



**Village of Valmeyer**  
**260 Knobloch Blvd.**  
**Valmeyer, IL 62295**

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## **APPLICATION FOR LIQUOR LICENSE**

### **IMPORTANT – READ CAREFULLY – PERSONAL CHECKS NOT ACCEPTED UNLESS CERTIFIED**

This application properly completed and signed must be filed with the Village Clerk and must be accompanied by a remittance in the proper amount made payable to the Village Treasurer. This remittance must be in the form of Certified or Cashier's Check, United States Postal Money Order, Express Money Order, ore Licensed Currency Exchange Money Order, Bank Draft, Bank Money order or Personal Money Order. Cash will also be accepted.

The undersigned individual or partnership hereby makes application for a LIQUOR LICENSE and submits the following information:

1. Applicant – Provide Name of individual or Names of Partners.

\_\_\_\_\_

2. Trade Partnership or Assumed Name and Telephone Number.

\_\_\_\_\_

3. Location of the Above Place of Business – Line 1 Number and Street or Lot and Block or Section, Township and Range, City Must be Provided. Line 2, City, Town or Village, Zip Code – Rural Route and Post Office

\_\_\_\_\_

\_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Has Your Assumed Name Been Filed with the County Clerk?

\_\_\_\_\_

6. Are Alcoholic Liquors Stored but Not Sold at Any Location Other Than the One Provided Above?  
\_\_\_\_\_ If YES, Provide Location - Number and Street or Lot and Block or Section, Township and Range, City.

\_\_\_\_\_

7. Check Principal Type of Business

☐ Restaurant ☐ Grocery ☐ Hotel ☐ Tavern ☐ Package Store ☐ Social Club  
☐ Amusement Place ☐ Department Store ☐ Country Club  
☐ Other \_\_\_\_\_

8. Provide Current Liquor License Number for this Location

a. \_\_\_\_\_

b. In Whose Name(s) is Current License Issued \_\_\_\_\_  
\_\_\_\_\_

c. Date License Issued \_\_\_\_\_  
Date License Expires \_\_\_\_\_

9. Name and Address of Owner of Premises

\_\_\_\_\_

a. When Does Your Lease Expire? \_\_\_\_\_

10. Provide Date You First Applied for a Liquor License for Any Location in Illinois.

\_\_\_\_\_

a. Disposition of Application \_\_\_\_\_

b. Provide Address – Number and Street or Lot & Block or Section, Township and Range, City  
\_\_\_\_\_

11. Provide Date You Began Liquor Business at this Location.

\_\_\_\_\_

12. Provide Date Partnership was Formed Under Name Given on Line 1.

\_\_\_\_\_

13. Has a Liquor License Been Revoked at this Location Within the Past Year? \_\_\_\_\_

14. Is This Business Located Within \_\_\_\_\_ Feet of Any Church, School, Hospital, Home for the Aged, Indigent Persons, Veterans, Their Wives or Children or Any Naval or Military Station? \_\_\_\_\_

a. If the Answer above is YES, is Your Place of Business a Hotel Offering Restaurant Service, a Regularly Organized Club, a Food Shop or Other Place Where the Sale of Liquor is Not the Principal Business Carried On? \_\_\_\_\_

b. If the Answer to “a” is YES, on What Date was Business Started? \_\_\_\_\_

15. Has Any Manufacturer, Importing Distributor or Distributor Directly or Indirectly Paid or Agreed to Pay for This License, Advanced Money, or Anything Else of Value, Except as Specifically Permitted in the Act, or Any Credit (Other Than Merchandising Credit in the Ordinary Course of Business as Specifically Permitted in the Act), or is Such a Person Directly or Indirectly Interested in the Ownership, Conduct or Operation of the Place of Business? \_\_\_\_\_

a. If YES, Please Provide Details

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**FOR OFFICE USE ONLY**

License # \_\_\_\_\_

Date Issued \_\_\_\_\_

Expires \_\_\_\_\_

Checked By \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_

Order to Receive # \_\_\_\_\_

Amount \_\_\_\_\_

\_\_\_ Cash

\_\_\_ Bank Draft

\_\_\_ Cashier's Check

\_\_\_ Money Order

\_\_\_ Cert. Check

Other \_\_\_\_\_

15. Name \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_

City, County \_\_\_\_\_

State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

a. Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

b. Are You a Citizen of the US? \_\_\_\_\_

If you are a Naturalized Citizen,  
Time & Place of Naturalization:

\_\_\_\_\_

c. Have You Ever Been Convicted of a  
Felony or Otherwise Disqualified to  
Receive the License Applied for by  
Reason of Any Matter or Thing  
Contained in the Illinois Liquor Act  
or the Municipal Liquor Code?

\_\_\_\_\_

If YES, Name Court of Conviction.

\_\_\_\_\_

d. Have You Ever Applied for a Liquor  
License for Any Other Premises?  
Yes/No \_\_\_\_\_

If Yes, Date Applied \_\_\_\_\_

If Yes, Approved \_\_\_\_\_ Denied \_\_\_\_\_

Provide Address Used on  
Application.

