



**Shabbona Village Office**  
308 E. Comanche Ave  
**Shabbona Village Hall**  
206 S. Blackhawk St.  
**Mailing Address: PO Box 263**  
**Shabbona, IL 60550**  
**815-824-3064**

TO: Liquor License Applicant

When filling out the application for liquor license, note that all owner(s) of the establishment must be listed on the application and have a background check prior to the issuance of a liquor license by the Village of Shabbona.

The Village of Shabbona's Liquor Ordinance is on our website at <https://www.shabbona-il.com/>

At the time of filing the application, you will need to submit a \$150.00 non-refundable application fee. Application and application fee are to be submitted to the Village Clerk.

After completion of a clear background investigation, your application will be reviewed by the Village Liquor Commissioner for a recommendation to the Village Board of Trustees. You will be notified as to date and time of the Village Board meeting that consideration of approval will occur at.

Upon approval of your application, you will need to submit a copy of Dram Shop Insurance and a DeKalb County Health Department Certificate to the Village Clerk in order for the liquor license to be issued.

The State of Illinois Liquor Commission will need a copy of your Village of Shabbona liquor license before they can issue your license.

If you have any questions, please contact me.

Jen Morrison  
Village Clerk  
Shabbona IL  
[shabbonaclerk@gmail.com](mailto:shabbonaclerk@gmail.com)

**Village of Shabbona, IL**  
**APPLICATION FOR LICENSE TO SELL**  
**ALCOHOLIC LIQUOR**

License paid for on \_\_\_\_\_  
Check # \_\_\_\_\_  
License issued on \_\_\_\_\_

<input type="radio"/> Class A \$1,000	<input type="radio"/> Class C/+Sunday \$750
<input type="radio"/> Class A/+Sunday \$1250	<input type="radio"/> Class D \$600
<input type="radio"/> Class B \$400	<input type="radio"/> Class E (24 hours nonprofit) \$50.00
<input type="radio"/> Class B/+Sunday \$500	<input type="radio"/> Class F (BYOB) \$0
<input type="radio"/> Class C \$600	

A \$150 administrative fee is to be paid upon submittal of application.

**Applicant Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone: (     )** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Phone: (     )** \_\_\_\_\_

**d/b/a Name:** \_\_\_\_\_

**Premise Address:** \_\_\_\_\_

*Partnership or Corporation: In the case of a co-partnership, the persons entitled to share in the profits thereof, and in the case of a corporation, for profit, or a club, the date of incorporation, the objects for which it was organized, the names and addresses of the officers and directors, and the name and addresses of all shareholders and the percentage of their ownership in the corporation or partnership.*

\_\_\_\_\_  
\_\_\_\_\_

Date of incorporation (if applicant is corporation) \_\_\_\_\_

Location and description of premises; or place of business which is to be operated under such license \_\_\_\_\_

Has the applicant made a similar application for other licenses on the premise other than described in this application? ☐ YES ☐ NO

If YES, Disposition of such application \_\_\_\_\_

Applicant has never been convicted of a felony and is not qualified to receive a license by reason of any matter or thing contained in this Act. ☐ YES ☐ NO

Has the applicant ever had a license revoked or suspended by any other State, Subdivision, or by the Federal Government? ☐ YES ☐ NO

If YES, give a complete description of said event(s):

\_\_\_\_\_  
\_\_\_\_\_

Applicant has received another local license from \_\_\_\_\_ to sell alcoholic liquor at retail. (MUNICIPALITY)

**Retail Occupational Tax Number:** \_\_\_\_\_

(Initial below)

\_\_\_\_\_ Applicant will not violate any of the laws of the State of Illinois, The United States, or the Code of Ordinances of the Village of Shabbona, IL in the conduct of his/her place of business.

☐

Applicant has provided Surety Bond.

☐

Applicant is a citizen of the United States.

List the name(s) of the business (es) and address wherein the applicant or any shareholder of the applicant has held a license to sell alcoholic beverages. \_\_\_\_\_

\_\_\_\_\_

List all arrests of the applicant or of its partners if a partnership or of its shareholders if a corporation (Date; Charge; Disposition). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A criminal background check is required of each partner in a business partnership, each owner of an individually owned business, each manager associated with the liquor establishment, each person owning or controlling at least 20 percent of the stock of a corporate applicant for a license, and at least one Chief Executive Officer, President or Chairman of the Board, as indicated on the application. Once a completed application has been received and all necessary background check requests have been submitted, the liquor commissioner may approve the application and the license may be issued, contingent on the results of the background check(s).

*\*\*copies of driver licenses are required for background checks*

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

## ATTESTATION

*An owner, an officer, a partner, or an officially authorized agent of the business listed in this application must sign this application.*

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and accurate to the best of my knowledge, and that I have read the Village of Shabbona Liquor Ordinance and that I am familiar with its terms and conditions, and that the business for which I seek a license and its proposed operation are and shall be in compliance with the Village of Shabbona Liquor Ordinance.

I further agree to promptly notify, in writing, the Village of Shabbona Liquor Commissioner during the pendency of this application, or during the term of any license issued pursuant to this application, of any change in any of the information provided in this application or the occurrence of any event that is a basis for suspension or revocation of said license or fine under the Village of Shabbona Liquor Ordinance.

\_\_\_\_\_  
Signature of applicant or authorized agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title or position

\_\_\_\_\_  
Date signed

STATE OF ILLINOIS    )  
                                  )SS  
COUNTY OF DEKALB    )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTARY SEAL:

**For Village Use Only:**

\_\_\_\_\_ Completed Application

\_\_\_\_\_ \$150.00 Application Fee Paid

\_\_\_\_\_ Surety Bond Provided

\_\_\_\_\_ copy of DeKalb County Health Department Certificate

\_\_\_\_\_ Proof of Responsible Server Training (BASSETT)

\_\_\_\_\_ DeKalb County Sheriff's Office Authority for Release of Information

\_\_\_\_\_ copy of Dram Shop Insurance

Application Approved on \_\_\_\_\_

Application Denied on \_\_\_\_\_