



**VILLAGE OF VILLA PARK  
ALCOHOLIC LIQUOR RETAILER'S  
LICENSE APPLICATION**

20 S. ARDMORE, VILLA PARK, IL 60181 (630) 834-8500

TO THE PRESIDENT OF THE VILLAGE OF VILLA PARK:

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR THE ISSUANCE OF A VILLAGE CLASS LIQUOR LICENSE FOR THE SALE OF ALCOHOLIC LIQUOR FOR THE PERIOD OF ONE YEAR ENDING DECEMBER 31, AND HEREBY CERTIFIES TO THE FOLLOWING FACTS:

1. NAME OF APPLICANT:

(LAST)

(FIRST)

(MIDDLE)

2. COMPLETE NAME UNDER WHICH BUSINESS IS TO BE CONDUCTED:

(CORPORATE NAME)

(D/B/A NAME)

3. COMPLETE ADDRESS OF PREMISES FOR WHICH LICENSE IS SOUGHT:

(NUMBER)

(STREET NAME)

4. FULL DESCRIPTION OF LOCATION, PLACE OR PREMISES, SPECIFYING FLOOR ROOM ETC. :

5. STATE PRINCIPLE KIND OF BUSINESS:

(SUCH AS: CLUB, RESTAURANT, HOTEL, CONVENIENT STORE, LIQUOR STORE, DRUG STORE, ETC.)

6. NAME OF PREVIOUS ESTABLISHMENT, IF KNOWN:

7. DOES APPLICANT OWN OR LEASE PREMISES FOR WHICH THIS LICENSE IS SOUGHT?

OWN \_\_\_\_\_ LEASE \_\_\_\_\_

IF LEASE, PLEASE PROVIDE EXPIRATION DATE OF SAID LEASE: \_\_\_\_\_

8. IS THE LOCATION OF APPLICANT'S BUSINESS FOR WHICH LICENSE IS SOUGHT WITHIN 100 FEET OF ANY CHURCH, SCHOOL, HOSPITAL, HOME FOR AGE OR INDIGENT PERSONS OR FOR VETERANS, THEIR WIVES OR CHILDREN OR ANY MILITARY OR NAVAL STATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. TYPE OF OWNERSHIP: INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

9a. FOR CORPORATION - LIST ALL STOCKHOLDERS OWNING 5% OR MORE:  
(USE ADDITIONAL SHEET IF NECESSARY)

(A) NAME	ADDRESS	PERCENT OWNED
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(B) NAME	ADDRESS	PERCENT OWNED
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(C) NAME	ADDRESS	PERCENT OWNED
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(D) NAME	ADDRESS	PERCENT OWNED
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DATE OF INCORPORATION: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

IF STATE IS DIFFERENT THAN ILLINOIS, LIST DATE QUALIFIED UNDER THE ILLINOIS BUSINESS CORPORATION ACT TO TRANSACT BUSINESS IN ILLINOIS: \_\_\_\_\_

THERE ARE \_\_\_\_\_ ADDITIONAL STOCKHOLDERS, EACH OWNING LESS THAN 5%. THE TOTAL OWNED BY ALL OF THEM IS: \_\_\_\_\_ %

TOTAL OF ALL PERCENTAGES: \_\_\_\_\_ 100%

9b. ARE ALL OWNERS, PARTNERS OR ANY INDIVIDUAL OWNING MORE THAN 5% OF THE CORPORATION, A CITIZEN OF THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, LIST NAME AND IF THEY ARE A NATURALIZED CITIZEN, WHEN AND WHERE NATURALIZED:  
(USE ADDITIONAL SHEET IF NECESSARY)

9c. HAS A BACKGROUND INVESTIGATION BEEN COMPLETED ON ALL STOCKHOLDERS OWNING MORE THAN 5%? YES \_\_\_\_\_ NO \_\_\_\_\_

10. IS OR WILL THIS BUSINESS BE CONDUCTED BY A MANAGER OR AGENT?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE COMPLETE THE FOLLOWING:

NAME: (LAST)	(FIRST)	(MIDDLE)
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ADDRESS	CITY	STATE	ZIP
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PLACE OF BIRTH	CITIZENSHIP
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10a. HAS A BACKGROUND INVESTIGATION BEEN COMPLETED ON INDIVIDUAL LISTED ABOVE?  
YES \_\_\_\_\_ NO \_\_\_\_\_

