

# City of Warrenville

35258 Manning Avenue • Warrenville, IL 60555  
630/393-9427 • FAX 630/393-5053

Dear Liquor License Applicant:

As a potential liquor license holder, you will find a copy of the City of Warrenville ordinances included with your license application packet. These ordinances govern the condition of your license and also spell out prohibited activities.

As Liquor Commissioner, it is my responsibility to see that these ordinances are adhered to for the safety of the public and to ensure that responsible business practices are in place, regarding the sale of alcoholic beverages by license holders.

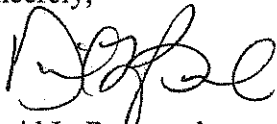
The City is very serious with the enforcement of the Liquor Code, and regularly conducts random compliance checks. Violations of the City Liquor Code will result in citations, fines, and even suspension of licenses.

The Warrenville Police Department notifies the Liquor Commissioner of Administrative Liquor License violations. Upon notification and City Attorney review and approval, the licensee will be notified of the alleged violation and will have the opportunity to:

- Contest the violation at an administrative hearing.
- Stipulate to the violation and agree to the prescribed sanction, as set forth by the Liquor Commissioner.

Please be aware that the application process may take six to ten weeks for completion. If you have additional questions concerning Administrative Liquor License violations, please contact Chief of Police, Raymond G. Turano at (630) 393-2131.

Sincerely,



David L. Brummel  
Liquor Commissioner

DLB/at

# City of Warrenville

28W701 Stafford Place • Warrenville, IL 60555  
630/393-9427 • FAX 630/393-6948

## Liquor License Application Acknowledgement Of Receipt of Rules and Regulations

I \_\_\_\_\_ applying for a liquor license for  
(please print)

\_\_\_\_\_ located at \_\_\_\_\_  
(business name) (street address)

have read and acknowledge receipt of the City of Warrenville Liquor License Application packet. I understand the City Code and will abide by all of the requirements therein set.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# City of Warrenville

## APPLICATION FOR LIQUOR LICENSE

Check One:  Corporation  LLC, LLP, or LP  General Partnership  Sole Proprietor

Date: \_\_\_\_\_

Local Information:

Owner: \_\_\_\_\_

d/b/a: \_\_\_\_\_  
Local Business Name Registered with County

Local Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: Warrenville, IL 60555

Local Phone: (630) \_\_\_\_\_

City of Warrenville Business ID No. \_\_\_\_\_

Corporate, LLC, LLP, LP Information:

Registered Company Name:  
\_\_\_\_\_

Registered Address (no P.O. Boxes):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address if different from above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Types of Licenses: (Attach copy of DuPage Health Department permit if applicable)

Liquor Class \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

\*\*\*PLEASE PRINT\*\*\*

Local Manager's Full Name: \_\_\_\_\_  
Last First M.I.

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

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

Home Phone: ( ) \_\_\_\_\_

Driver's License: \_\_\_\_\_

\_\_\_\_\_  
Signature of Local Manager Date

Received  
By: \_\_\_\_\_  
City of Warrenville, Fiscal Clerk

Zoning Approval:  
\_\_\_\_\_  
Zoning Official

Date: \_\_\_\_\_

Date: \_\_\_\_\_ Zoning Class: \_\_\_\_\_

CITY OF WARRENVILLE  
RETAIL LIQUOR DEALER'S LICENSE APPLICATION

(For Office Use Only):

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

License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Fee: \_\_\_\_\_

The undersigned hereby makes application for a retail liquor dealer's license pursuant to the provisions of the City Code of the City of Warrenville (as amended) regulating the sale of alcoholic liquors in the City of Warrenville, County of DuPage, Illinois and all amendments thereto now in force and effect.

