VILLAGE OF
LINCOLNSHIRE
POLICE DEPARTMENT

LIQUOR LICENSE RENEWAL

***Renewal applications not received by March 31 are subject to late filing fees.**

OFFICE USE ONLY
License #:

License Renewal	Date:	Liquor Class:	License Period Ending: **April 30, 20_____**
Address applying for liquor license (exact street address):			Telephone #:

APPLICANT

Applicant / Corporate 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: • Have there been any changes to the physical location affecting the layout of the business? • Have there been any changes in ownership or corporate structure? • Have there been any changes in local management?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

If you answered yes to any of the above, please indicate changes that occurred.

Please provide a list of the current individuals, partners, officers, directors, or stockholders with more than 5% ownership of the business. Any changes in Manager must be reported to the Liquor Control Commissioner within 10 days of the new appointment.

INDIVIDUALS / PARTNERS/ OFFICERS/ DIRECTORS / STOCKHOLDERS WITH MORE THAN 5% OWNERSHIP

Full Name:	Email:	Date of Birth:
Residence Address:		Telephone #:
Driver's License #:	State of Issuance:	Percentage of Ownership:

Full Name:	Email:	Date of Birth:
Residence Address:		Telephone #:
Driver's License #:	State of Issuance	Percentage of Ownership:
Full Name:	Email:	Date of Birth:
Residence Address:		Telephone #:
Driver's License #:	State of Issuance	Percentage of Ownership:

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

By signing 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 regard 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 a license application does not constitute permission for, or approval of, any violations of the Lincolnshire Village Code.

Name of person completing application:	
Address:	
Email:	Telephone #:
Applicant Signature:	

RENEWAL APPLICATION ADDRESS/BILLING PARTY

Name	
Address	
Phone	Email

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.

_____President

Corporate Seal

_____Secretary

Subscribed and sworn before me this _____day of _____, 20 _____.

[NOTARY SEAL]

_____
Notary Public