



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 ☐ NO*If yes, contact the Deputy Clerk at 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

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has the applicant or any person listed in this application ever been convicted of a felony? |
| <input type="checkbox"/> YES | <input type="checkbox"/> 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? |
| <input type="checkbox"/> YES | <input type="checkbox"/> 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.

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

President

Printed Name:_____

Secretary

Printed Name:_____

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Printed Name: _____

Printed Name: _____

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

Notary Public

Notary Seal