

Complete the following Liquor License Application form and submit to:

City of Waukegan  
Licensing Department, 1<sup>st</sup> floor  
100 N. Martin Luther King Jr. Avenue  
Waukegan, IL 60085  
Phone: (847) 360-0334

After submitting all forms, your application will be reviewed by the Licensing Office. The Licensing Office will notify you within thirty (30) calendar days after filing with the status of your application. Please do not assume that your liquor license will be approved.

### Terms

- This application is only valid for the fiscal year of May 1, 2022 – April 30, 2023.
- All liquor license renewals for consecutive fiscal years must be accompanied by a new completed application.
- The applicant shall comply with all applicable City, state, and federal laws, ordinances, codes, conditions, regulations, and requirements.
- Liquor license is non-transferrable and can only be used as designated. **The permit is required to be posted on site at the business location.** The City of Waukegan reserves the right to suspend or cancel the license.

### Notice

- **New applicants:** Upon approval of the application and issuance of any new liquor license, the licensee will be placed on a one-year probation period. During said probationary period, if the licensee violates any section of the liquor ordinance, as specified in a probationary agreement that includes a management plan, put forth to the licensee prior to the issuance of a license, a liquor hearing will be called and the license may be revoked immediately, with no progressive discipline required.
- **Denial:** In the event that the local Liquor Control Commissioner refuses to grant a license, they shall place on file in their office the rejected application and a document setting forth reasons for their refusal to grant the license. Copies of the rejected application and the document setting forth the reasons for refusal shall also be served by certified mail upon the applicant for the license at the address stated on the license application. The rejected applicant may, within ten (10) days from the receipt of said notice of rejection, request a hearing before the local Liquor Control Commissioner, at which time all interested parties shall be heard.
- **Appeal:** The decision of the local Liquor Control Commissioner, in granting or refusing to grant a city license following hearing, may be appealed to the state Liquor Control Commission, and shall be considered by such commission on the record, and not de novo.
- **Acknowledgements:** No person shall knowingly furnish false or misleading information or withhold any relevant information on any application for any license required by this chapter nor knowingly cause or suffer another to furnish or withhold such information on their behalf. No person shall knowingly furnish any false or misleading information in the investigation of any application for a license required by this chapter. No person shall willfully withhold any information that is relevant to any such investigation when called upon by any city representative to furnish such information. The furnishing of false or misleading information or withholding any relevant information on any application for any license required by this chapter shall be grounds for denial of any such application, or if discovered after the issuance of any such license, shall be grounds for a fine, suspension, or revocation, or any combination thereof, of the license.

After submitting all forms, your application will be reviewed by the Licensing Office. The Licensing Office will notify you within thirty (30) calendar days after filing with the status of your application. Please do not assume that your liquor license will be approved.

**Required Attachments Checklist:**

The following checklist will help you understand the information needed and steps that must be taken to apply for a liquor license. Full payment of all prior years' fees and all City accounts in good standing are required. Make sure your documents are not expired.

FOR APPLICANT USE ONLY	
ALL APPLICATIONS	NEW APPLICATIONS ONLY
<input type="checkbox"/> Certificate of Good Standing <a href="#">Secretary of State</a>	<input type="checkbox"/> Business plan: benefit plan, anticipated sales by number and value
<input type="checkbox"/> IL DOR Certificate of Registration <a href="#">State of IL</a>	<input type="checkbox"/> Site map: Seating area & total seats
<input type="checkbox"/> <a href="#">Lake County</a> Health Dept. food service permit	<input type="checkbox"/> Security Site map: Camera location and view direction
<input type="checkbox"/> Background check/fingerprint	<input type="checkbox"/> Financial Statement
<input type="checkbox"/> BASSET certifications	<input type="checkbox"/> Certificate of occupancy
<input type="checkbox"/> COW Business license	<input type="checkbox"/> COW Food & Beverage tax registration
<input type="checkbox"/> Copy of deed/tax bill showing ownership or a valid lease	
<input type="checkbox"/> Dram shop liability/certificate of insurance in the amount of at least one million dollars for injury and death (combined single limits), or such a higher amount as required by law, as well as property insurance, in an amount of not less than the assessed value of the property, or two hundred thousand dollars (\$200,000), whichever is higher, or in a higher amount set by separate later resolution of the City Council. Both items must name City of Waukegan as an additional insured.	
<b>FEES: Make all checks payable to <b>City of Waukegan</b> and note your business name on the check.</b>	
<input type="checkbox"/> Renewal or <input type="checkbox"/> Initial Application fee paid	
<input type="checkbox"/> Administrative fee paid?	<input type="checkbox"/> Video Gaming fee paid? (if applies) \$
<input type="checkbox"/> Fingerprint fee paid? (every 3 years)	<input type="checkbox"/> License fee paid? \$

Please allow plenty of time for the approval process as new liquor licenses require the approval of City Council.

