



City of Braidwood  
 141 W. Main St.  
 Braidwood, Illinois 60408  
 (815) 458-2333

## Application for Liquor License

*Please print legibly in ink or type application.*

Liquor License Term – Jan 1 through December 31

All applications must be accompanied by the appropriate application fee

### SECTION 1. APPLICANT INFORMATION

Type of Business: Corporation  LLC  Partnership  Individual Applicant

New Application:  Renewal Application:

Name of Corporation, LLC, Partnership, or Individual: \_\_\_\_\_

Office Address of Corporation, LLC, Partnership:

\_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Illinois Business Tax Number: \_\_\_\_\_

Local Business Name (assumed or d/b/a name): \_\_\_\_\_

Local Street Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mail renewal application to: Local Business Address  Corporation, LLC, Partnership Address

### SECTION 2. ESTABLISHMENT INFORMATION

Principal Business Activity for this location: \_\_\_\_\_

Class of Liquor License Applying for: \_\_\_\_\_

Will your establishment have an outdoor beer garden/patio area? \_\_\_\_\_

Will your establishment have video gaming devices? \_\_\_\_\_

Will your establishment have amusement devices? \_\_\_\_\_

What is your anticipated opening date? \_\_\_\_\_

What are your proposed hours of operation? \_\_\_\_\_



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## SECTION 3. LIQUOR LICENSE CLASSES AND FEES

Note: This is a list of the license types and does not offer thorough explanations of the classifications and provisions as listed in the City Code in Title 3, Chapter 3 – Liquor Control Ordinance. Please refer to the City Code for a description of the different license classes. Questions can be directed to the City Clerk’s Office.

Class A - for consumption on the premises where sold and the sale of alcohol in its original packaging for consumption off the premises.	\$1,500
Class B - for consumption on the premises where sold only.	\$1,200
Class C - in original packages for consumption off the premises only.	\$1,500
Class D - beer and wine only in its original packages for a consumption off the premises where sold.	\$1,100
Class E - alcohol by civic, charitable, governmental or other not-forprofit organizations on specified premises or areas defined in the license for a period of not to exceed five consecutive days. No more than two Class E licenses may be issued to any organization in any 12-month period.	\$75
Class F - wine in its original packaging for consumption off the premises where sold in connection with the preparation and sale of what is commonly referred to as gift baskets consisting of fruit, nuts, cheeses, flowers, or other similar items where the wine is not the primary product being sold with the gift basket.	\$350
Class G - beer and wine only on the premises where sold, in an outdoor "beer garden" as hereinafter described. A Class G license may be issued only to a person or business entity also holding a Class A, Class B or Class G license, shall be applied for separately and a separate fee shall be paid for the Class G license. A Class G license shall not be issued for any premises within 150 feet of a residence, and shall permit sale in the "beer garden" only between the hours of 11:00 a.m. and 9:00 p.m. A "beer garden" shall be an area behind or beside a building for which a Class A, B or D license has been issued, fully enclosed by a solid fence not less than six feet in height, which may not be entered except through the building, with an emergency exit operable only from within the fence. No music or other entertainment shall be permitted within a "beer garden" which may be heard at a distance of more than 75 feet from the fenced area. Any lighting in the "beer garden" shall not be permitted to fall or project into adjacent property owned by any person other than the licensee, and shall not flash or move in any manner. Every Class G license shall be issued on the express condition that it may be suspended and the operation of the "beer garden" shut down on one-hour's notice by the liquor commissioner or by any city police officer for excessive noise if, after one warning, the licensee fails to curtail the disturbing noise. Any Class G licensee whose license has been so suspended shall be entitled to a hearing before the liquor commissioner within ten days of request to show cause why the Class G license should be reinstated. License fee is per year, in addition to any other license fee imposed by this section.	\$500.00



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## SECTION 4. CORPORATE / LLC / PARTNERSHIP / SOLE PROPRIETORSHIP INFORMATION

For Corporations - List each Officer and Director. Also list all shareholders owning more than 5% of stock.  
For LLCs – List LLC Manager and all members of the LLC.  
For Partnerships – List each Partner.  
For Sole Proprietorship – List individual applicant.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If less than three (3) years, please list your previous home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License/State ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is applicant a United States citizen? Yes  No  I am a citizen of \_\_\_\_\_

Position/Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_

**\* Please copy this page (if needed) to list all required persons**



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## SECTION 5. ON-SITE GENERAL MANAGER INFORMATION

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If less than three (3) years, please list your previous home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License/State ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is applicant a United States citizen? Yes  No  I am a citizen of \_\_\_\_\_

Position/Title: \_\_\_\_\_ Percent of Shares Owned: \_\_\_\_\_

Are you BASSET certified? Yes  No  Attach copy of BASSET certificate.

