

VILLAGE OF SUMMIT
NON-CORPORATE LIQUOR LICENSE RENEWAL APPLICATION

1. Names of Licensee: _____
2. Summit License Number and Class: _____
3. Business Name Used (if any): _____
4. Address of Licensed Premises: _____
5. Telephone at Licensed Premises: _____
6. State Liquor License Number: _____
7. In the preceding 12 months, has there been any change in ownership of the real estate on which the licensed premises are located? _____ If yes, please provide a title policy or deed showing current ownership.
8. List the names, social security numbers, date of birth and residence addresses of all persons to whom the license is issued and their percentage of ownership:

Name	Address SSN, Date of Birth	% Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Are any of the individuals listed in paragraph 8 ineligible to hold a liquor license under the Liquor Control Act of 1934 (see enclosed 235 ILCS 5/6-2)? _____

Under penalty of perjury, the undersigned affirms that all of the above statements are true, correct and accurate.

Dated: _____

(All persons listed in #8 must sign)

Renewal Fee: \$ _____

Return by June 30 to:

Village Clerk
Village of Summit
5810 Archer Road
Summit, IL 60501