

LIQUOR LICENSE APPLICATION FOR THE VILLAGE OF SOUTHERN VIEW

Check category of License desired-----

_____	Class 1-A	..... Tavern	.....	\$ 500.00	Annual Fee
_____	Class 1-B	..... One-day License	.....	\$ 25.00	Fee
_____	Class 2-A	..... Service Station	.....	\$ 600.00	Annual Fee
_____	Class 2-B	..... Package Sales	.....	\$ 400.00	Annual Fee
_____	Class 3-A	..... Hotel-Motel	.....	\$ 800.00	Annual Fee
_____	Class 3-B	..... Nightclub	.....	\$ 800.00	Annual Fee
_____	Class 1-AA	..... Tavern	.....	\$ 700.00	Annual Fee
_____	Class 1-BB	..... Outdoor Café	.....	\$ 100.00	Annual Fee
_____	Class 4	..... Restaurant	.....	\$ 400.00	Annual Fee
_____	Class 3-AA	..... Hotel-Motel	.....	\$ 1,000.00	Annual Fee
_____	Class 3-BB	..... Nightclub	.....	\$ 1,000.00	Annual Fee

PLUS, the Background Investigation Fee of \$ 100.00 (CASH); along with the
New Application Fee of \$ 25.00

TOTAL AMOUNT DUE \$ _____

Please Submit completed application with required fees in the form of **cash or a cashier's check** to: Village of Southern View, 3410 South Fifth, Southern View, IL. 62703

Fees must be paid in full and shall not be refundable in the event of denial, suspension or, revocation.

BACKGROUND INVESTIGATION QUESTIONNAIRE

VILLAGE OF SOUTHERN VIEW

3410 S. 5th Street, Southern View, IL 62703

217-529-3352 FAX 217-529-2062 office@southernview.us

- Please read the entire form thoroughly before answering.
- This form must be notarized before returning.
- **Knowing failure to answer any and all questions *fully and truthfully* will be considered grounds to deny approval of your License or permit requested.**
- **Failure to complete *all* information asked of you (every space) will delay this investigation *and* will delay the processing of a new license application *and* may affect a current liquor license.**
- For guidance in completing this form call 217-529-3352. **\$100.00 Fee MUST** accompany the filing of this form.

For Office Use: Background connected to what license:

1. This background investigation is for Liquor License applicant: _____

2. Business name, address and phone number of license applicant or license holder: _____

3. Applicants Full Name: _____
Maiden Name and/or Aliases: _____
Social Security Number: _____ Date of Birth: _____ Age: _____
Drivers License Number: _____ State: _____ Height: _____
Weight: _____ *Sex: _____ *Race: _____ Citizenship: _____
USA: _____ Other Explain: _____

**The Village of Southern View has no interest in the sex or race of applicants; this information is strictly used as identifiers for criminal history background checks.*

4. FAMILY RELATIONSHIPS: {Mark the one that identifies you}
Single: _____ Married: _____ Divorced: _____

If applicable, supply:
Spouse's Name: _____ Date of Marriage: _____
Former Spouse's Name(s) _____ Date of Marriage _____
_____ To _____
_____ To _____
_____ To _____

Applicant's Signature

Date Signed

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO THE
VILLAGE OF SOUTHERN VIEW**

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to a duly authorized agent of the Village of Southern View whether the said records are of public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of criminal arrest records, credit history, employment records, efficiency ratings and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand as an individual, partner, limited partner or general partner applicant (which ever is applicable) that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for a liquor license by the Village of Southern View.

I understand as a manager (if applicable) any information obtained by a person history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability to act as a manager for a liquor license by the Village of Southern View.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of the release or collection of such information.

I also understand this authorization to furnish information is executed in consideration of the processing of my application pending before the Liquor Commissioner of the Village of Southern View.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Print Name

Signature

Maiden Name

Witness (Is not valid if not signed)

