

**VILLAGE OF SUMMIT**  
**LIQUOR LICENSE RENEWAL APPLICATION**

**CORPORATE**

**NON-CORPORATE**

1. Name of Licensee (Corporation): \_\_\_\_\_
2. Summit Liquor License Number: \_\_\_\_\_
3. Business Name: \_\_\_\_\_
4. Address of Licensed Premises: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_
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 the following officers:  
President or Owner: \_\_\_\_\_  
\_\_\_\_\_  
Secretary (if any): \_\_\_\_\_  
\_\_\_\_\_  
Treasurer (if any): \_\_\_\_\_  
\_\_\_\_\_
9. If a Corporation, list the names and residence addresses of all persons owning shares equal to 5% or more of the issued stock:  

NAME	ADDRESS	SHARES OWNED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. If a Corporation, list the names and residence addresses of all directors:

NAME

ADDRESS

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11. Is the Licensee (including any officer or shareholder holding 5% or more of the stock) ineligible to hold a Liquor License under the Liquor Control Act of 1934? \_\_\_\_\_

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

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**President**

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**Secretary**

**Dated:** \_\_\_\_\_

Renewal Fee: \_\_\_\_\_

**Return by June 30, 2012 to:**

Summit Municipal Center

7321 W. 59<sup>th</sup> Street

Summit, IL 60501