

TOWN OF CORTLAND
DE KALB COUNTY, ILLINOIS

**APPLICATION FOR LICENSE FOR
RETAIL SALE OF LIQUOR
UNDER THE TOWN OF CORTLAND
LIQUOR CONTROL ORDINANCE**

The undersigned hereby makes application for the issuance of a license to engage in the business of selling alcoholic liquors, as indicated hereafter, pursuant to the provisions of Title 3, Chapter 9, of the Cortland Town Code, as amended, regulating the sale of alcoholic liquor in the Town of Cortland, County of DeKalb and State of Illinois, and amendments thereto now in full force and effect.

1. Applicant's Corporate Name: Cortland Community Fireman's Association
2. Name under which business is to be conducted: Cortland Fire Department
3. Date of Incorporation: January 1947
 - A. Under law of the State of: ILLINOIS
 - B. If applicable, date authorized to do business in Illinois as a foreign corporation: _____
 - C. Objectives or purposes of this corporation: _____

{Note: Copies of Articles of Incorporation and Illinois Secretary of State Certificate of Good Standing must be submitted as Exhibits to this application}

4. Name of establishment for which license is sought: Cortland Fire Department
5. Location of business for which license is sought: 30 W North Ave
Cortland, IL 60112
6. Hours of operation: 24 hours 7 Days a week
7. Full description of establishment, specifying number of floors, rooms, aggregate square feet, number of tables in dining area, number of seats at bar, etc. {Attach as Exhibit if necessary}:
1 Floor 1 room 4500 Sq Ft 20 tables 200 chairs

8. Full legal description of premises for which license is sought {Note: Attach as Exhibit}
Original town block 12 Lot 8N, 9
9. Does applicant own premises for which license is sought? Yes X No
10. Does applicant possess a lease on such premises for which license is sought? Yes No X
{Note: Attach signed copy of lease for full term of the license being sought as an Exhibit to application}
11. Is the proposed location within one hundred [100] feet of any church, school, hospital, home for aged or indigent persons, or for veterans, their wives or children, or any military or naval station?
Yes No X
12. State names of all owners, directors, and officers of corporation as indicated, with the required information. If more than two directors, attach separate sheet with required information for additional directors as an Exhibit to this application:

A. President: Trent Moser
Residence address: [REDACTED]
Cortland IL 60112
[REDACTED]
Phone number: [REDACTED] E-mail: Chiefmoser@CortlandFire.com
Date of Birth: [REDACTED] Place of Birth: [REDACTED]
Place and date of naturalization, if applicable: N/A
Social Security No.: N/A
Percentage of stock or interest owned: N/A

B. Vice-President: Zachary Wright
Residence address: [REDACTED]
DeKalb 60115
Phone number: [REDACTED] E-mail: Zwright@CortlandFire.com
Date of Birth: [REDACTED] Place of Birth: [REDACTED]
Place and date of naturalization, if applicable: N/A
Social Security No.: N/A
Percentage of stock or interest owned: N/A

- C. Secretary: Melanie Wright
Residence address: [REDACTED]
DeKalb, IL 60115
Phone number: [REDACTED] E-mail: M. Vaeger@CortlandFire.com
Date of Birth: [REDACTED] Place of Birth: [REDACTED]
Place and date of naturalization, if applicable: N/A
Social Security No.: N/A
Percentage of stock or interest owned: N/A
- D. Treasurer: Mark Hedrick
Residence address: [REDACTED]
Cortland, IL 60112
Phone number: [REDACTED] E-mail: mhedrick@CortlandFire.com
Date of Birth: [REDACTED] Place of Birth: [REDACTED]
Place and date of naturalization, if applicable: N/A
Social Security No.: N/A
Percentage of stock or interest owned: N/A
- E. Director: Trevor Vaeger
Residence address: [REDACTED]
DeKalb, IL 60115
Phone number: [REDACTED] E-mail: tvaeger@CortlandFire.com
Date of Birth: [REDACTED] Place of Birth: [REDACTED]
Place and date of naturalization, if applicable: N/A
Social Security No.: N/A
Percentage of stock or interest owned: N/A

F. Director: N/A
Residence address: _____

Phone number: _____ E-mail: _____
Date of Birth: _____ Place of Birth: _____
Place and date of naturalization, if applicable: _____
Social Security No.: _____
Percentage of stock or interest owned: _____

13. State names of persons or corporations owning five percent [5%] or more of the stock of applicant or having an ownership interest in the business of applicant other than those named in Section 12, with the required information. If more than two such individuals or entities, attach separate sheet to complete listing as an Exhibit to this application:

A. Name: N/A
Residence address: _____

Phone number: _____ E-mail: _____
Date of Birth: _____ Place of Birth: _____
Place and date of naturalization, if applicable: _____
Social Security No.: _____
Percentage of stock or interest owned: _____

B. Name: _____
Residence address: _____

Phone number: _____ E-mail: _____
Date of Birth: _____ Place of Birth: _____
Place and date of naturalization, if applicable: _____
Social Security No.: _____
Percentage of stock or interest owned: _____

Note: should the information in Section 13 disclose that a corporation owns in the aggregate five percent [5%] or more of the stock of the applicant corporation, attach information for that corporation as required by Section 12 as an Exhibit to this application.

