

**MAYOR**  
Paul Wm. Hoefert



**VILLAGE MANAGER**  
Michael J. Cassady

**TRUSTEES**  
Agostino S. Filippone  
Terri Gens  
John J. Matuszak  
Richard F. Rogers  
Colleen E. Saccotelli  
Michael A. Zadel

**VILLAGE CLERK**  
Karen Agoranos

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## Village of Mount Prospect

50 South Emerson Street, Mount Prospect, Illinois 60056

### 2023-2024 ANNUAL RENEWAL OF MOUNT PROSPECT LIQUOR LICENSE

**Renew with a Credit Card Payment on our Online Portal - Details below**

Liquor License #:

Total License Fees Due: \$

Liquor License: \$

Gaming Terminal License: \$

The Village has enclosed a liquor license renewal application for the license year 2023-2024. Completion of these documents and the payment of fees are necessary to facilitate renewal of your license.

For your convenience, you can now **Renew by Credit Card using our Online Portal**. go to: [www.mountprospect.org/LiquorLicenseRenewal](http://www.mountprospect.org/LiquorLicenseRenewal) and using the temporary Username \_\_\_\_\_ and Password \_\_\_\_\_ **you are just clicks away from renewing on line!**

All applications and necessary documentation must be either electronically submitted or delivered to the Village Manager's Office no later April 1, 2023.. Include with your application the following: (If you will be using the Portal, make sure all these documents are on your PC ready to upload).

- 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**;
- Please indicate any new managers hired since your last renewal. All managers must have updated Basset certificates, fingerprints and background checks on file with the Liquor Commissioner's Office.
- 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

**Late or incomplete submittals may result in your inability to sell alcohol after May 1, 2023. If you have any questions, please call me at (847) 818-5300.**

Sincerely,

**DOREEN JAROSZ**  
Executive Assistant to the Liquor Commissioner



**VILLAGE OF MOUNT PROSPECT  
LIQUOR LICENSE RENEWAL  
2023-2024**

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 Restaurant Without Classification:	_____
Business Address:	_____		_____
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: \_\_\_\_\_

Town: \_\_\_\_\_ Corporate Contact Phone: \_\_\_\_\_

**IDENTIFY THE BUSINESS ENTITY'S OFFICERS/MEMBERS AND THEIR TITLES BELOW**

1. Name:	_____	Title:	_____
Home Address:	_____	Town	_____
Cell Phone:	_____	Email:	_____
2. Name:	_____	Title:	_____
Home Address:	_____	Town	_____
Cell Phone:	_____	Email:	_____
3. Name:	_____	Title:	_____
Home Address:	_____	Town	_____
Cell Phone:	_____	Email:	_____
4. Name:	_____	Title:	_____
Home Address:	_____	Town	_____
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: \_\_\_\_\_ Town: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to Business:  Officer/Director  Manager  Shareholder  Other \_\_\_\_\_  
E-mail: \_\_\_\_\_

### IV. MANAGER INFORMATION\*\*

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Basset expiration date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_

### V. ASSOCIATE/SECONDARY MANAGER INFORMATION\*\*

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Basset expiration date: \_\_\_\_\_  
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.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Wine Only               | <input type="checkbox"/> Table Service Only       | <input type="checkbox"/> Catering**        |
| <input type="checkbox"/> Wine and Beer Only      | <input type="checkbox"/> Table and Lounge service | <input type="checkbox"/> Outdoor Service** |
| <input type="checkbox"/> Wine, Beer, and Spirits | <input type="checkbox"/> Retail Package           | <input type="checkbox"/> 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: \_\_\_\_\_  
Town: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Lessor's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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

tha \_\_\_\_\_ 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.

(Seal)

\_\_\_\_\_  
Notary Public