\_\_\_\_\_

\_\_\_\_\_

e. Are You or is Any Other Person,  
Directly or Indirectly Interested in  
Your Place of Business, a Public  
Official as Defined in Sec. 2 (14)  
Art. VI of the Liquor Control Act?  
Yes/No \_\_\_\_\_

If Yes, Office Held

\_\_\_\_\_

f. Has Any License Previously Issued  
to you by Any State been  
SUSPENDED? Yes/No \_\_\_\_\_

If Yes, Date \_\_\_\_\_

If Yes, State Reasons Therefor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where – City, State, Zip

\_\_\_\_\_

g. Has Any License Previously Issued  
to you Been REVOKED? Yes/No \_\_\_\_\_

If Yes, Date \_\_\_\_\_

If Yes, State Reasons Therefor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where – City, State, Zip

\_\_\_\_\_

h. Will You Comply with the Local  
Liquor Code and the Regulations in  
Connection Therewith? Yes/No \_\_\_\_\_

16. Name \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_

City, County \_\_\_\_\_

State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

a. Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

b. Are You a Citizen of the US? \_\_\_\_\_

If you are a Naturalized Citizen,  
Time & Place of Naturalization:

\_\_\_\_\_

c. Have You Ever Been Convicted of a  
Felony or Otherwise Disqualified to  
Receive the License Applied for by  
Reason of Any Matter or Thing  
Contained in the Illinois Liquor Act  
or the Municipal Liquor Code?

\_\_\_\_\_

If YES, Name Court of Conviction.

\_\_\_\_\_

d. Have You Ever Applied for a Liquor  
License for Any Other Premises?  
Yes/No \_\_\_\_\_

If Yes, Date Applied \_\_\_\_\_

If Yes, Approved \_\_\_\_\_ Denied \_\_\_\_\_

Provide Address Used on  
Application.

\_\_\_\_\_

e. Are You or is Any Other Person,  
Directly or Indirectly Interested in  
Your Place of Business, a Public  
Official as Defined in Sec. 2 (14)  
Art. VI of the Liquor Control Act?  
Yes/No \_\_\_\_\_

If Yes, Office Held

\_\_\_\_\_

f. Has Any License Previously Issued  
to you by Any State been  
SUSPENDED? Yes/No \_\_\_\_\_

If Yes, Date \_\_\_\_\_

If Yes, State Reasons Therefor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where – City, State, Zip

\_\_\_\_\_

g. Has Any License Previously Issued  
to you Been REVOKED? Yes/No \_\_\_\_\_

If Yes, Date \_\_\_\_\_

If Yes, State Reasons Therefor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where – City, State, Zip

\_\_\_\_\_

h. Will You Comply with the Local  
Liquor Code and the Regulations in  
Connection Therewith? Yes/No \_\_\_\_\_

17. Do You Possess a Current Federal Wagering or Gaming Device Stamp? \_\_\_\_ YES \_\_\_\_ NO

Stamp Number \_\_\_\_\_ Amount \_\_\_\_\_

18. Will This Business be Conducted by a Manager or Agent? \_\_\_\_ YES \_\_\_\_ NO

a. If YES, Manager or Agent Must Provide the Following Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Birth \_\_\_\_\_

Are You a Citizen of the United States? \_\_\_\_ YES \_\_\_\_ NO

If a Naturalized Citizen, Time & Place of Naturalization:

\_\_\_\_\_

Have You Ever Been Convicted of ANY Crime as Stated in Question 15-C or 16-C Above?

\_\_\_\_ YES \_\_\_\_ NO

If YES, State Offense \_\_\_\_\_

Are You or Have You Ever Been Interested in ANY Liquor Business at Another Address?

\_\_\_\_ YES \_\_\_\_ NO If YES, Date \_\_\_\_\_

If YES, State Reasons Therefor: \_\_\_\_\_

\_\_\_\_\_

Where? City, State, Zip \_\_\_\_\_

Has ANY License Previously Issued to You by ANY State or Local Authorities Been  
SUSPENDED? \_\_\_\_ YES \_\_\_\_ NO

If YES, State Reasons Therefor: \_\_\_\_\_

\_\_\_\_\_

Where? City, State, Zip \_\_\_\_\_

Has ANY License Previously Issued to You by ANY State or Local Authorities Been REVOKED?

\_\_\_\_\_ YES          \_\_\_\_\_ NO

If YES, Date \_\_\_\_\_

If YES, State Reasons Therefor: \_\_\_\_\_

\_\_\_\_\_

Where? City, State, Zip \_\_\_\_\_

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**NO LICENSE SHALL BE ISSUED UNLESS ALL THE ABOVE QUESTIONS ARE COMPLETELY ANSWERED**

**AFFIDAVIT**

**(Please Read Carefully Before Signing)**

I (We) do solemnly swear (or affirm) that the statements given above are true and correct to the best of my (our) knowledge and belief; that I (We) will comply with all regulations of Federal, State and Local Liquor Control Laws; that a copy of an ordinance governing the sale at retail of alcoholic liquors and beverages in this municipality has been furnished to me (us); that I (We) understand the same, and agree to comply with all the provisions set forth therein>

I (We) swear (or affirm) that I (We) will not violate any of the laws of the State of Illinois or of the United States of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct and are made for the purpose of inducing the Village of Valmeyer, Illinois to issue the license herein applied for.

**SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D., \_\_\_\_\_.**

**APPLICANT(S):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Village Clerk**

**(SEAL)**