11. HAS ANY MANUFACTURER, IMPORTING DISTRIBUTOR DIRECTLY OR INDIRECTLY PAID OR AGREED TO PAY FOR THIS LICENSE, ADVANCED MONEY OR ANYTHING ELSE OF VALUE, OR ANY CREDIT (FURNISHED FIXTURES OR EQUIPMENT, OTHER THAN SIGNS OR OTHER ADVERTISING MATERIALS) OR IS SUCH A PERSON DIRECTLY OR INDIRECTLY INTERESTED IN THE OWNERSHIP, CONDUCT OR OPERATION OF THE PLACE OF BUSINESS?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES GIVE PARTICULARS: \_\_\_\_\_

12. ARE YOU OR IS ANY INDIVIDUAL WHO IS DIRECTLY OR INDIRECTLY INTERESTED IN APPLICANT'S PLACE OF BUSINESS A LAW ENFORCING OFFICIAL, PRESIDENT OF THE VILLAGE BOARD OF TRUSTEES, MEMBER OF VILLAGE BOARD OF TRUSTEES, MEMBER OF ANY CITY COUNCIL, OR PRESIDENT OR MEMBER OF A COUNTY BOARD?

YES \_\_\_\_\_ NO \_\_\_\_\_

13. HAS APPLICATION BEEN MADE FOR RETAIL LICENSE AT ANOTHER LOCATION?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHAT WAS THE DISPOSITION OF THE APPLICATION?

14. HAS ANY LICENSE PREVIOUSLY ISSUED TO APPLICANT BY STATE, FEDERAL OR LOCAL AUTHORITIES BEEN REVOKED?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GIVE PARTICULARS: \_\_\_\_\_

15. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION EVER BEEN CONVICTED OF ANY FELONY UNDER ANY STATE OR FEDERAL LAW?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, LIST NAME, GIVE DATE AND STATE OFFENSE:

16. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION EVER BEEN CONVICTED OF ANY CRIME UNDER THE FEDERAL OR STATE PROHIBITION OR LIQUOR ACTS?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, LIST NAME, GIVE DATE AND STATE OFFENSE:

17. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION EVER PERMITTED AN APPEARANCE BOND FORFEITURE FOR ANY OF THE VIOLATIONS MENTIONED IN QUESTIONS #15 & #16 ABOVE?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, LIST NAME, GIVE DATE AND STATE OFFENSE:

18. ARE YOU THE HOLDER OF A FEDERAL WAGERING STAMP?

YES \_\_\_\_\_ NO \_\_\_\_\_

19. HAVE ALL INSPECTIONS BEEN COMPLETED FOR OCCUPANCY?

(THROUGH COMMUNITY DEVELOPMENT/FIRE DEPARTMENT/HEALTH DEPARTMENT)

YES \_\_\_\_\_ NO \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

IF NO, HAVE THE INSPECTIONS BEEN SCHEDULED?

YES \_\_\_\_\_ NO \_\_\_\_\_ DATE SCHEDULED \_\_\_\_\_

**AFFIDAVIT**

I/WE SWEAR/AFFIRM THAT I/WE HAVE RECEIVED A COPY OF THE VILLAGE ORDINANCE REGARDING ALCOHOLIC LIQUOR AND THE I/WE WILL NOT VIOLATE ANY OF THE ORDINANCES OF THE VILLAGE OF VILLA PARK OR THE LAWS OF THE STATE OF ILLINOIS OR THE LAWS OF THE UNITED STATES OF AMERICA, IN THE CONDUCT OF THE PLACE OF BUSINESS DESCRIBED HEREIN AND THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE FURTHER SWEAR/AFFIRM THAT ALL STATEMENTS CONTAINED ON MY/OUR ORIGINAL APPLICATION ARE STILL TRUE AND CORRECT AND IN FULL FORCE AND EFFECT, WITHOUT ANY CHANGES, MODIFICATIONS, DELETIONS OR CORRECTIONS.

