

CITY OF HARVEY



RETAILER'S LICENSE APPLICATION PACKET

PROCEDURE FOR OBTAINING A RETAILER'S LICENSE

1. Complete all sections of the attached application.
2. Attach all required exhibits designated in the application, including a Health and Safety Plan. (view the attached)
3. Submit application and exhibits as follows:
 City of Harvey
 Planning Department
 15320 Broadway Avenue
 Harvey, Illinois 60426
4. Upon receipt of the application and exhibits, staff will review the submitted information for completeness and accuracy. This process normally takes 7 days.
5. A pre-hearing conference with staff will be scheduled if needed.
6. After reviewing the information and all the attachments are professionally completed, the application packet will be given the Mayor for review. (Please allow 7 business days for this process.)
7. If your application is approved by the Mayor, you will receive a phone call from the City's Planning Department Staff requesting your license fees to be paid. Please make sure that a copy of the receipt is attached to your file prior to leaving the office.
8. **ALL LICENSES MUST BE PICKED UP IN PERSON. YOUR SIGNATURE WILL BE REQUIRED TO RECEIVE THE LICENSE**
9. Review your license upon receipt of it to ensure that it has been signed the Mayor and City Clerk. Without the signatures of the Mayor and City Clerk your license is invalid.

NEW APPLICANTS ONLY

1. In addition to the above, you must pay an application fee of \$100.00
2. Meet with the Planning Department staff to request a meeting with the Planning and Zoning Board. (Included in the Business License process.)
3. Provide the Planning Department with a copy of the Articles of Incorporation that is provided by the State of Illinois' Secretary of State's Business Department
4. Make an appointment with the Police Department's Internal Affairs Division to have a background check.

LICENSING FEES

Regular Business Hours Monday – Saturday between the hours of 6 AM and Midnight = **\$1,000.00/year**
 Sunday between 12 PM (noon) and 12 AM (Midnight)

**Late To obtain a Late Liquor License you must submit your type-written request to the Mayor.
 This request can only approved by the MAYOR.)**

Club Licenses shall have additional fees that are determined by the occupancy load:

1 to 299 people	= \$200.00
300 to 399 people	= \$300.00
400 to 499 people	= \$400.00
500 to 599 people	= \$500.00

PLEASE NOTE: City staff will assist you with expediting your request. Due to the local and state laws regarding hearing publication requirements, meeting schedules and the complexity of your request, the entire processing time for a retailer's license could take as long eight (8) weeks.

PLEASE PRINT OR TYPE



CITY OF HARVEY
PLANNING DEPARTMENT
15320 BROADWAY AVENUE
HARVEY, IL 60426
(708) 210-5300 - PHONE
(708) 210-5368 - FAX

OFFICE USE ONLY

Date Received: _____
Inspection Approval: _____
Approval Date: _____
PS Number: _____

RENEWAL: ___ YES ___ NO

CITY RETAILER'S LICENSE APPLICATION

The undersigned hereby makes application for the issuance of a City Retailer's License for the sale of alcoholic liquor for the term beginning _____, and ending _____, and hereby certifies to the following facts:

APPLICANT BACKGROUND INFORMATION

Applicant: _____ Date: _____

Address: _____ Phone: _____

_____ United States Citizen _____ Yes _____ No

_____ Citizenship Date? _____

Date of Birth: _____ Drivers License Number: _____

Emergency Contact: _____ Phone: _____

Have you ever been convicted of any felony under any Federal or State Law? _____

If so, provide date (s) and state (s) of offense: _____

Have you ever been convicted of being the keeper of a house of ill fame; or pandering or other crime or misdemeanor opposed to decency and morality? _____ If so, provide date (s) and state (s) of offense: _____

Have you ever been convicted of a violation of a Federal or State liquor law? _____

If so, please provide the date (s) and state (s) of offense: _____

Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in the previous questions? _____

If yes, please explain. _____

Have you applied for a similar license at another addressor business? _____ If so, please provide the specific location, date, and state where application was submitted: _____

Has any license previously issued to you by the Federal, State or local authorities been revoked, suspended or fined? _____