Only completed applications, properly filed, and including all required documentation, shall be considered. No license may be issued until all information and documentation required in the application has been provided. Applications deemed incomplete for longer than sixty (60) business days shall be denied.

**Liquor License Classes**

Class A - Tavern	Class E - Restaurant
Class A-1 - Tavern with Outside Service	Class F - Package Beer & Wine
Class A-2 - Craft Brewery	Class F-1 Package Beer, Wine & Gasoline Sales
Class A-3 - Craft Distillery	Class J - Hotel
Class A-4 - Seasonal	Class K - Catering
Class B - Fraternal Society or Club	Class K-1 Banquet
Class C - Retail package sales	Class P - Coffee Shop
Class C-1 Retail package sales & Gasoline Sales	Class T - Temporary
Class D - Video Gaming Parlor	BYO



**CITY OF WAUKEGAN LIQUOR LICENSE**  
**May 1, 2022 – April 30, 2023 APPLICATION**

Please type or print clearly. Incomplete applications will not be processed.

**TYPE OF APPLICATION:**  New  Renewal  
**STATE OF IL LIQUOR LICENSE #:** \_\_\_\_\_  
**STATE OF IL LIQUOR LICENSE EXPIRATION DATE:** \_\_\_\_\_

**LIQUOR LICENSE CLASS:** \_\_\_\_\_  
**COW LIQUOR ACCT # :** \_\_\_\_\_

BUSINESS INFORMATION		
1. Business Name:		
2. Doing Business As (DBA):		
3. Business Address:		
4. City:	5. State:	6. Zip:
7. Telephone:	8. Fax:	
9. E-mail:	10. Website:	
11. Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Manager/Agent		
12. Date Incorporated:		13. State of Incorporation:
14. Illinois Sales Tax Number:		
15. Is the business registered with the Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach certificate of good standing.		
16. Does the business hold an active IL DOR Certificate of Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach certificate		17. Does the business hold an active Lake County Health Dept. Food service permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach permit

**Applicants not in good standing with the City of Waukegan, County and/or State of Illinois will not be considered.**

APPLICANT INFORMATION		
1. Applicant's Name:		
2. Applicant's Home Address:		
3. City:	4. State:	5. Zip:
6. Daytime Phone:	7. Mobile:	
8. Fax:	9. E-mail:	
10. Date of birth:	11. Place of birth:	
12. Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. If a naturalized citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No When naturalized? (Month/Day/Year) Where naturalized? (City/State)		
14. Have you ever been convicted of any felony under any federal or state law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date and offense:		
15. Have you ever been convicted of any gambling offenses under any federal or state law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date and offense:		
16. Do you possess a current federal wagering stamp or gambling stamp? <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Have you ever been convicted of a federal or state liquor law violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s):		
18. Have you submitted an application for a liquor license for a premises other than described in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date, location of premise, and disposition of application:		
19. Has any license previously issued to you by state, federal, or local authorities been revoked, suspended, or fined? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach an explanation(s) or reasons plus date(s):		
20. Applicant is a law enforcing public official of the City or of any other government or government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>21.</b> Does the premise or business for which the license is sought comprises any place of business where the majority of customers are under the age of twenty-one (21) years, or where the principal business consists of the sale of school materials or food for such customers? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>22.</b> Does the retail sale of alcohol on the premise for which the license is sought violate any provision of the City of Waukegan zoning code or any other City code and denote any schools, hospitals, senior citizen center, daycare center, orphanage, transitional service facility, nursing or professional care facility, homes for veterans and their spouses or families, churches or religious center used for worship or educational purposes, or any military station or facility within four hundred (400) feet of the proposed premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>23.</b> Are you or any of the officers, partners, and/or shareholders currently delinquent in payment to the Illinois Department of Revenue, the City of Waukegan, or any other governmental entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>24.</b> Do you intend to have the business conducted by a manager or agent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the manager/agent form.

