



## Village of Kingston

101 E. Railroad Street  
Kingston, IL 60145  
Website: [villageofkingston.org](http://villageofkingston.org)  
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Fax: 815-784-4398  
Police non-emergency  
phone: 815-784-5943

### APPLICATION FOR LIQUOR LICENSE

John Munro, President

Heather Edwards, Village Clerk

Date: \_\_\_\_\_

Application is hereby made to the Local Liquor Control Commissioner of the Village of Kingston for issuance of a Class(es) \_\_\_\_\_ liquor license, pursuant to the ordinances of the Village and laws of the State of Illinois. In support of said application the following is submitted.

#### GENERAL INFORMATION:

##### APPLICANT:

Name \_\_\_\_\_  
Last First Middle initial

Address \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Male/Female Place of Birth: \_\_\_\_\_

U.S. Citizen? \_\_\_\_ Kingston Resident? \_\_\_\_ Years? \_\_\_\_

Percentage Ownership of Business? \_\_\_\_ Corporation/ Partnership/ LLC? \_\_\_\_

##### BUSINESS NAME AND ADDRESS:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail address \_\_\_\_\_

List all owners/partners with 5% or more ownership in the business (include name, address & birth date):

Owner #1: \_\_\_\_\_  
\_\_\_\_\_

Owner #2: \_\_\_\_\_  
\_\_\_\_\_

(Use a separate piece of paper to list more owners)

Do you own the property and business for this application? \_\_\_\_\_

If no, list property owner's name and address: \_\_\_\_\_

Do you have a lease? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Retailer's Occupation Tax (ROT) registration number: \_\_\_\_\_

Have you ever been delinquent in payment of the ROT? Yes / No

If yes, please explain: \_\_\_\_\_

Federal Tax Stamp number: \_\_\_\_\_

Have you ever been convicted of a felony in this State or any other State? Yes / No

If yes, explain. \_\_\_\_\_

Have you ever had a license revoked by State, Subdivision thereof, or the Federal Government? Yes / No

If yes, explain. \_\_\_\_\_

Are any owners, managers, or employees public officials? Yes / No

If yes, please list: \_\_\_\_\_

Operation of business by license holder only \_\_\_\_\_

Hired Manager \_\_\_\_\_

Do you have Dram Shop Insurance at this time? Yes / No

If yes, with what Insurance agency? \_\_\_\_\_

A statement from the insurance agency that the applicant has Dram Shop Insurance or will be so insured upon issuance of a license must be attached.

Submittal of this application gives the Village of Kingston the right to run background checks on all owners/ partners of the business prior to approval of liquor license.

The undersigned applicant does hereby state and promise to make a part of this application his and/or her averment that he and/or she will not violate any of the laws of the state of Illinois or of the United States or any ordinance of the Village of Kingston in the conduct of his and/or her business for which this license application is made.

All owners, partnership, manager, etc. sign and date below with each individual signature notarized.

\_\_\_\_\_, 20\_\_\_\_  
Owner

\_\_\_\_\_  
Notary signature and stamp

\_\_\_\_\_, 20\_\_\_\_  
Owner

\_\_\_\_\_  
Notary signature and stamp

\_\_\_\_\_, 20\_\_\_\_  
Owner

\_\_\_\_\_  
Notary signature and stamp

\_\_\_\_\_, 20\_\_\_\_  
Owner

\_\_\_\_\_  
Notary signature and stamp

\_\_\_\_\_, 20\_\_\_\_  
Owner

\_\_\_\_\_  
Notary signature and stamp