If so, please provide the state and specifics of the violations: _____

BUSINESS INFORMATION

Business Name: _____

Address: _____ Phone: _____

_____ State Tax ID: _____

_____ Federal ID: _____

Principal Business Type: _____ Proposed Hours of Operation: _____

Class of License applied for: _____

Legal Description of the Property: _____

Current Zoning Classification of Property: _____

Current Use of Property: _____

Does the applicant seek a license to sell alcoholic liquor upon the premises of a restaurant? _____ If so, are the premises:

(A) Adequately maintained for the public use during the consumption of meals? _____

(B) Provided with sanitary kitchen and dining room equipment and capacity with sufficient employees to prepare, cook and serve food? _____

(C) Has the facility been inspected by Cook County's Health Department? _____

Does the applicant own or leasing the premises for which this license is sought? _____

Does the lease cover the entire period of time under which the license is being sought? _____

If so, please attach a copy of the lease to this form.

Is the applicant licensed as a food dispenser? _____ If so, please provide the license number: _____

Is the property line of applicant's business for which license is sought, within 100 feet to the property line of any educational institution, hospital, senior citizen facility, or facility for veterans, their wives or children or church? _____

Is there any City official (i.e. Mayor, alderman, City Council member, City Commissioner, president or member of a county board, law enforcement official) has any financial or ownership interest in the business for which the license is sought? _____ If yes, please explain. _____

Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____

Retailer's License Application

**Eric J. Kellogg
Mayor**

Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent, engaged in the manufacturing of alcoholic liquors?
_____ If so, what are the locations? _____

Is the applicant engaged in the business of an importing distributor or distributor of alcoholic liquors? _____
Is so, what are the locations ? _____

MANAGER/AGENT INFORMATION

Will this business be conducted by a manager or agent? _____ If the answer is yes, please fill out the following:

Manager Name : _____ Date: _____

Address: _____ Phone: _____

_____ United States Citizen _____ Yes _____ No

_____ Citizenship Date? _____

Date of Birth: _____ Drivers License Number: _____

Emergency Contact: _____ Phone: _____

Have you ever been convicted of any felony under any Federal or State Law? _____

If so, provide date (s) and state (s) of offense: _____

Is this person a resident of the City of Harvey? _____

Does the applicant hold any other current business license issued by the City? _____ If so, what type of license does the applicant currently hold and what is the address of the licensed premises: _____

PLEASE REVIEW THE FOLLOWING QUESTIONS WITH THE MEMBERS OF THE PARTNERSHIP.

If this application being made by you as one of the members of a co-partnership? _____

If this is a partnership application, who are the members thereof entitled to share in the profits? _____

Retailer's License Application

**Eric J. Kellogg
Mayor**

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE APPLICATION IS BEING MADE ON BEHALF OF A CORPORATION FOR PROFIT OR A CLUB.

Date of Incorporation _____

Objects for which the business is incorporated _____

Business' Legal Corporate Name _____

Names and addresses of officers and directors _____

Names and addresses of all stockholders and the total number of shares owned by each: _____

Is any officer director or any stockholder of the corporation, own more than 5% of the stock of such corporation disqualified from receiving a license under the provisions of the Illinois Liquor Control Act or the provisions of the Ordinances of the City of Harvey relating to the sale of alcoholic liquor? _____

Do you have a State of Illinois Retailer Occupation Tax Number: _____

Indicate Number: _____

Retailer's License Application

**Eric J. Kellogg
Mayor**

STATE OF ILLINOIS)
)ss
COUNTY OF COOK)

I (we) swear/affirm that I (we) will not violate any of the ordinances of the City of Harvey or the laws of the State of Illinois or the laws 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 to the best of my (our) knowledge and belief.

Subscribed and sworn before
me this _____ day of
_____, _____

Signature of Applicant

Signature of Applicant

Notary Public

Signature of Applicant

(Notary Seal)

Signature of Manager/Agent

Signature of owner with a majority interest in the stock of the corporation

Corporation President

Corporation Secretary

(PLEASE NOTE: AT LEAST TWO MEMBERS OF A PARTNERSHIP MUST SIGN)

IMPORTANT

This application must be accompanied by remittance of fee in proper amount, and filed with the City of Harvey. Remittances must be payable to the City of Harvey and must be in the form of cash, certified, or cashier's checks or United States Postal Money Orders.

Application approved this _____ day of _____, _____. Staff Signature _____

Application rejected this _____ day of _____, _____. Staff Signature _____