



KANE COUNTY LIQUOR CONTROL COMMISSION

719 S. Batavia Avenue, Building A, Geneva, Illinois 60134

Liquor Commissioner's Office: 630-232-5930

Liquor Control Coordinator: 630-208-3834 garzabarbara@countyofkane.org

Fax: 630-232-9188

APPLICATION TO AMEND AND UPDATE LIQUOR LICENSE

Kane County liquor licenses cannot transfer from one owner to another. A new license application is required when there is a new owner. Background checks are also required for all new officers, directors, shareholders with a 5% or greater interest, and managers per the Kane County Liquor Code

1. Current Liquor License Number: _____

2. Name of Licensee: _____

3. Phone Number: _____ 4. Email: _____

5. Mailing Address: _____ City: _____

State: _____ Zip Code: _____

6. Please check the items below that you are amending:

- a. Change of Manager (Go to Item 8 below)
- b. Change of license type, or deleting or adding license types (Go to Item 9 below)
- c. Change in Officers, Directors, and/or Shareholders with greater than a 5% interest (Go to Item 10 below)

7. Please check the other items below you are updating and provide updated documents with this application:

- a. Certificate of Insurance for General Liability
- b. Certificate of Insurance for Liquor Liability
- c. Lease
- d. BASSET certificates
- e. Articles of Incorporation, By-Laws, Operating Agreement, Annual Report
- f. Diagram

8. NEW MANAGER INFORMATION: *Management companies must also provide management contract and information below for all managers. If you have multiple managers, please submit duplicate copies of this page. New managers must complete a background check. Please contact the Liquor Control Coordinator to schedule a background check.*

a. Name: _____

b. Address: _____

c. Social Security Number: _____

d. Phone: _____

e. Is the new manager a U.S. born Citizen? Yes
 No

f. If No, provide Proof of Naturalization with this application.

9. LICENSE TYPE: *Please contact the Liquor Coordinator if you are not sure of any additional fees. Attach check for additional fees with application.*

a. Change from Class _____ to Class _____

b. Delete Classes: _____

c. Add Classes: _____

(Example: Show 2 additional Class J Bars as: J, J)

Classes

TYPE	FEE	ADDITIONAL INFORMATION
AR – Restaurant/Inn	\$2,500	
AP – Package Store	\$2,500	
AW – Brewpub/Winery	\$2,500	
C – Club	\$2,500	
E – Bar	\$2,500	
G – Golf Course	\$2,500	Class J license required for each additional beverage cart and additional bar.
Sunday Endorsement	\$150 per year	Available to Class AR, AP, AW, C, E, G licensees
J – Additional Bar	\$200 per bar	Only available to Class AR, AW, C, E or G licensees. A separate Class J license must be obtained for each additional bar and each bar must be designated on the diagram submitted with the application.
P – Outside Service	\$100 per year	Available to Class AR, AW, C, and E licensees. Class G licensees not required to have a Class P license.
Q-1 – Annual Product Sampling	\$250 per year	Only available to Class AW licensees
Q-2 – Temporary Product Sampling	\$75 per license	Only available to Class AR, AW, AP or C licensees

10. CHANGE IN OFFICERS, DIRECTORS AND/OR SHAREHOLDERS: *Complete the following information for each new officer, director, or shareholder having a 5% or greater interest. You may need multiple copies of this page to complete this information. Provide information for former officers, directors and/or shareholders in item I below.*

a. Name: _____ b. Birthdate: _____

c. Social Security Number: _____ d. Phone: _____

e. Address: _____ City: _____ State: _____ Zip: _____

f. Position: Corporate Officer – President Corporate Officer – Vice President
 Corporate Officer – Secretary Corporate Officer – Treasurer
 Director Shareholder holding greater than 5% interest

g. Is this officer, director or shareholder a U.S. born citizen? Yes No *If No, provide proof of naturalization.*

h. Percentage of stock owned: _____

i. Names of former officers, directors and/or shareholders with greater than a 5% interest: _____

STATE OF ILLINOIS)
COUNTY OF KANE)

I/ We swear that I/we have not received or borrowed money or anything else of value (other than merchandising credit in the ordinary course of business for a period not to exceed ninety (90) days as expressly permitted in the Illinois Liquor Control Act of 1934, as amended) directly to or indirectly, from any manufacturer, importing distributor or distributor, nor been a party in any way, directly or indirectly, to any violation by a manufacturer, distributor or importing distributor of the above-mentioned Act. (This paragraph applicable to corporate applicants only.)

I/ We do further swear that I/we will not violate any of the laws of the State of Illinois or of the United States of America or any ordinance, rule or resolution of Kane County 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.

I/We do further swear that I/we have never been convicted of any felony and I/we are qualified under the ordinances of Kane County, and the laws of the State of Illinois to receive a liquor license.

I/We further swear that I/we will not discriminate on the basis of race, color, gender, ethnic origin, national origin, or ancestry.

Signature: _____ Print Name: _____
_____ Title: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

AFFIX SEAL: _____
Notary Public

Signature: _____ Print Name: _____
_____ Title: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

AFFIX SEAL: _____
Notary Public

Signature: _____ Print Name: _____
_____ Title: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

AFFIX SEAL: _____
Notary Public

If additional signatures are required, please use duplicate copies of this page to provide all required signatures.