(Please Check Applicable Box):

New Application

Renewal Application

(Please print or type):

Current Date: \_\_\_\_\_ License Class #: \_\_\_\_\_

License Period (From): \_\_\_\_\_ (To): \_\_\_\_\_  
Date Date

Applicant: \_\_\_\_\_  
(Name of Sole Proprietor, Partnership, Corporation, Limited Liability Company, etc.)

d/b/a: \_\_\_\_\_

Local Business Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different than Business Address): \_\_\_\_\_  
\_\_\_\_\_

Business Phone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

Name of Local Contact Person: \_\_\_\_\_

Phone Number of Local Contact Person: ( ) \_\_\_\_\_

Title of Local Contact Person (Manager, Owner, President, etc.) \_\_\_\_\_

1. Check the appropriate category:

- A. Sole Proprietorship (Must sign page 13)
- B. General Partnership (Must sign page 13)
- C. Limited Partnership  
(Two (2) general partners must sign page 13) (← Please note)
- D. Corporation or Club  
(Two (2) officers must sign page 13) (← Please note)  
  
(Attach a copy of Corporate Charter, Articles of Incorporation, or Annual Report)  On File (← Please attach)
- E. Limited Liability Company  
(Two (2) officers must sign page 13) (← Please note)  
  
(Attach a copy of Articles of Organization)  On File (← Please attach)

2. Illinois Business Tax Number: \_\_\_\_\_

3. If Corporation, please answer the following questions:

- A. Date of incorporation: \_\_\_\_\_  
Date
- B. State of incorporation: \_\_\_\_\_  
Name of State
- C. If foreign Corporation, date qualified under Illinois Business Corporation Act to transact business in Illinois: \_\_\_\_\_  
Date
- D. Type of business (i.e., restaurant, hotel, etc.):  
\_\_\_\_\_

4. If Limited Liability Company, please answer the following questions:

- A. Date of formation: \_\_\_\_\_  
Date
- B. State of formation: \_\_\_\_\_  
Name of State
- C. If foreign company, date registered to transact business in Illinois:  
\_\_\_\_\_  
Date
- D. Type of business (i.e., restaurant, hotel, etc):  
\_\_\_\_\_

5. Length of time in business: \_\_\_\_\_

6. Total square footage: \_\_\_\_\_ Seating capacity: \_\_\_\_\_

7. Value of liquor merchandise now on hand: \$ \_\_\_\_\_

8. Are the premises located within 100 feet of any church, school, hospital, home for the aged, indigent, or veterans, their spouses or children, or any military or naval station:  Yes  No

9. Do you lease or own the premises:  Lease  Own

A. If leased, date lease expires: \_\_\_\_\_

Copy of current lease is attached:

Yes  Already On File

B. If leased, name and address of owner(s) of premises:

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

C. Are premises held in trust?  Yes  No

If yes, provide name and address of all Owners of the beneficial interest of such trust (If name and address are unavailable, list name of bank and Document or Trust #) (← Please note)

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

10. If an Individual or Partnership, list the following:  
(If Corporation or Limited Liability Company, skip to page 7)

- All Owners.
- Any general partner(s) or limited partner(s) owning more than 5 percent of the total limited partnership interest.
- The business manager.

(Please include the full name; date of birth; place of birth; citizenship; naturalization date and place (if applicable); home address; home telephone number; driver's license number, and social security number).

(Attach additional pages, if necessary)

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalization: \_\_\_\_\_  
(if applicable) (if applicable)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Owner, Partner, Business Manager, etc.)

\*\*\*\*\*

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalization: \_\_\_\_\_  
(if applicable) (if applicable)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Owner, Partner, Business Manager, etc.)

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalization: \_\_\_\_\_  
(if applicable) (if applicable)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Owner, Partner, Business Manager, etc.)

\*\*\*\*\*

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalization: \_\_\_\_\_  
(if applicable) (if applicable)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Owner, Partner, Business Manager, etc.)



If Corporation or Limited Liability Company, list the following:

- All Officers
- All Directors
- All persons owning more than 5 percent of the aggregate stock of the Corporation or interest in the Company

(Attach additional pages if necessary)

(Please include the full name; date of birth; place of birth; citizenship; naturalization date and place (if applicable); home address; home telephone number; driver's license number, and social security number).

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalization: \_\_\_\_\_  
(if applicable) (if applicable)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Officer, Director, etc.)

\*\*\*\*\*

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalization: \_\_\_\_\_  
(if applicable) (if applicable)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Officer, Director, etc.)

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalization: \_\_\_\_\_  
(if applicable) (if applicable)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Officer, Director, etc.)

