
VILLAGE OF HEBRON

ALCOHOLIC LIQUOR LICENSE APPLICATION

- 1. Applicant's Name: _____
 Address: _____
 Telephone: (____) _____
 Date of Birth: _____

If applicant is a partnership, give name and address of all partners and list principal business activity of each on a separate sheet of paper.

- 2. Address of location for which a license is sought:

- 3. Type of license sought: Class _____

- 4. If applicant has ever engaged in the business of sale of alcoholic liquor at retail, list address of all locations:
 A. _____
 B. _____

- 5. List Dram Shop Insurance coverage, including name and address of insurance company for both the licensee and owner of the building in which alcoholic liquor will be sold for the duration of the license:

Licensee: _____

Building Owner: _____

- 6. Describe parking facilities available to the business:

- 7. Will two separate restrooms be provided with hot and cold running water, together with clean towels? _____

8. Describe the method you will use in cleaning the premises and of sterilizing glasses and dishes and cleaning coils used in collection with dispensing draught beer:

9. If business is to offer food service, describe method to be used, facilities and all sanitation and cleanliness procedures which will be followed:

10. Will you familiarize yourself with all the laws of the United States, State of Illinois and the ordinances of the Village of Hebron pertaining to the sale of alcoholic liquor and abide by all of them? Yes _____ No _____
11. Will you maintain the entire premises in a clean and sanitary manner, free from conditions which may cause accidents? Yes _____ No _____
12. Will you attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the Hebron Police Department if any such events occur? Yes _____ No _____
13. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of any violation of the law pertaining to alcoholic liquor? Yes _____ No _____
14. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever been convicted of a felony?
Yes _____ No _____
15. List, on a separate sheet of paper, your occupation or employment with addresses thereof for the past 10 years. (If a partnership or corporation, list the same information for each partner and the local manager).
16. Have you ever been convicted of a gambling offense? (If partnership or corporation, include all partners and the local manager). Yes _____
No _____

If yes, please give the details on a separate sheet of paper.
17. Have you ever been issued a federal gaming device stamp or a federal wagering stamp? (If partnership or corporation, include all partners and the local manager in the answer). Yes _____ No _____

18. Will you and all of your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? Yes _____ No _____
19. Have you, or if a partnership, any of the partners, or if a corporation, the local manager, ever had a liquor license revoked or suspended? Yes _____ No _____

Dated this ____ day of _____, 200__.

Applicant

STATE OF ILLINOIS)
) ss
COUNTY OF MCHENRY)

_____, being first duly sworn deposes and says that he/she read the above and foregoing application and knows the contents thereof, and that the same and the facts therein are true.

Applicant

SUBSCRIBED AND SWORN TO BEFORE ME
THIS ____ DAY OF _____, 200__.

NOTARY PUBLIC

(SEAL)