



## 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

☐ Own      ☐ Rent

Square footage of Business

Do you own or rent building

Property Identification Number

Aldermanic Ward    ☐ 1<sup>st</sup> Ward    ☐ 2<sup>nd</sup> Ward    ☐ 3<sup>rd</sup> Ward    ☐ 4<sup>th</sup> Ward    ☐ 5<sup>th</sup> Ward    ☐ 6<sup>th</sup> Ward    ☐ 7<sup>th</sup> Ward

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

Current Zoning Designation

Property Owners Name

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

Property Owners Address

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.*

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Print Name

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Signature

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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)