**Note: If you answered "yes" to any of the items listed above, an explanation must be included or attached.**

<b>MANAGER/AGENT DESIGNEE (IF APPLICABLE)</b>		
<b>1.</b> Manager/Agent Name:		
<b>2.</b> Home Address:		
<b>3.</b> City:	<b>4.</b> State:	<b>5.</b> Zip:
<b>6.</b> Daytime Phone:	<b>7.</b> Mobile:	
<b>8.</b> Fax:	<b>9.</b> E-mail:	
<b>10.</b> Date of birth:	<b>11.</b> Place of birth:	
<b>12.</b> Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>13.</b> If a naturalized citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No When naturalized? (Month/Day/Year) Where naturalized? (City/State)		
<b>14.</b> Have you ever been convicted of any felony under any federal or state law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date and offense:		
<b>15.</b> Have you ever been convicted of any gambling offenses under any federal or state law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date and offense:		
<b>16.</b> Do you possess a current federal wagering stamp or gambling stamp? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>17.</b> Have you ever been convicted of a federal or state liquor law violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s):		
<b>18.</b> Have you submitted an application for a liquor license for a premises other than described in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date, location of premise, and disposition of application:		
<b>19.</b> Has any license previously issued to you by state, federal, or local authorities been revoked, suspended, or fined? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach an explanation(s) or reasons plus date(s):		
<b>20.</b> Are you or any of the officers, partners, and/or shareholders currently delinquent in payment to the Illinois Department of Revenue, the City of Waukegan, or any other governmental entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Note: If you answered "yes" to any of the items listed above, an explanation must be included or attached.</b>		
<b>21.</b> I confirm I have reviewed the City of Waukegan Liquor Code.		
Signature of Manager/Agent Designee:		

**Note: The City Liquor Commissioner must be notified of any change in Manager/Agent with full information as required in section 3-20 (a)-(d)**

Please type or print clearly. Incomplete applications will not be processed.

**SALES**

1. Attach a description of the type of business/liquor sales. This statement shall include an estimate of anticipated alcoholic liquor sales as a percentage of the gross annual sales of the business.
  - a. **If new**, include how the proposed business will be a material benefit to the City of Waukegan
  - b. **If new**, the type and character of business of the applicant, the objects for which such business is organized,
  - c. **If corporation or club**, the place of incorporation and the objects for which it was formed.
2. Any and all alcohol servers, as defined in and required by Public Act 099-0046, hired by, and retained, on the premise of the applicant shall complete and be issued certification of completion of Beverage Alcohol Sellers and Servers Education and Training (BASSET) within 120 days after employment begins. Copies must be provided with this application.

**RESTAURANT**

Does applicant seek a license to sell alcoholic liquor upon the premises as a restaurant?  Yes  No

**If yes:**

1. Are premises maintained and held out to the public where meals are actually and regularly served?  
 Yes  No
2. Are premises provided with adequate and sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook, and serve suitable food?  Yes  No
3. Has any manufacturer, importing distributor, or distributor indirectly paid or agreed to pay for this license, advance money, or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days) or such a person directly or indirectly interested in the ownership, conduct, or operations of this place of business?  Yes  No

**BUSINESS/SITE PLAN (NEW APPLICANTS ONLY)**

1. Attach business plan.
2. Please provide a reproducible drawing/layout of the business' floor plan including:
  - a. Appropriate mix of seating options within the establishment.

**If additional space is needed, please attach a separate sheet. Applications will not be considered without this item.**

Please type or print clearly. Incomplete applications will not be processed.

### SAFETY/SECURITY

1. Provide information detailing any and all camera equipment located on the interior and exterior of the premises. Include direction of each camera view.

