer Garden License	\$300	_____	_____
This endorsement allows for the sale of any alcohol liquor at a privately owned outdoor location adjacent to the licensed premises. This license is only valid from May 1st through October 31st.			
Live Music (Road House) Amusement License	\$750	_____	_____
This endorsement allows for the sale of any alcohol liquor at any establishment with live entertainment or dancing.			
Subtotal for Application Fees and Endorsements :			_____

The following fees are required upon application and must be added and included with your payment total:

Criminal Records Background Check	\$34.25 (per person)	_____
(New applications, Not Renewal for 2019-2020)		
Publication and Advertisement Fee (not required for renewals)	\$250.00	_____
Change of Officer Fee (not required for renewals)	\$250.00	_____
Subtotal for Additional Fees		_____
TOTAL APPLICATION FEES REMITTED		_____

Please note that payment for the total amount due must be made by a certified check or money order. Certified checks or money orders must be made payable to the COOK COUNTY DEPARTMENT OF REVENUE.



Cook County Affidavit of Child Support Obligations

Effective July 1, 1998, every applicant for a County Privilege shall be in full compliance with any judicially or administratively ordered Child Support Obligation before such applicant is entitled to receive or renew a County Privilege. When Delinquent Child Support Obligation exists, the County shall not issue or renew any County Privilege, and may revoke any existing County Privilege.

"Applicant" means any person or business entity, including all Substantial Owners, seeking issuance of a County Privilege or renewal of an existing County Privilege from the County. This term shall not include any political subdivision of the federal or state government, including units of local government, and not-for-profit organizations.

"County Privilege" means any business license, including but not limited to liquor dealers' licenses, packaged goods licenses, tavern licenses, restaurant licenses, and gun licenses; real property licenses or lease; permit, including but not limited to building permits, zoning permits or approvals; environmental certificate; County HOME Loan; and contracts exceeding the value of \$10,000.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Applicants/Substantial Owners are required to complete this affidavit and comply with the Child Support Enforcement Ordinance before any privilege is granted. Signature of this form constitutes a certification that the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information.

Privilege Information

County Privilege: _____

County Department: _____

Applicant Information

Last Name: _____ First Name: _____ MI: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (_____) _____ - _____ Driver's License #: _____

Child Support Obligation Information

The undersigned applicant, being duly sworn on oath or affirmation hereby states that, to the best of my knowledge: (place an "X" next to "A", "B", "C", or "D")

- A. The applicant has no judicially or administratively ordered child support obligations.
- B. The applicant has an outstanding judicially or administratively ordered obligation, but is paying in accordance with the terms of the order.
- C. The applicant is delinquent in paying judicially or administratively ordered child support obligations.
- D. The applicant is not a substantial owner as defined above.

The undersigned applicant understands that failure to disclose any judicially or administratively ordered child support debt owed will be grounds for revoking the privilege.

Signature: _____ Date: _____

Subscribed and sworn to before me this

_____ day of _____, 20_____

_____, Notary Public

Checklist

Please use this checklist to make sure that you are submitting all the necessary documents to complete your application for a liquor license. Each item below should be completely filled out before mailing your application back to the Cook County Liquor Control Commission. Remember that the payment coupon and a certified check or money order, made payable to the Cook County Department of Revenue, must be mailed in a separate envelope. **NO CASH, PERSONAL OR BUSINESS CHECKS, OR CREDIT CARDS WILL BE ACCEPTED.**

- Liquor License Application

- Liquor License Fee Detail

- Liquor License Indebtedness Affidavit

- Secretary of State Proof that Corporation/LLC is in good standing

- Original certificate of Liquor Liability Insurance (Dram Shop) in an aggregate amount of at least \$1,000,000.00. The certificate must include a 30 day cancellation notice and name the Liquor Control Commission as the certificate holder. The insurance must run for a period at least as long as the license period.

- Cook County Child Support Affidavit

- Tobacco Retailer License/Retail Food Establishment Permit From the Department of Public Health (Unincorporated Cook County)

- Proof of property ownership i.e. lease, property title

- State of Illinois Liquor Control License Copy (After issuance of Cook County License)

- Indicate Business Hours of Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation							