



VILLAGE OF
LINCOLNSHIRE
POLICE DEPARTMENT

STAMP HERE

OFFICE USE ONLY

License #: _____

LIQUOR LICENSE RENEWAL

Individual/Partnership Liquor License Renewal	Date: _____	Liquor Class: _____	License Period Ending: April 30, 20 _____
Address applying for liquor license (exact street address): _____			Telephone #: _____
APPLICANT			
Applicant name: _____			
Name under which business is to be conducted (D.B.A.): _____			
Business website: _____		Business Email: _____	
Number of bars to be operated on premises: _____		Name of Local Manager: _____	
In the past year:			
<ul style="list-style-type: none"> Have there been any changes to the physical location affecting the layout of the business? Have there been any changes in local management? 			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the above, please indicate changes that occurred. _____			
State Law requires that all sellers, servers and those who check ID's be BASSET certified or under the direct supervision of someone who is BASSET certified. Proof of BASSET certification must be available for inspection by state and/or local liquor authorities at all times. At the business applying for the liquor license, are all required individuals BASSET certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
By the signing of the application, the applicant agrees to and hereby authorizes the Village of Lincolnshire and its agents to conduct whatever investigation that may be deemed necessary to confirm the above indicated facts, or otherwise to confirm that the applicant is lawfully permitted to obtain a liquor license under the liquor control provisions of the Lincolnshire Village Code (as amended from time to time), or other ordinances of the Village of Lincolnshire and the laws of the State of Illinois.			
Any misrepresentation, omission or false statement on this application or in regards to any information provided during the application process, shall constitute grounds for the termination of any further consideration of the application or in the rejection of the application. If any such misrepresentation, omission or false statement, as mentioned above, is discovered after the application for a liquor license has been authorized, and a liquor license issued by the Mayor and Board of Trustees of the Village of Lincolnshire, said misrepresentation, omission or false statement shall constitute grounds for the immediate revocation of said liquor license by the Liquor Control Commissioner.			
Approval of application of license/permit shall not be held to permit or be an approval of any violation of the provisions of the Lincolnshire Village Code.			
Any changes in Manager must be reported to the Liquor Control Commissioner with 10 days after the new appointment.			

AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF LAKE

The undersigned swear (or affirm) that the corporation in whose name this application is made, will not violate any of the ordinances of the Village of Lincolnshire, or the laws of the State of Illinois or of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct.

_____ Individual/Partner

Corporate Seal

_____ Partner

Subscribed and sworn before me this _____ day of _____, 20____.

[NOTARY SEAL]

Notary Public