\*\*\*\*\*

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Naturalization: \_\_\_\_\_  
(if applicable) (if applicable)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
(Officer, Director, etc.)

11. Is applicant licensed as a restaurant?  Yes  No

If yes, a copy of your DuPage County Health Department Environmental Health Services Permit must be attached.  Yes, copy is attached

12. Does applicant or any person listed in question 10 have a current liquor license at any other location?  Yes  No

If yes, who issued the license? \_\_\_\_\_  
(Name of Licensing Authority)

Location of Establishment \_\_\_\_\_  
(Address)

13. Has the applicant or any person listed in question 10 held a liquor license in the past?  Yes  No

If yes, who issued the license? \_\_\_\_\_  
(Name of Licensing Authority)

Location of Establishment \_\_\_\_\_  
(Address)

License Term - Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

14. Has any previous liquor license issued to applicant or any person in question 10 ever been suspended or revoked?  Yes  No

If yes, provide licensing authority and reasons why suspended or revoked:

\_\_\_\_\_  
\_\_\_\_\_

15. Has any liquor license issued to applicant or any person in question 10 been subjected to any form of disciplinary action, including fines?  Yes  No

If yes, provide name of licensing authority and reasons why fined or disciplined:

\_\_\_\_\_  
\_\_\_\_\_

16. Does the applicant or any person listed in question 10 possess a current federal wagering or gaming device stamp?  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

17. Is applicant or any person listed in question 10 disqualified from receiving a liquor license or renewal by reason of any matter contained in Illinois State Law or City of Warrenville ordinances?  Yes  No

18. Does applicant have dram shop insurance to cover the premises sought to be licensed?  Yes  No

(Attach verification of policy, with the City of Warrenville list as Certificate Holder (← Please attach)

Policy MUST include:

- Insurer's name  
Agent's name
- Date of expiration of policy (Must cover date of Liquor License 05/01 thru 04/30)  
Amount of coverage
- Type of coverage

19. Current State of Illinois Liquor License is attached:

Yes  On File

(← Please attach)

20. Please read and initial each of the following sections:

- A. The applicant, or person signing on behalf of the applicant, affirms that if this applicant is granted a liquor license and thereafter the applicant acquires, hires, or appoints a new manager not listed as a manager in this retail liquor license application, that within five (5) days of the date of the new manager commencing his/her duties, and submit to fingerprinting and a background check, the applicant shall notify the City of Warrenville Finance Department and request "Statement of Manager" documents which shall be completed and returned to the Finance Department for further processing and approval by the Appropriate authorities.

I have read the above paragraph \_\_\_\_\_  
(Initials)

- B. By attachment of his/her signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer.

I have read the above paragraph \_\_\_\_\_  
(Initials)

- C. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application, have not in the past and will not in the future violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the City of Warrenville controlling the retail sale of alcoholic liquor and the conduct of his/her place of business, other than as indicated on page 9 of this application.

I have read the above paragraph \_\_\_\_\_  
(Initials)

- D. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application, have never sold, delivered, or given away alcoholic liquor in violation of any State law or City ordinance to a person under the minimum age required to purchase or possess liquor, other than as indicated on page 9 of this application.

I have read the above paragraph \_\_\_\_\_  
(Initials)

E. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application have never been convicted of a felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any matter or thing contained in the laws of the State of Illinois or the provisions of the Liquor Control Ordinance of the City of Warrenville.

I have read the above paragraph \_\_\_\_\_  
(Initials)

F. The applicant affirms that he/she and all individuals required to be identified in this application acknowledge that the granting of a liquor license is:

- a matter of privilege, not a right
- that citizens of the City of Warrenville have traditionally and customarily enjoyed and professed a high regard for decency and morality
- that certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control ordinance of the City of Warrenville.

I have read the above paragraph \_\_\_\_\_  
(Initials)

G. The applicant acknowledges that he/she and all individuals required to be identified in this application understand and will obey the provisions of the Liquor Control ordinance of the City of Warrenville.

