

**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**

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

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

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

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

**RESIDENT MANAGER**

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

<b>RIGHTS TO THE PROPERTY</b>						
<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						
<b>Landlord Name</b>		<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Primary E-Mail</b>			

**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

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

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

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

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

Has any of the information on this application changed from last year?

Yes  No

If yes, please indicate which section(s) (i.e. corporate officers, resident manager, etc.)

**SIGNATAURE/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**

**HARVARD POLICE DEPARTMENT**

“Winning with Teamwork”

**Non-Criminal Justice Fingerprint Submission Form  
Privacy Notification and Release**

Printed Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Under provisions set forth in Title 28, Code of Federal Regulations (CFR), sections 50.12, both governmental and nongovernmental entities authorized to submit fingerprints and receive FBI identification records must notify the individuals fingerprinted that the fingerprints will be used to check the Criminal History Records of the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency, or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete, or challenge the accuracy of the information contained in the FBI identification record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge / arrest for which there is no final disposition stated on the record as it appears in the FBI's CJIS division records system. The applicant should be advised that the procedures to change, correct, or update the record are set forth in title 28, CFR, section 16.34.

My signature below indicated my understanding that my fingerprint submission is subjected to the above use and dissemination restrictions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

ID: \_\_\_\_\_

**HARVARD POICE DEPARTMENT**

**Fingerprint Submission Consent and Notification Form  
(Used for all Licensing and Employment Screening)**

The authorized agency (Harvard Police Department) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

**Agency Information**

Requesting Agency Name: Harvard Police Department	Requesting Agency ORI Identifier: ILL13979L
Requesting Agency Address: 201 West Front Street, Harvard, Illinois 60033	
Fiscal Cost Center: (for entity responsible for paying ISP) 1300	Purpose Code: LIQ

**Applicant Information**

Name:	Sex:	Race:	Date of Birth:
SSN:	DL/State ID/Passport # :		DL/ID State:

**Livescan Vendor/Appointment Information**

Live Scan Fingerprint Vendor Company Name: N/A	Address: N/A	
Phone Number: N/A	Appointment Date & Time: N/A	IL Vendor License Number: N/A

**Privacy Statement**

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and or Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

**Applicant Consent**

Applicant Name (printed):	Date:
Applicant Name (signature):	Date:

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**