



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

Check Class of License Applied for:

Table with license classes (A, B, BB, C, D, E, F, G, H, I, J) and an 'OFFICE USE ONLY' section for license details.

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

SECTION 1: Applicant Information:

Applicant Name: Anna Pivoras, Date of Birth: [redacted], Address: [redacted], Business Name: Poplar Grove Aviation Education Association, d/b/a Name: Poplar Grove Vintage Wings and Wheels Museum

Entity Information (if applicable):

Date of formation: 5/15/1997, Illinois Secretary of State Number: 59417355, ROT Registration #: 36-4161962

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.:

- Has applicant ever made an application for a liquor license which was denied?
Has applicant ever had any previous liquor license suspended or revoked?
Has the applicant ever been convicted of a felony?
Has the applicant ever been convicted of a gambling offense?
Do you possess a current federal wagering or gambling device stamp?
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: <u>Anna</u> <u>E.</u> <u>Pivoras</u>				
		Middle		Last
Date of Birth	Driver's License No.	State	Title	% Ownership
		<u>IL</u>	<u>Exec. Dir.</u>	<u>N/A</u>
2) Name: _____				
	First	Middle		Last
Date of Birth	Driver's License No.	State	Title	% Ownership
3) Name: _____				
	First	Middle		Last
Date of Birth	Driver's License No.	State	Title	% Ownership
4) Name: _____				
	First	Middle		Last
Date of Birth	Driver's License No.	State	Title	% Ownership
5) Name: _____				
	First	Middle		Last
Date of Birth	Driver's License No.	State	Title	% Ownership
6) Name: _____				
	First	Middle		Last
Date of Birth	Driver's License No.	State	Title	% Ownership