



100 Parkers Mill • Oswego, Illinois 60543
(630) 554-3259
Website: www.oswegoil.org
Email: license@oswegoil.org

LIQUOR LICENSE MANAGER APPLICATION

All managers shall be background checked and fingerprinted as a part of the application process.
Fee: \$100.00 per Manager

BUSINESS INFORMATION

NAME OF BUSINESS

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D.B.A. NAME:

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BUSINESS ADDRESS

ADDRESS	
CITY	
STATE	ZIP CODE

BUSINESS MAILING ADDRESS

MAILING ADDRESS	
CITY	
STATE	ZIP CODE

BUSINESS PHONE NUMBER

BUSINESS PHONE NUMBER

BUSINESS EMAIL ADDRESS

BUSINESS EMAIL ADDRESS

MANAGER INFORMATION

NAME (Last, first, middle initial)

HOME ADDRESS

MAILING ADDRESS (if different)

CITY, STATE, ZIP CODE

PHONE#	EMAIL ADDRESS

DRIVER'S LICENSE NUMBER

DATE OF BIRTH	PLACE OF BIRTH

SEX (M or F)	CITIZENSHIP (YES or NO)

TITLE/POSITION

PREVIOUS ADDRESSES: (LIST ALL ADDRESSES THIS PERSON HAS LIVED AT FOR THE PAST 10 YEARS.

HOUSE# AND STREET	CITY/STATE	ZIP CODE	COUNTY

PREVIOUS EMPLOYERS: (LIST ALL PREVIOUS EMPLOYERS THIS PERSON HAS WORKED AT FOR THE PAST 10 YEARS.

BUSINESS NAME	CITY/STATE	COUNTY	PHONE#

LENGTH OF TIME THIS PERSON HAS BEEN IN A BUSINESS OF THIS TYPE: _____

HAS THIS PERSON EVER BEEN ISSUED A LICENSE IN THE STATE OF ILLINOIS? YES: NO: IF YES, PROVIDE THE TYPE OF LICENSE AND NAME AND ADDRESS OF THE BUSINESS.

TYPE OF LICENSE

NAME OF BUSINESS
ADDRESS (STREET ADDRESS, CITY, COUNTY, STATE AND ZIP CODE)

NAME OF BUSINESS
ADDRESS (STREET ADDRESS, CITY, COUNTY, STATE AND ZIP CODE)

HAS THIS PERSON EVER BEEN ENGAGED IN THE SALE OF ALCOHOLIC LIQUOR AT A BUSINESS? YES NO IF YES, PROVIDE THE NAME AND ADDRESS OF THE BUSINESS.

NAME OF BUSINESS
ADDRESS (STREET ADDRESS, CITY, COUNTY, STATE AND ZIP CODE)

NAME OF BUSINESS
ADDRESS (STREET ADDRESS, CITY, COUNTY, STATE AND ZIP CODE)

HAS THIS PERSON EVER BEEN ISSUED A LICENSE IN ANY OTHER STATE? YES: NO: PROVIDE THE TYPE OF LICENSE AND NAME AND ADDRESS OF THE BUSINESS.

TYPE OF LICENSE

NAME OF BUSINESS
ADDRESS (STREET ADDRESS, CITY, COUNTY, STATE AND ZIP CODE)

NAME OF BUSINESS
ADDRESS (STREET ADDRESS, CITY, COUNTY, STATE AND ZIP CODE)

HAS THIS PERSON EVER BEEN CHARGED AND/OR CONVICTED WITH AN OFFENSE THAT PERTAINED TO A LICENSE ISSUED BY THE VILLAGE OF OSWEGO OR THE STATE OF ILLINOIS? YES NO IF YES, COMPLETE THE FOLLOWING:

DATE OF THE OFFENSE	LOCATION OF THE OFFENSE

COURT DOCKET #	DISPOSITION

INVESTIGATING AGENCY	INVESTIGATING AGENCY REPORT #

EXPLANATION OF FACTS

HAS THIS PERSON EVER BEEN CHARGED AND/OR CONVICTED WITH ANY OFFENSE? YES NO

IF YES, WHAT WAS THE OFFENSE?

DATE OF THE OFFENSE	LOCATION OF THE OFFENSE

COURT DOCKET #	DISPOSITION

INVESTIGATING AGENCY	INVESTIGATING AGENCY REPORT #

EXPLANATION OF FACTS

Will you familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the Village of Oswego, pertaining to the sale of alcoholic beverages and abide by all of them? Yes No

Will you familiarize yourself with all the laws of the United States, State of Illinois, Kendall County and ordinances of the Village of Oswego pertaining to the Human Trafficking Resource Center Notice Act? Yes: No:

Note: All on premises consumption licensees, where the sale of alcoholic beverages is the principal business and primary to the sale of food shall post a Human Trafficking notice in accordance with 775 ILCS 50/5. Notices must be visible by the public and employees.

Will you maintain the entire premises in a clean and sanitary manner free from conditions that might cause accidents? Yes No

Will you attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the police department if any such events take place? Yes No

Have you ever been convicted of any violation of any law pertaining to alcohol related offenses? Yes No

Have you ever been convicted of a felony? Yes No

Will you refuse to serve or sell alcoholic liquor to an intoxicated person or minor? Yes No

SIGNATURE/TITLE/DATE

Please sign and date the application and provide your title with the business. The application must be signed by the manager. **The signature must be an original; stamped signatures will not be accepted.**

I UNDERSTAND ANY MISREPRESENTATIONS SUBMITTED MAY BE CAUSE FOR DENIAL. THE UNDERSIGNED DOES HEREBY SWEAR OR AFFIRM, UNDER PENALTIES OF PERJURY, THAT ALL STATEMENTS IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION AND THAT I HAVE PERSONALLY READ EACH AND EVERY QUESTION AND ANSWERED EACH AND EVERY QUESTION IN THIS APPLICATION; AND THAT THE UNDERSIGNED IS OF GOOD MORAL CHARACTER AND HAS NOT BEEN CONVICTED OF A FELONY; AND THAT THE UNDERSIGNED WILL REVIEW AND NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, THE VILLAGE OF OSWEGO, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS AND THE CIVIL RIGHTS SECTIONS THEREOF AND IS NOT DISQUALIFIED BY REASON OF ANY MATTER OR THING CONTAINED IN THIS DOCUMENT

PENALTY: Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class IV fine, plus applicable hearing costs, as provided in subsection 1-4-3G of this code.

Printed Name: _____ Date: _____
(Please Print Clearly)

Signature: _____
(Authorized Signature)

Title/Position: _____

CONSENT TO CONDUCT BACKGROUND CHECK

TO WHOM IT MAY CONCERN

I authorize and empower the Village of Oswego and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, credit history, and all other information which may bear favorably or unfavorably upon my application for a _____ license made to the Village of Oswego. I further release from liability any person or persons providing or receiving any such information in connection with this pre-licensure investigation.

Upon written request I understand that said Police Department will provide me with information regarding the scope of the investigation if one was/is made.

Printed Name: _____

Address: _____

Signature: _____

Date: _____