Please list the on-site general manager's employment history with addresses for the past five (5) years:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_



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## SECTION 6. BUSINESS PREMISES

Does the applicant own the premises where the local business with the liquor license will be operated and maintained?    Yes     No

Name of Landlord: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

Lease Period Start: \_\_\_\_\_ Lease Period End: \_\_\_\_\_

## SECTION 7. PREVIOUS LIQUOR LICENSE INFORMATION

Has the applicant or any other person listed in sections 4 and 5, ever had a liquor license revoked or suspended by any federal, state, county, or local government agency?    Yes     No

If yes, please list the name of business which had said license revoked/suspended, its location, the date of the revocation/suspension, and all details of the revocation/suspension, including events leading to the revocation/suspension below:

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

Address of Business: \_\_\_\_\_

State, County, City of Business: \_\_\_\_\_

Date of Revocation/Suspension: \_\_\_\_\_

Details of Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* Please copy this page (if needed) to list previous licenses/suspensions/revocations.**



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## SECTION 8. PREVIOUS LIQUOR LICENSE INFORMATION

Has the applicant or any other person listed in sections 4 and 5, ever had a liquor license revoked or suspended by any federal, state, county, or local government agency?    Yes     No

If yes, please list the name of business which had said license revoked/suspended, its location, the date of the revocation/suspension, and all details of the revocation/suspension, including events leading to the revocation/suspension below:

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

Address of Business: \_\_\_\_\_

State, County, City of Business: \_\_\_\_\_

Date of Revocation/Suspension: \_\_\_\_\_

Details of Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* Please copy this page (if needed) to list previous licenses/suspensions/revocations.**



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### SECTION 9. BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED.

*(The questions in this section apply to the applicant and all other persons listed in Sections 4 and 5).*

**For questions answered "yes", a written, detailed explanation is required and must be attached to this application.**

- Yes  No  Has the applicant, or any other person listed in sections 4 and 5, ever been convicted of any violation of any law pertaining to alcoholic liquor?
- Yes  No  Has the applicant, or any other person listed in sections 4 and 5, ever been convicted of a felony?
- Yes  No  Has the applicant, or any other person listed in sections 4 and 5, ever been convicted of a gambling offense?
- Yes  No  Has the applicant, or any other person listed in sections 4 and 5, ever been issued a federal gaming device stamp or a federal wagering stamp?
- Yes  No  Is the applicant, or any other person listed in sections 4 and 5, a public official or law enforcement official in the same jurisdiction as the license?
- Yes  No  Is the applicant, or any other person listed in sections 4 and 5, delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- Yes  No  Does the applicant, or any other person listed in sections 4 and 5, have outstanding, past due financial obligations owed to the City, including but not limited to fines, fees, utility charges and property taxes?

### SECTION 10. DRAM SHOP INSURANCE

If your liquor application is approved, you must provide a Certificate of Liability Insurance showing liquor liability coverage for your establishment before a liquor license will be issued. The certificate must list the city as certificate holder as follows:

City of Braidwood  
141 W. Main St.  
Braidwood, IL 60408



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### SECTION 11. BUILDING DEPARTMENT PERMITS / INSPECTIONS

Please contact the Building Department at (815) 458-2333 to inquire on the necessary permits and/or inspections that are required for your business.

### SECTION 12. HEALTH DEPARTMENT PERMITS / INSPECTIONS

Please contact the Will County Health Department at (815) 727-8480 to inquire on the necessary health department permits and/or inspections that are required for your business.

### SECTION 13. APPLICATION SUBMITTAL

**Questions on Liquor Licensing can be directed to the City Clerk's Office at (815) 458-2333.**

Before your application can be processed, you **MUST** complete the following requirements:

- Original signed, notarized, and fully completed liquor application.
- Copy of Valid Driver's License or State ID for all persons listed in this application.
- Copy of on-site general manager's BASSET certificate.
- In Section 10, if any questions were answered yes - a written, detailed response to those questions must be attached





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## SECTION 14. WAIVER AND RELEASE OF ALL CLAIMS FORM

Please read this statement carefully and be aware that by agreeing to allow the City of Braidwood to investigate your criminal/financial background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

**I AUTHORIZE** an investigator or other duly accredited representative of the City of Braidwood or its agents to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

**I AUTHORIZE** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the City of Braidwood or its agents authorized above regardless of any previous agreement to the contrary.

**I WAIVE** and relinquish all claims I may have against the City of Braidwood and its officers, agents, servants, and employees, as a result of participating in this background check.

**I STATE** that I have read and fully understand this Waiver and Release of All Claims Form.

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

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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**SECTION 15. AFFIDAVIT**

In witness whereof, the undersigned, being first duly sworn, verifies that the statements contained in this Application for a Liquor License are true and correct in every detail, along with an acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information. I further state that I have read and understand the City of Braidwood Code of Ordinances regarding Liquor Control which address the sale and delivery of alcoholic beverages. I further agree not to violate any state or federal laws or any of the ordinances of the City of Braidwood in the conduct of my place of business and to report any changes to this application whether they occur before or after a license is issued, to the City Clerk within 30 days.

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

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This instrument was subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_ (name of person or persons).

\_\_\_\_\_  
NOTARY

**NOTE:**

Applications by corporations shall be sworn to and signed by the corporate president and attested to and signed by the corporate secretary.

Applications by a partnership shall be sworn to and signed by two members of the partnership.