

# Village of Flanagan

President: Jeff Wallace

Clerk: Andrea Reed

## Liquor License Application

1. Name of Applicant \_\_\_\_\_  
Address: \_\_\_\_\_
  - A. If applicant is a partnership, give name and address of all partners and list principal business activity of each partner.  
\_\_\_\_\_
  - B. If applicant is a corporation, give name and address of owners of more than 5% registered agent and the local manager.  
\_\_\_\_\_
2. Address of location for which license is sought.  
\_\_\_\_\_
  - A. Name of establishment for which license is sought.  
\_\_\_\_\_
3. Type of license sought. \_\_\_\_\_
4. If applicant has ever engaged in the business of sale of alcoholic liquor at retail, list address of all locations.  
\_\_\_\_\_
5. List Dram Shop insurance coverage including name and address of insurance company for both the licensee and owner of the building in which the alcoholic liquor will be sold for the duration of the license.  
\_\_\_\_\_
6. Will separate restrooms be provided with hot and cold running water together with clean towels? \_\_\_\_\_
7. Will you familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the Village of Flanagan pertaining to the sale of alcoholic liquor and abide by them? \_\_\_\_\_
8. Will you maintain the entire premises in a clean and sanitary manner free from conditions which might cause accidents? \_\_\_\_\_
9. 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? \_\_\_\_\_

10. Have you, or in the case of a corporation the local manager, or in the case of a partnership or any of the partners ever been convicted of a felony or violations of any law pertaining to alcoholic liquor? \_\_\_\_\_  
If so please explain \_\_\_\_\_
11. Have you ever been convicted of a gambling offense (if a partnership or corporation, include all partners and the local manager)? \_\_\_\_\_
12. Have you ever been issued a federal gaming devise stamp or a federal wagering stamp (if partnership or corporation, include all partners and local manager)?  
\_\_\_\_\_
13. Will you and all your employees refuse the serve or sell alcoholic beverages to an intoxicated person or to a minor? \_\_\_\_\_
14. Have you, or if a partnership any partner, or if a corporation the local manager, ever had a liquor license revoked or suspended? \_\_\_\_\_  
If so give all details including location of the licensed property.  
\_\_\_\_\_

State of Illinois )  
County of ) SS

I (we), \_\_\_\_\_, being first solemnly sworn deposes and says that I (we) \_\_\_\_\_ have read the above and foregoing application, caused the answers to be provided thereto, and all of the information given on said application is true and correct.

\_\_\_\_\_  
(Applicant)

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

**Notary Public**

Note: In the event applicant is a partnership and the application should be signed and sworn to in the same manner by all partners. In the event applicant is a corporation, the application should be signed and sworn to by two officers and the local manager.