

CITY OF HARVARD
LIQUOR & TOBACCO LICENSE APPLICATION
FISCAL YEAR _____

TOTAL LICENSE FEE:

- Liquor:** _____
 (See Section 25.06 for License Classifications/Fees)
- Saturday Extended Hrs. Fee \$1,000** **Sunday Extended Hrs. Fee \$1,000**
 Non-refundable Application Fee \$500 **One Time License Fee \$10,000**
 Beer Garden Certificate Fee \$400 **Video Gaming/\$25 ea. machine**
 Tobacco \$100
 Counter **Vending**

State License Number & Expiration Date	Current City of Harvard License #		
Business Name	Business Phone		
Business Address	City	State	Zip
Provide statement as to nature and character of advertising done or proposed in order to attract customers.			

Owner's Legal Name		Home Address	City	State	Zip
Social Security No.		Driver's License or State ID No.			
Date of Birth	Place of Birth	Citizenship			
		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized Citizen*			
*If Naturalized Citizen, MUST attach a copy of Certificate of Naturalization					
Home Phone		Cell Phone	Primary E-Mail		
Have you ever been convicted of a criminal offense or local ordinance?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe offense and penalties assessed:					
Previous Business Names and Addresses:					

Corporation or Limited Partnership Name		Sole Proprietorship (Assumed Name)		
Date of Incorporation (MUST attach Articles of Incorporation)		If Sole Proprietorship, MUST attach copy of Assumed Name Publication Notice with McHenry County Clerk and Certificate of Publication		
DBA Name				
EIN		Illinois Business Tax No./Expiration Date		
Corporation Address		City	State	Zip

Name & Address of Other State or Local Licensed Premises:	
Has any previous license by the City or any jurisdiction ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENT MANAGER

Legal Name		Home Address	City	State	Zip
Social Security No.		Date of Birth	Driver's License or State ID No.		
Home Phone	Work Phone	Cell Phone	Primary E-Mail		

RIGHTS TO THE PROPERTY					
<input type="checkbox"/> I hereby certify that property is owned by applicant <input type="checkbox"/> I hereby certify that property is leased from landlord <input type="checkbox"/> I hereby certify that property is managed via an operating or management agreement					
Landlord Name		Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Primary E-Mail		

CERTIFICATE OF INSURANCE

Applicant must provide a Certificate of Insurance showing liquor and general liability pursuant to the requirements in Section 25.10 of the Harvard Municipal Code.

CORPORATE OFFICERS

Legal Name		Home Address	City	State	Zip
Social Security No.		Date of Birth	Driver's License or State ID No.		
Home Phone	Work Phone	Cell Phone	Primary E-Mail		

Legal Name		Home Address	City	State	Zip
Social Security No.		Date of Birth	Driver's License or State ID No.		
Home Phone	Work Phone	Cell Phone	Primary E-Mail		

Legal Name		Home Address	City	State	Zip
Social Security No.		Date of Birth	Driver's License or State ID No.		
Home Phone	Work Phone	Cell Phone	Primary E-Mail		

Legal Name		Home Address	City	State	Zip
Social Security No.		Date of Birth	Driver's License or State ID No.		
Home Phone	Work Phone	Cell Phone	Primary E-Mail		

SIGNATURE/TITLE/DATE

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct. They are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Harvard to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the City of Harvard, the United States of America, or the State of Illinois, in particular Chapter 25, Alcoholic Liquor Dealers, of the City of Harvard Municipal Code Book.

Further, I agree to notify the City of Harvard within 30 working days of changes in any of the above information.

Signature of Applicant

Title/Position

Date

PAYMENT OPTIONS:

1. Mail completed form with payment to:
2. Attn: City Treasurer
3. CITY OF HARVARD
4. P.O. Box 310
5. Harvard, IL. 60033

OR:

Payments may be made online via **Credit or Debit Card** as follows:

1. Complete fillable form above
2. Print Form
3. Choose the PayGov link on our Home Page
4. Choose drop down arrow in the City of Harvard: **Licenses**
5. Choose **Liquor Tobacco** and proceed with payment information
6. Print payment receipt and mail in with completed form to the address above
OR scan form and receipt and email to bookkeeper@cityofharvard.org