14. Has any officer or director of applicant corporation, or any stockholder[s] owning in the aggregate more than five percent [5%] of the stock of such corporation, ever been convicted of any felony under any State or Federal law? If so, supply dates, state the offense and give the circumstances thereof:

No

15. Has any officer or director of applicant corporation, or any stockholder[s] owning in the aggregate more than five percent [5%] of the stock of such corporation, ever been convicted of being the keeper of a house of ill fame, or of pandering, or of any other crime or misdemeanor opposed to decency and morality, or of any local, State or Federal gambling offense? If so, supply dates, state the offense and give the circumstances thereof:

No

16. Has any officer or director of applicant corporation, or any stockholder[s] owning in the aggregate more than five percent [5%] of the stock of such corporation, ever been convicted a violation of any local, State or Federal liquor law? If so, supply dates, state the offense and give the circumstances thereof:

No

17. Has any officer or director of applicant corporation, or any stockholder[s] owning in the aggregate more than five percent [5%] of the stock of such corporation, ever made a similar application for a similar license on premises other than described in this application? If so, supply address and disposition of such application:

No

18. Has any officer or director of applicant corporation, or any stockholder[s] owning in the aggregate more than five percent [5%] of the stock of such corporation, ever had any license issued by any local, State or Federal authorities revoked? If so, supply dates and reasons therefor:

No

19. Has any officer or director of applicant corporation, or any stockholder[s] owning in the aggregate more than five percent [5%] of the stock of such corporation, been issued a Federal Gaming Device Stamp or Federal Wagering Stamp:

Yes ___ No ☒

20. List all existing local and State retail liquor licenses held by applicant:

<u>License Type</u>	<u>Address</u>	<u>City, State, Zip</u>
None		

21. List all prior local and State retail liquor licenses held by applicant:

<u>License Type</u>	<u>Address</u>	<u>City, State, Zip</u>
<u>None</u>		

22. Provide a detailed listing of goods, wares and merchandise on hand at this time {Note: Attach as Exhibit}

23. Has any manufacturer, wholesaler, distributor, or importing distributor of alcoholic liquor, or any person connected with or in any way representing, or has any member of the family of such manufacturer, wholesaler, distributor, or importing distributor, or any stockholder in any corporation engaged in manufacturing, wholesaling, or distributing of alcoholic liquor, or any officer, manager, agent or representative of said manufacturer, wholesaler, distributor, or importing distributor, directly or indirectly paid or agreed to pay for this license, advance money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed thirty [30] days), or is such person or corporation directly or indirectly interested in the ownership, conduct or operation of the business for which license is sought?

Yes ___ No X

24. Is any law enforcing public official, including members of the local liquor control commissions, any mayor, alderman, or member of the city council or commission, a president of the Town board of trustees, any member of a Town board of trustees, or any president or member of a county board, or any other elected official directly or indirectly interested in the business for which license is sought? If so, describe the circumstances thereof:

No

25. Are you, or is any individual or entity identified in the application, or any other person directly or indirectly interested in the business for which license is sought, interested directly or indirectly in the place of business of any law enforcing public official, including members of the local liquor control commissions, any mayor, alderman, or member of the city council or commission, a president of the Town board of trustees, any member of a Town board of trustees, or any president or member of a county board, or any other elected official? If so, describe the circumstances thereof:

No

AFFIDAVIT

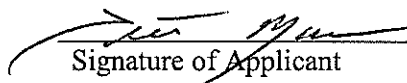
STATE OF ILLINOIS)
) SS
COUNTY OF DE KALB)

The undersigned hereby makes application for a Class E Liquor License. I swear that I will not violate any of the ordinances of the Town of Cortland, or the laws of the State of Illinois, or the laws of the United States of America, in the conduct of the place of business described herein; that I have read and understand Title 3, Chapter 9, of the Cortland Town Code; and that the statements contained herein are true and correct to the best of my knowledge.

I acknowledge that the application fee submitted with this application is non-refundable, that upon submission of this application the Local Liquor Control Commissioner will evaluate the application and submit a recommendation to the Town of Cortland Board of Trustees, who may in their discretion authorize the creation of one liquor license of the Class applied for, whereupon the Local Liquor Control Commissioner may issue the license.



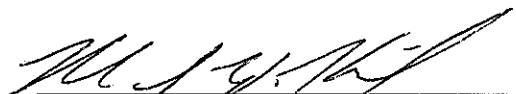
Signature of Applicant



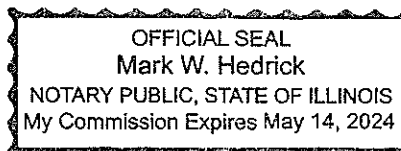
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

This 8th day of June, 2022.



Notary Public



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26. Attach as an Exhibit to this application a copy of the dramshop insurance policy covering the applicant and the premises which is to be operated under such license, shown to be in force during the entire license period.
27. Retailer's Occupation Tax (ROT) registration number: _____
28. Applicant hereby acknowledges receipt of a copy of the ordinance of the Town of Cortland relating to the licensing, sale, distribution and consumption of liquor.
29. Class as described in Section 3-9-14 of the Cortland Town Code for which license is sought:
E
30. Name, address, and telephone number of any manager of the licensed premises:


Signature of Applicant


Signature of Applicant

This 8th day of July, 20 22.