Address

City, State, Zip

Date of Birth

Social Security Number

- 1) Name/address of applicant: _____

- 2) Location of place where the business will be conducted under license applied for here: _____
(Address must read Southern View, Illinois)
- 3) Is location owned by applicant: _____
- 4) Is location rented or leased by applicant: _____
What is expiration date of applicant's tenancy: _____
- 5) Is the applicant's residence within Southern View: _____
- 6) Applicant's Social Security Number or, Federal Employer's Identification number: _____
- 7) Applicant's date of birth: _____
- 8) Applicant's Illinois sales tax number: _____
- 9) Check if applicant is:
_____ An individual proprietor
_____ A sole proprietor
_____ A general partnership
_____ A limited partnership
_____ An Illinois Corporation
_____ A corporation chartered by another state
- 10) Is applicant the beneficial owner of the business planned to be operated under the License applied for: _____
- 11) If applicant is an individual or sole proprietor, is applicant a citizen of the United States: _____
- 12) If applicant is an individual or sole proprietor, and business will be conducted by a Manager or agent, is such manager or agent a citizen of the United States: _____

- 13) If applicant is a partnership, either general or limited, do any partners own more Than 5% of the partnership? Yes / No (circle one).

If yes, please identify each such partner, his/her percentage share, his/her place of residence and citizenship, and his/her social security number or federal employer's identification number: _____

- 14) If applicant is a corporation, either Illinois or foreign, do any shareholders own more than 5% of the stock: _____

If yes, please identify each such shareholder, his/her percentage of stock, his/her place of residence and citizenship, his/her social security number or federal employer's identification number: _____

Note: Information may be submitted on a separate piece of paper attached to this Application.

- 15) If applicant is a foreign corporation, name the state or other entity which chartered the corporation: _____

- 16) If applicant is a foreign corporation, is it authorized to transact business in Illinois: _____

*** THE FOLLOWING QUESTIONS APPLY WHETHER APPLICANT IS AN INDIVIDUAL, PARTNERSHIP OR CORPORATION ***

* Has the individual, a partner or a corporate officer, director or shareholder in Applicant been convicted of any felony or misdemeanor, other than traffic offenses, including but not limited to a) pandering, b) keeping a house of ill fame, c) any other crime opposed to decency and morality, d) any crime concerning the manufacture, possession or sale of alcoholic liquor, 3) a gambling offense proscribed by subsection (a) (3) through (a) (10) of Section 28-a or by Section 28-3 of the Illinois Criminal Code? Yes / No (circle one.)

If answer is yes, please give full explanation on a separate sheet of paper and attach to this application.

* Has the manager or agent for an individual been convicted of any felony or misdemeanor, other than traffic offenses, including but not limited to (a) pandering, (b) keeping a house of ill fame, (c) any other crime opposed to decency and morality, (d) any crime concerning the manufacture, possession or sale of alcoholic liquor, (e) a gambling offense proscribed by subsections (a) (3) through (a) (10) of Section 28-1 or by Section 28-3 of the Illinois Criminal Code? Yes / No (circle one).

If answer is yes, please give full explanation on a separate sheet of paper and attach to this application.

* Does the individual, a partner or a corporate officer, director or shareholder in applicant hold a federal wagering stamp for the current tax period? Yes / No (circle one).

If answer is yes, please give full explanation on a separate sheet of paper and attach to this application.

NOTE: Each applicant must execute a bond payable to the Village of Southern View in the penal sum of five hundred dollars (\$500.00), conditioned upon the applicant's or licensee's compliance with this ordinance. This bond must be attached to and filed with new application or renewal application.

Application must be signed by all applicants and verified by affidavit as follows:

A. Individual (s): Include date of birth for each...

(Make additional lines if needed.)

I, the undersigned notary public, hereby certify that the applicant(s) who have signed her/her/their names(s) above, appeared before me on _____, 20 ____; And stated under oath that he/she/they/had answered the foregoing questions and that such answers are true.

Notary Public

B. Partnership or Corporation:

_____ Name of Partnership / Corporation

By: _____ Attest: _____
Name / Title Name, Secretary/ Asst. Sec'y.

I, the undersigned notary public, hereby certify that the applicant(s) who have signed his/her/their name(s) above appeared before me on _____, 20 ____; And stated under oath that he/ she/ they had answered the foregoing questions and that such answers are true.

Notary Public

Fingerprint Submission Consent and Notification Form (Used for all Licensing and Employment Screening)

The authorized agency (Agency) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** (See Page 2) in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

Agency Information

Requesting Agency Name:	Requesting Agency ORI Identifier:
Requesting Agency Address:	
Fiscal Cost Center: (for entity responsible for paying ISP)	Purpose Code:

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN (<i>if req. by Agency</i>):	DL/ State ID/ Passport # :		DL/ID State:

Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Company Name:	Address:	
Phone Number:	Appointment Date & Time:	IL Vendor License Number:

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):	
Applicant Name (signature):	Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.