**INDIVIDUAL OWNERSHIP:**

\_\_\_\_\_  
SIGNATURE OF OWNER

**PARTNERSHIP**

(SIGNATURE OF ALL PARTNERS)

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

**CORPORATION**

\_\_\_\_\_  
SIGNATURE OF PRESIDENT

\_\_\_\_\_  
SIGNATURE OF SECRETARY

**MANAGER (IF OPERATED BY)**

\_\_\_\_\_  
SIGNATURE OF MANAGER

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_  
DAY OF \_\_\_\_\_, 20

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

## VILLAGE OF VILLA PARK INFORMATION SHEET

ADDRESS OF ESTABLISHMENT \_\_\_\_\_

(NO)

(STREET)

NAME OF ESTABLISHMENT \_\_\_\_\_

OWNER(S) OF ESTABLISHMENT \_\_\_\_\_

ADDRESS OF OWNER(S) \_\_\_\_\_

PHONE # (     )

OWNER(S) OF BUILDING \_\_\_\_\_

ADDRESS OF OWNER(S) \_\_\_\_\_

PHONE # (     )

**PROVIDE DRAWING OF FLOOR PLAN BELOW**

# **VILLAGE OF VILLA PARK**

## **RIDER TO APPLICATION FOR LIQUOR LICENSE (ORIGINAL APPLICATIONS AND RENEWAL APPLICATIONS)**

**THIS FORM IS TO BE COMPLETED BY ALL APPLICANTS FOR LIQUOR LICENSES EXCEPT CLASS G, J, OR K LICENSES.**

THE UNDERSIGNED HEREBY REPRESENTS AND WARRANTS TO TO VILLAGE OF VILLA PARK THAT NONE OF THE INDIVIDUALS SPECIFIED IN SECTION 3 OF AN ORDINANCE REGULATING ETHICAL CONDUCT OF CERTAIN ELECTED AND APPOINTED OFFICERS AND OFFICIALS OF THE VILLAGE OF VILLA PARK (A CURRENT LISTING OF THESE INDIVIDUALS IS ATTACHED HERETO AND MADE A PART OF THIS APPLICATION) HAS ANY OWNERSHIP INTEREST OF FIVE (5%) PERCENT OR MORE IN THE ENTITY MAKING THIS APPLICATION OR THE REAL ESTATE WHICH IS THE SUBJECT OF THIS APPLICATION, NOR IS ANY OF THE FOREGOING INDIVIDUALS AN OFFICER, DIRECTOR OR EMPLOYEE OF THE ENTITY MAKING THE APPLICATION. IF THE FOREGOING REPRESENTATION AND WARRANTY IS INACCURATE, STATE THE NAMES OF ANY SUCH INDIVIDUALS WHO ARE OFFICERS, DIRECTORS, OR EMPLOYEES OF THE APPLICANT OR WHO HAVE OWNERSHIP INTEREST IN THE APPLICANT AND THE NATURE OF SUCH INTEREST. LIQUOR LICENSE # \_\_\_\_\_

BY: \_\_\_\_\_  
(SIGNED BY OWNER, PARTNER OR CORPORATE OFFICER)

NAME OF LICENSEE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

### **CURRENT LISTING OF INDIVIDUALS SPECIFIED IN SECTION 3 *REVISED MAY 1, 2007* ALL ELECTED OFFICIALS**

**JOYCE STUPEGIA, VILLAGE PRESIDENT**  
HOSANNA KORYNECKY, ACTING VILLAGE CLERK  
JEFFREY BLANKENSOP, VILLAGE TRUSTEE  
ALBERT BULTHUIS, VILLAGE TRUSTEE  
THOMAS CULLERTON, VILLAGE TRUSTEE  
JOHN DAVIS, VILLAGE TRUSTEE  
DAVID "ANDDAVE" HEGLAND, VILLAGE TRUSTEE  
RICHARD ILLIAN, VILLAGE TRUSTEE

**VILLAGE MANAGER**  
ROBERT NIEMANN

**VILLAGE ATTORNEY**  
MOSS & BLUMBERG, LTD

**DIRECTOR OF PUBLIC WORKS**  
VYDAS JUSKELIS

**CHIEF OF POLICE**  
JOHN PAYNE

**CHIEF OF THE FIRE DEPARTMENT**  
ROBERT WILSON

**DIRECTOR OF FINANCE**  
ERIC J. DUBROWSKI

**DIRECTOR OF PARKS AND RECREATION**  
ROBERT NIEMANN

**DIRECTOR OF COMMUNITY DEVELOPMENT**  
SHUBHRA GOVIND