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Village of Mount Prospect
50 South Emerson Street, Mount Prospect, Illinois 60056

2025-2026 ANNUAL RENEWAL OF MOUNT PROSPECT LIQUOR LICENSE

Renew with a Credit Card payment using our Online Portal

It is time to renew your Mount Prospect annual liquor license.

1. For your convenience, the Village has mailed to your business a liquor license renewal application for the license year 2025-2026. Completion of these documents and the payment of fees are necessary to facilitate renewal of your license.

2. To **Renew by Credit Card using our Online Portal**, go to www.citizenserve.com/mpportal using the enclosed temporary Username and Password in your application packet sent to you by mail. If you cannot find these please call Doreen at 847-818-5300. This information is necessary to start your on-line process.

All applications and necessary documentation must be either electronically submitted or delivered to the Village Manager's Office no later **April 1, 2025**.

Include with your application the following: (If you will be using the Portal, make sure all these documents are on your PC).

- Per the State of Illinois Liquor Commission, you must submit accurate information regarding the complete corporate name of your business on your application;
- A copy of your current Dram Shop Insurance renewal;
- If you lease your premises, a copy of your lease and a copy of the lessor's current Dram Shop or Host Liability Insurance;
- A copy of your current **STATE OF ILLINOIS RETAIL LIQUOR LICENSE**;
- Complete Notarized Affidavit Section IX on last page of application, if using the Portal, download it to your PC first, then upload when asked.
- Check payable to the Village of Mount Prospect for your license. Received checks will be converted into electronic debits and processed through the Automated Clearing House network.
- Please indicate any new managers hired since your last renewal. All managers must have updated Bassett certificates and fingerprints on file with the Liquor Commissioner's Office.

Late or incomplete submittals may result in your inability to sell alcohol after May 1, 2025. If you have any questions, please call me at (847) 818-5300.

Sincerely,

A handwritten signature in black ink, appearing to read 'Doreen Jarosz', is written over a horizontal line.

DOREEN JAROSZ
Executive Assistant to the Liquor Commissioner

VILLAGE OF MOUNT PROSPECT
LIQUOR LICENSE RENEWAL
2025-2026

*You can now **RENEW** your annual liquor license application and payment using our ONLINE PORTAL.
See attached letter for more information.*

I. BUSINESS INFORMATION

Business Name: _____	License Classification: _____
Business Address: _____	Fee \$: _____
Business City: _____	ST: _____ Zip: _____
Business Phone: _____	Web site domain: _____
E-mail: _____	

II. CORPORATE or LLC INFORMATION

Corporation/LLC Name (include any DBA name): _____

Corporate Registered Agent/Contact: _____

Corporate HQ Address: _____ City: _____ ST: _____ Zip: _____

Corporate Phone: _____

1. Name: **IDENTIFY THE BUSINESS ENTITY'S OFFICERS, MEMBERS AND THEIR TITLES BELOW.** _____

Home Address: _____	City: _____	ST: _____	Zip: _____
Cell Phone: _____	Email: _____		

2. Name: _____

Home Address: _____	City: _____	ST: _____	Zip: _____
Cell Phone: _____	Email: _____		

3. Name: _____

Home Address: _____	City: _____	ST: _____	Zip: _____
Cell Phone: _____	Email: _____		

4. Name: _____

Home Address: _____	City: _____	ST: _____	Zip: _____
Cell Phone: _____	Email: _____		

Since your last liquor license renewal filing, has any person acquired more than 5% ownership (if you are a closely held corporation) OR do you have any new members (if you are a limited liability corporation)? ☐ Yes ☐ No If YES, identify the names below.

Name: _____	Name: _____
Name: _____	Name: _____

III. PERSON COMPLETING THIS APPLICATION

Name: _____ Title: _____
Address: _____
City: _____ ST: _____ Zip: _____
Work Phone: _____ Cell Phone: _____
Relationship to Business: ☐ Officer/Director ☐ Manager ☐ Shareholder ☐ Other _____
E-mail: _____

IV. MANAGER INFORMATION**

Name: _____
Home Address: _____
City: _____ ST: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____
Date of Birth: _____
Date of Hire: _____

V. ASSOCIATE/SECONDARY MANAGER INFORMATION**

Name: _____
Home Address: _____
City: _____ ST: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____
Date of Birth: _____
Date of Hire: _____

****All managers MUST have fingerprints and background checks on file with the Liquor Commissioner's Office.
New managers must contact Doreen at 847/818-5300 for information.**

VI. LIQUOR SERVICE

Indicate the types of liquor related activities conducted on premises. Check all that apply.

- | | | |
|--|---|--|
| ☐ Wine Only | ☐ Table Service Only | ☐ Catering** |
| ☐ Wine and Beer Only | ☐ Table and Lounge service | ☐ Outdoor Service** |
| ☐ Wine, Beer, and Spirits | ☐ Retail Package | ☐ Corkage** |

****May require additional permits or certifications.**

VII. LEASE

Does the licensee of the liquor establishment lease the premises on which the business is conducted? ☐ Yes ☐ No

If YES, list the LESSOR's personal information below. Attach/upload a current copy of the lease.

Lessor's Name: _____
Lessor's Address: _____
City: _____ ST: _____ Zip: _____ Cell Phone: _____
Lessor's Email: _____

VIII. LIQUOR LICENSE BACKGROUND

1. Does the licensee hold a liquor license at another premise? ☐ Yes ☐ No

If YES, identify the name(s) and address(es) of other establishment(s) (not required for publicly traded company).

2. Is any action currently pending against the business or licensee for violation of the Retailer's Occupation Tax Act of the State of Illinois? ☐ Yes ☐ No

3. Has any person or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense or alcohol/controlled substance related traffic offenses since the filing of the last application of your Liquor License? ☐ Yes ☐ No **If YES, describe the charge, the date, the city and state where the charge was brought, and the disposition.**

4. Has any action been initiated by any jurisdiction against the licensee, the business, manager, agent or employee for violation of any law with respect to the service of alcoholic beverages since the filing of the last application of your Liquor License? ☐ Yes ☐ No

If YES, describe the violation and the results below.

IX. AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, have read this application and the statements are true, complete and correct. The statements are made for the purpose of inducing the Village of Mount Prospect to renew our liquor license. Other than as set forth by this renewal application, there has been no material change in the premises; and the answers made to questions in the original application are still true and accurate. I have reviewed Chapter 13 of the Mount Prospect Municipal Code (Liquor Code) and acknowledge and understand the requirements thereof and will not violate them. I further understand that any misrepresentation or failure to notify the Liquor Control Commissioner of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the Liquor Control Commissioner to deny this permit application and/or to revoke any permit issued pursuant to this application.

Signature of License Holder/Authorized Agent

Title/Position

Date

I _____ a Notary Public in and for said county in the state aforesaid, do hereby certify that

_____ personally known to me to be the renewal applicant(s), appeared before me this

_____ day of _____, 20____ that he/she/they signed the foregoing application his/her/their free in person and acknowledged and voluntary act for the use and purposes therein set forth.

Notary Public

OFFICIAL USE ONLY

☐ APPROVED ☐ DENIED

Requirements

☐ APPROVED ☐ DENIED

☐ Fee

☐ Insurance

Approval Signature

Local Liquor Control Commissioner

Date