### REAL ESTATE

1. Attach business license issued by City of Waukegan.
2. (New Applicants only) Attach Occupancy Certificate issued by City of Waukegan.
3. Holder of the title of the real estate where the business will be located:  
Name:  
Address:  
City, State, Zip:  
Phone:  
E-mail:

4. If the property is leased:  
Lessee Name:  
Lessee Address:  
Lessee City, State, Zip:  
Phone:  
E-mail:  
Lease expires:

### INSURANCE

1. Dram shop liability insurance  IS  IS NOT attached  
The City requires the applicant produce proof of dram shop liability insurance at the required statutory maximum limits set forth in section 6-21 of the Liquor Control Act of 1934 as amended from time to time.
2. Liability insurance  IS  IS NOT attached  
The City requires the applicant to obtain general liability insurance that includes the City of Waukegan as an additional insured. The insurance must, at minimum, be in the amount of one million dollars (\$1,000,000) for injury and death (combined single limits), or such a higher amount as required by law, as well as property insurance, in an amount of not less than the assessed value of the property, or two hundred thousand dollars (\$200,000), whichever is higher.

### ACKNOWLEDGEMENT

I confirm I am not disqualified from receiving the license for which I am applying by reason of any matter or item contained in the laws of the State of Illinois, this chapter, or any other code or ordinance of the City of Waukegan

I confirm that I have not and will not violate any federal, state, or local law, ordinance, or regulation in the conduct of this business.

I confirm I will comply with the fingerprint requirement under Section 3-5(h) and 3-26 of the City Code as part of the background check in conjunction with Section 4-7 of the Illinois Liquor Control Act.

Applicant Name:

Applicant Signature:

Date:

Please type or print clearly. Incomplete applications will not be processed.

### OWNERSHIP

In the case of an individual: the full name, address, date of birth, place of birth of the applicant, and a statement as to whether the applicant is a resident of the City of Waukegan;

In the case of a partnership: the full names, addresses, dates of birth, and places of birth of each and every person entitled to share in the profits thereof;

In the case of a corporation for profit or a club: the full names, addresses, dates of birth, and places of birth of all officers, directors, and persons owning directly or beneficially or otherwise controlling in aggregate, more than five percent (5%) of voting shares or stock in such corporation; or

In the case of a limited liability company: the full names, addresses, dates of birth, and places of birth of all members and managers directly owning or having an interest in such entity.

**1. Name:**

Home Address:

City, State, Zip:

Phone:

E-mail:

Driver's License Number:

Date of Birth:

Place of Birth:

Are you a United States citizen?  Yes  No

Are you a resident of Waukegan?  Yes  No

**2. Name:**

Home Address:

City, State, Zip:

Phone:

E-mail:

Driver's License Number:

Date of Birth:

Place of Birth:

Are you a United States citizen?  Yes  No

Are you a resident of Waukegan?  Yes  No

**3. Name:**

Home Address:

City, State, Zip:

Phone:

E-mail:

Driver's License Number:

Date of Birth:

Place of Birth:

Are you a United States citizen?  Yes  No

Are you a resident of Waukegan?  Yes  No

**Note: See Code of Ordinances – Waukegan, IL Chapter 3, Section 3-6 (a) 1-21 & (b) restrictions on licenses.**

**SUBMIT ADDITIONAL PAGES OF THIS FORM AS NEEDED**

Please type or print clearly. Incomplete applications will not be processed.

**AFFIDAVIT**

Applicant agrees to cooperate fully with the Waukegan Police Department in providing all video requested regarding any police investigation during the term of any liquor license granted.

The application shall be sworn to by the applicant, if an individual (1), or in the case of a partnership by at least two (2) members thereof applying for such a license, and attested to by a valid notary public. Applications by corporations shall be subscribed and sworn to by the president (1) of said corporation and attested to by the secretary (2) of the corporation for that purpose. Applications by limited liability companies shall be subscribed and sworn to by the principal member or managing member of said company and attested to by a valid notary public. *Sec. 3-5 (c)*

*I (we) swear or affirm that I (we) will not violate any of the ordinances of the City of Waukegan 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.*

Applicant 1 Name:	Applicant 2 Name:
Applicant 1 Signature:	Applicant 2 Signature:

Notary:

State of Illinois) \_\_\_\_\_ (seal)  
 \_\_\_\_\_ SS. \_\_\_\_\_  
 County of Lake)

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

Notary Signature: \_\_\_\_\_ Notary Expires: \_\_\_\_\_

**FINANCIAL STATEMENT**

This application is received by the Liquor Control Commissioner of the City of Waukegan on the material representation of the applicant and entity for which this application that all laws of the United States, the State of Illinois, and ordinances of the City of Waukegan will be complied within the conduct of the business for which this application is made.

The local Liquor Control Commissioners shall require that any new applicant for a liquor license shall submit to a background check, **including fingerprinting**, and shall provide the local Liquor Control Commissioner with any documents necessary for said background check.