I have read the above paragraph \_\_\_\_\_  
(Initials)

H. By attachment of his/her signature, the applicant affirms that he/she and all persons required to be identified in this application, have not received or borrowed money or anything else of value, and that he/she will not receive or borrow money or anything else of value (other than merchandising credit in the ordinary course of business for a period of not to exceed 30 days, as expressly permitted under Section A of 235 Illinois Compiled Statutes 5/6-5 of the Illinois liquor control act), directly or indirectly from any manufacturer, importing distributor or distributor representative of any such manufacturer, nor be a part in any way, directly or indirectly, to any violation by a manufacturer, distributor or importing distributor of 235 Illinois Compiled Statutes 5/6-5 of the Illinois liquor control act.

I have read the above paragraph \_\_\_\_\_  
(Initials)

- I. Applicant understands that he/she and all persons required to be identified in the application may be required to be finger printed. All such fingerprinting shall be done by the City of Warrenton Police Department. Said fingerprints shall be submitted to the appropriate State and/or Federal agencies for processing as available. The cost of fingerprinting shall be recoverable from the applicant.

I have read the above paragraph \_\_\_\_\_  
(Initials)

21. Statement on company letterhead signed by an officer stating that all employees under the age of twenty-one (21) have completed the Beverage Alcohol Sellers and Services Education and Training (BASSET) program or the Training for Intervention Procedures (TIPS) program or a credited program by showing proper documentation, is attached. For employees twenty-one (21) and over who have had no BASSET or TIPS, the letter states that the owner/manager has given them the training necessary to prevent them from selling to a minor.

(Attach Statement)

(← Please attach)

Statement is attached \_\_\_\_\_  
(Initials)

SIGNATURE PAGE

The Applicant(s) in whose name this application is made or;  
The Corporation in whose name this application is made, if a Corporation; or  
The Limited Liability Company (Ltd.) in whose name this application is made, if a Company

reaffirms all of the foregoing statements to be true and correct to the best of his/our knowledge and belief.

We further affirm that we are familiar with the laws of the United States, State of Illinois, and the ordinances of the City of Warrenville relating to the sale of alcoholic liquor.

Applicant(s) agrees not to violate any of the laws of the United States, State of Illinois, or any of the ordinances of the City of Warrenville in the conduct of business described herein.

CORPORATION OR LIMITED LIABILITY COMPANY

(2 Officers Must Sign Here):

Name: \_\_\_\_\_  
Print

Name: \_\_\_\_\_  
Print

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*  
INDIVIDUAL OR PARTNERSHIP

(2 Partners Must Sign Here)

Name: \_\_\_\_\_  
Print

Name: \_\_\_\_\_  
Print

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Corporate Seal

Subscribed and Sworn to me this \_\_\_\_\_ day of

\_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public

Notary Seal

WAIVER  
CITY OF WARRENVILLE  
RETAIL LIQUOR DEALER'S LICENSE APPLICATION

In connection with my application referred to above, I authorize the City of Warrenville to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:

(Please complete all questions):

Name:	
Home Address:	
Home Phone Number:	(    )
Date of Birth:	
Social Security Number:	
Driver's License Number:	
Type of Permit:	
New or Renewal Permit:	

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and Sworn to before  
me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public



**CITY OF WARRENVILLE**  
**STATEMENT OF MANAGER OR AGENT CONDUCTING BUSINESS**  
**AS AN EMPLOYEE OF LIQUOR LICENSE APPLICANT**

(Supplement to City of Warrenville Retail Liquor License Application)

The statements contained herein are hereby made a part of the application submitted by

\_\_\_\_\_  
(Name of Applicant as shown on Liquor License Application)

for the issuance of a City of Warrenville Retail Liquor Dealer's License for the premises located at

\_\_\_\_\_  
(Address as shown on Liquor License Application)

1. Name of manager or agent:

\_\_\_\_\_

2. Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

4. Have you been fingerprinted by the Warrenville Police Dept. for the purpose of this application?

Yes  No If yes, when \_\_\_\_\_

5. Are you a citizen of the United States?  Yes  No

If you are a naturalized citizen, when were you naturalized and where? \_\_\_\_\_

\_\_\_\_\_

6. Have you ever been convicted of any felony under any Federal or State law? Yes  No.

If yes, give the date, the nature of the offense, and the disposition of said conviction(s):

Date: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

Disposition of conviction(s) \_\_\_\_\_

7. Have you ever been convicted of being the keeper of a house of ill fame; of pandering; or other crime or misdemeanor opposed to decency and morality?  Yes  No.

