



City of Blue Island Liquor License Application

Blue Island City Hall
13051 Greenwood Ave
Blue Island, IL 60406
708.597.8606 • F: 708.396.2686
www.blueisland.org

- New Business Change Ownership of Existing Business Relocate Business

Business Information

Business Name	Corporate Name (if applicable)
Business Address	Corporate Address
Business Phone	Corporate Phone
Business Email Address	Corporate Email Address
Applicant Name	Applicant Phone
Applicant Address	Applicant Email Address
Square footage of Business	Property Identification Number

Own Rent
Do you own or rent building

Aldermanic Ward 1st Ward 2nd Ward 3rd Ward 4th Ward 5th Ward 6th Ward 7th Ward

If leasing space, list the property owner's name & address below

Property Owners Name _____

Property Owners Address _____

Current Zoning Designation

- R1: Single Family Residential
- C1: Central Area Commercial
- C2: Highway Commercial
- UTOD: Uptown TOD
- I1: Limited Industry
- I2: General Industry

Form of Business Corporation Partnership Limited Liability Corporation Sole Proprietor

List any officer, manager or director. Add a separate page if needed.

Federal Tax Identification Number _____ Illinois Retail Occupation Tax Number _____

Eligibility (For more information see Blue Island Code of Ordinances: § 111.56 PERSONS INELIGIBLE TO BE LICENSED.)

Is the Applicant a resident of Blue Island? Yes No

Is the Applicant a citizen of the United States? Yes No

Has the Applicant been convicted of a felony under any federal or state law? Yes No

If Yes please explain

Has the Applicant had a liquor license or business license revoked? Yes No

If Yes please explain

Has the Applicant been convicted of a violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor? Yes No

If Yes please explain

Has the Applicant been convicted of a gambling offense? Yes No

If Yes please explain

Does the Applicant currently hold a Liquor License in the City of Blue Island? Yes No

Business Information

Mon Tue Wed Thurs Fri Sat Sun

Days of Operation

Hours of Operation

Liquor License Class being sought: _____

Entertainment License? _____

Description of goods and services sold at this location: _____

Est. % of Gross Sales devoted to Alcohol: _____ %

Will the business serve food? _____

Will the business occupy a vacant building? _____

Replace an existing business? _____

Number of Employees: Full Time _____

Part Time _____

Management and Operations Experience and Certifications: _____

Applicant BASSET License Number Expiration Date Applicant Food Sanitation Certification Expiration Date

I/we hereby certify that all of the information contained in this application for a Liquor License is true and correct. I/we understand the issuance of this license is conditional upon compliance with all City Codes, Ordinances, State and Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force. Upon approval of this application, the business of record shall have a period of 90 days to pursue business advances in conjunction with the terms and conditions on which the license was issued.

Print Name

Signature

Date

Licenses issued by the City may be revoked for any of the following causes: fraud, misrepresentation, or false statement; any violation by the licensee of the provisions relating to the license, the subject matter of the license, or to the premises occupied; Conviction of the licensee of any felony or of a misdemeanor when such conviction indicates an inability to operate a safe, honest or legitimate business operation; failure of the licensee to pay any fine or penalty owing to the city; failure of the licensee to pay any amount owing to the city, other than a fine or a penalty, within 120 days of its due date; refusal to permit inspection or investigation, or interference with an authorized city officer or employee while in making inspection or investigations; When the conduct of the business constitutes a nuisance or a clear and present danger to the public health, safety or general welfare; more than 3 violations of the zoning regulations or management and safety plan pertaining to the premises; or for other good and sufficient cause shown including but not limited to repeated failures to comply with this or other applicable ordinances or multiple violations of the same. The Mayor or designee shall hold a hearing for the purposes of determining whether or not the license or permit shall be revoked or remain suspended and what fines or penalties, if any, shall be imposed.

City Use Only

Application No. _____

Applicant Name _____ Date Received _____

License Requested:	# Permitted:	# Issued:	OK:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Conforms to Zoning Use Table:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Off-Street Parking Available (indicate # of stalls):		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Meets Distance Requirements (§ 111.57 LOCATION OF PLACE OF SALE)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Business Plan, Market Analysis or other report		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Floor Plans (dimensioned)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Exterior Elevations & Signage Plan (dimensioned)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Title or Lease		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Tax ID Number (copy of IRS letter provided)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Copy of License or Certifications		
Maximum Occupancy: (Blue Island Fire Dept.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Liquor Committee Approval at Hearing Date:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Dram Shop Insurance (for license at Clerk's Office)		

BIPD Prints Taken (name and date)	BIPD Prints Sent (name and date)
BIPD Prints Received (name and date)	BIPD Final Review (name and date) Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No

Initial Building Inspection (name and date) Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Building Inspection (if applicable) Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Health Inspection (name and date) Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Health Inspection (if applicable) Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No

Initial Fire Inspection (name and date) Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Fire Inspection (if applicable) Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No
Planning & Zoning Review (name and date) Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor Commissioner Approval (signature and date)