



RETAIL LIQUOR  
LICENSE APPLICATION  
**2025**

**License Term: January 1 – December 31**

All new applications must be accompanied by a non-refundable  
background check fee (\$154.75 per person)

**PLEASE SELECT ONE OF THE FOLLOWING:**

NEW APPLICATION:

RENEWAL APPLICATION:

LICENSE CLASS: \_\_\_\_\_

LICENSE FEE: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

MAIL RENEWAL APPLICATION TO:  CORP. ADDRESS  LOCAL BUSINESS ADDRESS

**APPLICANT INFORMATION**

**TYPE OF BUSINESS:**

CORPORATION  LLC  PARTNERSHIP  INDIVIDUAL/SOLE PROPRIETOR

CLUB  IF SO, HOW MANY MEMBERS? \_\_\_\_\_

If you have a club, please attach a membership roster.

NAME OF CORP., LLC, PARTNERSHIP, OR INDIVIDUAL: \_\_\_\_\_

Print the name of your business as it will show on your state liquor license.

OFFICE ADDRESS OF CORP., LLC, PARTNERSHIP, OR INDIVIDUAL:

OFFICE PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ILLINOIS SALES TAX NUMBER: \_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

Either the date of incorporation of an Illinois corporation, or the date of becoming qualified under the Illinois Business Corporation Act to transact business in Illinois if a foreign corporation.

LOCAL BUSINESS NAME (assumed or d/b/a name): \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

LOCAL BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LENGTH OF TIME IN A BUSINESS OF THIS NATURE: \_\_\_\_\_

**ESTABLISHMENT INFORMATION**

PRINCIPAL BUSINESS ACTIVITY: \_\_\_\_\_

DO YOU SELL OR PLAN ON SELLING TOBACCO PRODUCTS?  YES  NOIf yes, contact the Deputy Clerk at [cpantoja@montgomeryil.org](mailto:cpantoja@montgomeryil.org) to obtain a valid Montgomery Tobacco license.WILL YOUR ESTABLISHMENT HAVE VIDEO GAMING?  YES  NOWILL YOUR ESTABLISHMENT HAVE OUTDOOR DINING?  YES  NOWILL YOUR ESTABLISHMENT HAVE AMUSEMENT DEVICES?  YES  NO**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 of each partner.

For Sole Proprietorship - List individual applicant.

NAME (First and last): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

IS THE APPLICANT A UNITED STATES CITIZEN?  YES  NO, I am a citizen of \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ PERCENT OF SHARES OWNED: \_\_\_\_\_

If you run out of space, please submit any additional names and information on a separate sheet of paper.

**MANAGER INFORMATION**

NAME (First and last): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

IS THE 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.

If you run out of space, please submit any additional names and information on a separate sheet of paper.

**BUSINESS PREMISES**

Does the applicant own the premises where the local business with the liquor license will be operated and maintained?  YES  NO (If no, please provide owner/landlord information below.)

LANDLORD NAME (First and last): \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_

LANDLORD PHONE NO: \_\_\_\_\_

LANDLORD EMAIL ADDRESS: \_\_\_\_\_

LEASE PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

[It is mandatory that the lease covers the term of the liquor license applied for.](#)

IS THE PREMISES WITHIN 100 FEET OF ANY CHURCH, SCHOOL, HOSPITAL, HOME FOR THE AGED OR INDIGENT PERSONS?  YES  NO

**PREVIOUS LIQUOR LICENSE INFORMATION**

[These questions apply to the applicants and managers listed above in this application](#)

HAS THE APPLICANT OR ANY OTHER PERSON LISTED ABOVE EVER HELD A LIQUOR LICENSE IN THE UNITED STATES?  YES  NO

GOVERNMENT UNIT: \_\_\_\_\_

LIQUOR LICENSE NO: \_\_\_\_\_

TIME PERIOD: \_\_\_\_\_

LOCATION: \_\_\_\_\_

GOVERNMENT UNIT: \_\_\_\_\_

LIQUOR LICENSE NO: \_\_\_\_\_

TIME PERIOD: \_\_\_\_\_

LOCATION: \_\_\_\_\_

HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?

YES  NO

HAVE ANY LIQUOR LICENSES ISSUED TO THE APPLICANT EVER BEEN REVOKED?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

[Please include name of business, location, date of revocation/suspension and details of the violation.](#)

## BACKGROUND INFORMATION

YES       NO      Has the applicant or any person listed in this application ever been convicted of a felony?

YES       NO      Has the applicant or any person listed in this application ever been convicted of a gambling offense as defined under section 5/6-2 of the Illinois Liquor Control Act?

YES       NO      Has the applicant or any person listed in this application been disqualified from receiving a liquor license, or renewal thereof, by reason of any matter contained in Illinois state law or village of Montgomery Ordinances?

## ZONING & BUILDING PERMITS / INSPECTIONS

Please contact the Community Development Department at 331-212-9023 to inquire on the necessary zoning, permits and/or inspection that are required for your business.

## HEALTH DEPARTMENT PERMITS / INSPECTIONS

Please contact the county health department to inquire on the necessary health department permits and/or inspections that are required for your business.

Kane County Health Department: 630-208-3801

Kendall County Health Department: 630-553-9100

## APPLICATION SUBMITTAL

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

- Original signed, notarized, and fully completed liquor application.
- Proof of dram shop liability insurance is mandatory and required to be on file with the application.
- A bond in the amount of \$1,000.00 is mandatory and must be submitted.
- Copy of the lease or proof of ownership must be attached.
- Floor plan showing the layout of proposed facility.
- Copy of BASSET certificate.
- Copy of Valid Drivers License or State ID for all persons listed in this application
- Non-refundable background check fee (\$154.75 per person listed in this application)

Once the above items are submitted the applicants and managers listed on this application must be fingerprinted. This will be scheduled after the application is submitted.

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THE APPLICANT(S) SWEARS OR AFFIRMS THAT HE (WE) (OR THE CORPORATION IN WHOSE NAME THIS APPLICATION IS MADE, IF A CORPORATION) REAFFIRMS ALL OF THE FOREGOING STATEMENTS, AND THAT ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF HIS (OUR) KNOWLEDGE AND BELIEF; FURTHER, WE AFFIRM THAT WE ARE FAMILIAR WITH THE LAWS OF THE UNITED STATES, STATE OF ILLINOIS AND THE ORDINANCES OF THE VILLAGE OF MONTGOMERY RELATING TO THE SALE OF ALCOHOLIC LIQUOR AND APPLICANT (S) AGREES NOT TO VIOLATE ANY OF THE LAWS OF THE UNITED STATES, THE STATE OF ILLINOIS, OR ANY OF THE ORDINANCES OF THE VILLAGE OF MONTGOMERY IN THE CONDUCT OF BUSINESS DESCRIBED HEREIN.

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.

**CORPORATE SEAL**

**CORPORATE SIGNATURES**

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**President**

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

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**Secretary**

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

**INDIVIDUAL OR PARTNERSHIP SIGNATURES**

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

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

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

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Notary Public

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Notary Seal