If yes, give the date, the nature of the offense, and the disposition of said conviction(s):

Date(s): \_\_\_\_\_ Nature of offense(s): \_\_\_\_\_

Disposition of conviction(s) \_\_\_\_\_

8. Have you ever been convicted of a violation of any Federal or State liquor law?

Yes  No.

If yes, give the date and disposition of said conviction(s): Date: \_\_\_\_\_

Disposition of conviction(s) \_\_\_\_\_

9. Has a Federal wagering stamp been issued to you by the Federal government for the current tax period?  Yes  No. If yes, state the specifics: \_\_\_\_\_

\_\_\_\_\_

10. Has any license previously issued to you by the State, Federal, or local authorities been revoked?

Yes  No.

If yes, state the date and reasons for revocation: Date: \_\_\_\_\_

Reason for revocation: \_\_\_\_\_

11. A. In what capacity are you employed by the applicant:  Manager  Agent

B. Give the name of the person who appointed/hired you to your present capacity: \_\_\_\_\_

\_\_\_\_\_

Date of appointment: \_\_\_\_\_

C. Have you been appointed by resolution of a Board of Directors or Board of Trustees:

Yes  No.

If yes, give the date of the passage of the resolution: \_\_\_\_\_

12. Employment History for the last five (5) years:

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

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

Street Address

City/State/Zip

Type of Employment: \_\_\_\_\_

\*\*\*\*\*

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

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

Street Address

City/State/Zip

Type of Employment: \_\_\_\_\_

\*\*\*\*\*

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

Address of Employer: \_\_\_\_\_  
Street Address City/State/Zip

Type of Employment: \_\_\_\_\_

\*\*\*\*\*

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

Address of Employer: \_\_\_\_\_  
Street Address City/State/Zip

Type of Employment: \_\_\_\_\_

**AFFIRMATION**

I, \_\_\_\_\_ affirm that the information and statements contained in this  
(PRINT NAME)

STATEMENT OF MANAGER OR AGENT are true and correct to the best of my knowledge and  
belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

WAIVER  
 CITY OF WARRENVILLE  
 STATEMENT OF MANAGER OR AGENT CONDUCTING BUSINESS  
 AS AN EMPLOYEE OF LIQUOR LICENSE APPLICANT

In connection with my Statement of Manager or Agent as referred to above, I authorize the City of Warrenville to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:  
 (Please complete all questions):

Name:	
Home Address:	
Phone Number:	(     )
Date of Birth:	
Social Security Number:	
Driver's License Number:	
Type of Permit:	
New or Renewal Permit:	

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

Subscribed and Sworn to before  
 me this \_\_\_\_\_ day of \_\_\_\_\_  
 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

**For City of Warrenville Office Use Only:**

**CHECK-OFF LIST**  
Attachments and Signatures

- \_\_\_\_\_ If Corporation, copy of Corporate Charter, Articles of Incorporation, or Annual Report is attached or on file (page 3, 1.D.)
- \_\_\_\_\_ If Limited Liability Company, Articles of Organization is attached or on file (page 3, 1.E)
- \_\_\_\_\_ If premises is leased, a copy of current lease is attached or on file (page 4, 9.A.)
- \_\_\_\_\_ Certificate of Insurance for Liquor Liability is attached and covers entire license period (10, 18)
- \_\_\_\_\_ "Statement of Manager" form is completed and attached, if applicable
- \_\_\_\_\_ Current State of Illinois Liquor License attached or on file (page 10, 19.)
- \_\_\_\_\_ Questions 20.A. through I., and question 21 have been read and initialed by applicant (pages 10-12)
- \_\_\_\_\_ Statement on company letterhead signed by an officer stating all employees have taken and passed the BASSET/TIPS program noted on page 12
- \_\_\_\_\_ Page 13 is signed by 2 partners, 2 officers, or sole proprietor, and notarized
- \_\_\_\_\_ Waiver is completed, signed, and notarized (page 14)
- \_\_\_\_\_ Payment is attached
- \_\_\_\_\_ DuPage County Health Permit is attached if applicable