



**Village of Poplar Grove**  
**APPLICATION FOR LICENSE TO SELL**  
**ALCOHOLIC LIQUOR AT RETAIL**

**Check Class of License Applied for:**

<input type="radio"/> Class A (6 Day, On Premise, Full Kitchen) \$900	<input type="radio"/> Class F (BYOB with Food) \$150	<b>OFFICE USE ONLY</b> License No: _____ Date Issued: _____ License Expires: _____ Liquor: _____ Gaming: _____ Tobacco: _____ Fees: <u>\$100</u> Cash: _____ Check #: <u>1191</u>
<input type="radio"/> Class B (6 Day, Retail off Premise) \$500	<input type="radio"/> Class G (Golf) \$900	
<input type="radio"/> Class BB (Boutique) \$5000	<input type="radio"/> Class H (Local Catering) \$250	
<input type="radio"/> Class C (6 Day, Less 12% on Premise) \$700	<input type="radio"/> Class I (Non-Local Cater) \$350	
<input type="radio"/> Class D (Sunday) \$100	<input type="radio"/> Class J (Beer Garden) \$100	
<input checked="" type="radio"/> Class E (Event) \$100		

*\*Initial Application will include a \$100 administrative fee.*

**SECTION 1: Applicant Information:**

Applicant Name: North Boone district 3 Fire Mems Association Date of Birth: \_\_\_\_\_

Address: 305 West Grove St. Poplar Grove Phone: (\_\_\_\_) \_\_\_\_\_

Primary Contact Person: DAN DAL Pra Phone: (\_\_\_\_) \_\_\_\_\_

Business Name: North boone district 3 Fire Mems Association Phone: (\_\_\_\_) \_\_\_\_\_

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

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

**Entity Information (if applicable):**

Date of formation: \_\_\_\_\_ Illinois Secretary of State Number: \_\_\_\_\_

Assumed Name; If any: \_\_\_\_\_

Is Entity in good standing with Illinois Secretary of State: ☒ ROT Registration #: \_\_\_\_\_

If foreign Entity, date registered to do business in Illinois: \_\_\_\_\_

**General Information: (applies to anyone listed in Section 2):**

Owner of Premises: \_\_\_\_\_ (if leased, attach a copy of the lease to the application)

Renter of Premises: \_\_\_\_\_ Illinois Liquor License No.: \_\_\_\_\_

- ☐ YES ☒ NO Has applicant ever made an application for a liquor license which was denied?
- ☐ YES ☒ NO Has applicant ever had any previous liquor license suspended or revoked?
- ☐ YES ☒ NO Has the applicant ever been convicted of a felony?
- ☐ YES ☒ NO Has the applicant ever been convicted of a gambling offense?
- ☐ YES ☒ NO Do you possess a current federal wagering or gambling device stamp?
- ☐ YES ☒ NO Are you, or any other owner, in your place of business, a public official?

*\*If yes to any of the above, please explain on a separate sheet and attach to application.*

**Dram Shop Coverage:**

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance 2-2-3-A-2.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Coverage Limit: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_

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



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**Section 2: Owner & Officer Information:**

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

*\*If additional space is needed, please attach the additional sheet to the application.*

1) Name:	Steve	Wieczorek	Last	
	First	Middle		
2/17/1977	[REDACTED]	IL	President	—
Date of Birth	Driver's License No.	State	Title	% Ownership

  

2) Name:	James	Decoto	Last	
	First	Middle		
03/08/1967	[REDACTED]	IL	Secretary	—
Date of Birth	Driver's License No.	State	Title	% Ownership

  

3) Name:	Julie	Nelson	Last	
	First	Middle		
11/11/65	[REDACTED]	IL	Treasurer	—
Date of Birth	Driver's License No.	State	Title	% Ownership

  

4) Name:	Wyatt	Schober	Last	
	First	Middle		
8/17/2002	[REDACTED]	IL	Vice President	—
Date of Birth	Driver's License No.	State	Title	% Ownership

  

5) Name:			Last	
	First	Middle		
Date of Birth	Driver's License No.	State	Title	% Ownership

  

6) Name:			Last	
	First	Middle		
Date of Birth	Driver's License No.	State	Title	% Ownership