

# LIQUOR LICENSE APPLICATION

## OFFICE OF THE MAYOR/LIQUOR COMMISSIONER

15440 CENTRAL AVENUE, OAK FOREST IL 60452  
 TEL: (708) 687-4050 EMAIL: CITYOFOAKFOREST@OAK-FOREST.ORG



Complete all information on this form and return with two checks: a \$250.00 non-refundable Application Fee and a \$50.00 Fingerprinting Fee for each owner and/or manager. A third check for the first year liquor licensing fee will be required upon approval of a license by the Oak Forest City Council.

LIQUOR LICENSE CLASS REQUESTED	FEE AMOUNT (IF APPROVED, DUE UPON APPROVAL)
<input type="checkbox"/> CLASS A – TAVERN	\$1,500.00
<input type="checkbox"/> CLASS AVG – TAVERN WITH VIDEO GAMING	\$2,000.00
<input type="checkbox"/> CLASS B – RESTAURANT	\$1,500.00
<input type="checkbox"/> CLASS BVG – RESTAURANT WITH VIDEO GAMING	\$2,000.00
<input type="checkbox"/> CLASS C – BEER GARDEN	\$350.00
<input type="checkbox"/> CLASS D – OUTDOOR CAFE	\$200.00
<input type="checkbox"/> CLASS E – LIQUOR STORE	\$1,500.00
<input type="checkbox"/> CLASS F – CONVENIENCE BUSINESS	\$1,500.00
<input type="checkbox"/> CLASS G – COMBINED (ACROSS THE BAR & PACKAGED GOODS)	\$1,800.00
<input type="checkbox"/> CLASS GVG – COMBINED WITH VIDEO GAMING	\$2,300.00
<input type="checkbox"/> CLASS H – TEMPORARY	NO FEE
<input type="checkbox"/> CLASS I – VIDEO GAMING BOUTIQUE	\$2,500.00

### BUSINESS INFORMATION

BUSINESS NAME:		DBA:		
ADDRESS:	UNIT #:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:	HOURS OF OPERATION:		

### PROPERTY INFORMATION

ARE THE PREMISES LEASED?  YES  NO If YES, Complete Remaining:

PROPERTY OWNER NAME:				
ADDRESS:	UNIT #:	CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL ADDRESS:		

### APPLICANT INFORMATION

NAME:		TITLE: <input type="checkbox"/> OWNER <input type="checkbox"/> MANAGER		
HOME ADDRESS:	UNIT #:	CITY:	STATE:	ZIP:
PHONE (PRIMARY):	PHONE (MOBILE):			
PHONE:	FAX:	EMAIL ADDRESS:		
DRIVER'S LICENSE NUMBER:	STATE:	DATE OF BIRTH:		
SOCIAL SECURITY NUMBER:	PLACE OF BIRTH:			
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ARE A NATURALIZED CITIZEN, WHEN WERE YOU NATURALIZED? MONTH _____ YEAR _____	IN WHICH COURT WERE YOU NATURALIZED?		

**APPLICANT BACKGROUND QUESTIONNAIRE** *Answer all of the following questions and additional questions as they apply.*

A. Have you ever been convicted of a felony under any federal or state law?	<input type="checkbox"/> YES (If Yes, give dates and state the offense.)	<input type="checkbox"/> NO
B. Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality?	<input type="checkbox"/> YES (If Yes, give dates and state the offense.)	<input type="checkbox"/> NO
C. Have you ever been convicted of a violation of a federal or state liquor law since February 1, 1934?	<input type="checkbox"/> YES (If Yes, give dates and state the offense.)	<input type="checkbox"/> NO
D. Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in (C)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Have you made an application for similar license for premises other than described in this application?	<input type="checkbox"/> YES (If Yes, give date, location of premises and disposition of application.)	<input type="checkbox"/> NO
F. Has any license previously issued to you by state, federal, or local authorities been revoked, suspended, or fined?	<input type="checkbox"/> YES (If Yes, state reasons and date(s).)	<input type="checkbox"/> NO
G. Are you delinquent in payment of retailers' occupation tax (sales tax)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H. If retailer, are you delinquent under the thirty (30) day credit law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I. Have you ever made an application for a liquor license which has been denied?	<input type="checkbox"/> YES (If Yes, explain why below.)	<input type="checkbox"/> NO
J. Have you ever been convicted of a gambling offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
K. Do you possess a current Federal Wagering or Gaming Device Stamp?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REGISTRATION SALES TAX NUMBER:	FEDERAL TAX STAMP:	STATE LICENSE NUMBER:
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**EMERGENCY CONTACTS** *List contacts in order of priority.*

NAME:		TITLE:		
ADDRESS:	UNIT #:	CITY:	STATE:	ZIP:
HOME PHONE:		CELL PHONE:		
NAME:		TITLE:		
ADDRESS:	UNIT #:	CITY:	STATE:	ZIP:
HOME PHONE:		CELL PHONE:		

The information I have submitted in this application is complete and truthful to the best of my knowledge. I understand the issuance of this license is conditional upon compliance with all City Codes and Ordinances, State and Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force. I have read this application and answered all questions fully. I have received a copy of Oak Forest's Liquor License Ordinance for review. I will comply with its requirements and provide any documentation requested of me as an applicant, including corporation paperwork, and a list of ownership, etc. Finally, as necessary, I hereby authorize the City of Oak Forest by its agents to make inquiries into my character, credit and background, in order to approve or deny this license application.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_