Applicant agrees to supply any additional information on request which is considered pertinent by the Liquor Control Commissioner, including but not limited to information on character, reputation, criminal background, and books/records of the business seeking the issuance of the license.

*The signatory below certifies that to the best of his/her knowledge all the foregoing information is true and correct as provided.*

Applicant Name:	Applicant Signature:	Date:
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**NEW APPLICANTS ONLY Note: Current financial statement of business and method in which applicant is obtaining the capital for the business must be attached.**



Please type or print clearly. Incomplete applications will not be processed.

Business Name:	
Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal	Liquor License Class:
Video Gaming Terminals <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Video Gaming Terminals:
VIDEO GAMING SUPPLIER AND ADDRESS: Name: Address:	
# of Amusement devices	
# of Dart Boards	
# of Billiards / Shuffle Board	
PLEASE PROVIDE YOUR <b>REGULAR HOURS</b> OF OPERATION BELOW:	
PLEASE PROVIDE YOUR <b>LIQUOR HOURS</b> OF OPERATION BELOW:	

Please type or print clearly. Incomplete applications will not be processed.

**Sec. 3-32. Hours of operation.**

(a) (1) The licensee may sell or permit to be sold for consumption on the licensed premises, alcoholic liquors only between the following hours, unless otherwise provided:

Day	Hours
Monday through Thursday	6:00 a.m. to 1:00 a.m. the following day
Friday and Saturday	6:00 a.m. to 2:00 a.m. the following day
Sunday	12:01 p.m. to 1:00 a.m. the following day
The day prior to Thanksgiving Day	6:00 a.m. to 2:00 a.m. the following day
New Year's Eve	6:00 a.m. to 4:00 a.m. the following day, subject to the provisions of paragraph (b)(1) below.

(2) Licensees holding class A, class C, or class F liquor licenses authorizing the sale of alcoholic liquor for consumption off premises, may sell or permit to be sold for consumption off the premises, alcoholic liquor only between the following hours:

Day	Hours
Monday through Thursday	6:00 a.m. to 11:00 p.m.
Friday and Saturday	6:00 a.m. to 1:00 a.m. the following day
Sunday	9:00 a.m. to 12:00 midnight

(b) (1) *New Year's Day.* Any license, classifications which allow for the consumption of alcoholic liquor on the premises may remain open until 2:00 a.m. on New Year's Day. Furthermore, any such establishment may request to sell alcoholic liquor between 2:00 a.m. and 4:00 a.m. on New Year's Day; provided that such request shall be subject to the following requirements:

- a. A written request shall be submitted to the local liquor control commissioner on or before December 15 prior to the date for which permission is sought.
- b. The fee for said time extension shall be in an amount as set forth in section 3-55 of this chapter and shall be submitted with the application.
- c. The licensee shall close and secure the doors at 2:00 a.m. so as not to allow any customers to enter the premises after that hour.
- e. The local liquor control commissioner may deny such request from any establishment that has had its liquor license suspended within the past year or for any establishment that owes the city money or is in violation of any city codes.

(2) *Brunch hours.* Licensees holding class B—Fraternal society or club, and class E—Restaurant, liquor licenses may, in addition to the above-stated hours, sell or permit to be sold alcoholic liquor for consumption on the premises, provided said sale is in conjunction with service of a meal, on Sundays between 10:00 a.m. and 12:00 noon.

(c) No person, except peace officers in the performance of law enforcement duties, the licensee and their employees or agents actually working, shall be present in a licensed premises between the hour of closing and the hour of opening as established in this section; provided, that if the license is issued for a business which is not predominantly for the sale of alcoholic liquor, such as hotels, bowling alleys, restaurants, clubs or retail stores, such licensee may keep their place of business open, subject only to the provisions that no sale or consumption by persons shall be permitted on the premises during the hours prohibited.

	EVE	BUSINESS NAME/ADDRESS	SIGNATURE	DATE
<input type="checkbox"/> Yes	THANKSGIVING			
<input type="checkbox"/> No				
<input type="checkbox"/> Yes	NEW YEARS			
<input type="checkbox"/> No				

**PLEASE FILL OUT ABOVE IF YOU WISH TO PARTICIPATE IN THANKSGIVING EVE OR NEW YEARS EVE**