



VILLAGE OF FORD HEIGHTS

Request for Public Record
Freedom of Information act, Authority: 5 ILCS 140, et seq.

PLEASE COMPLETE THE FOLLOWING INFORMATION

Date: _____ Received By: _____

Requestor's Name: _____
(First) (Last) (CO. Represented)

Requestor's Address: _____

Requestor's Phone: _____
(Area code/Phone Number)

Requestor's Fax Number: _____

Requestor's Email Address: _____

Format Requested: Please check all that apply:

Email USPS Standard Mail Inspect at Agency Hard Copy

The first 50 pages of black and white documents are free of charge. All subsequent pages will be charged at \$.15 per page.
Color copies will be charged at \$.25 per page.

PLEASE ALLOW SEVEN (7) BUSINESS DAYS TO PROCESS ALL REQUESTS

INFORMATION REQUESTED (Please be specific with your request)

Describe item requested: _____

Date(s) of occurrence: _____

(Use reverse side for additional description)

VILLAGE OF FORD HEIGHTS

1343 ELLIS AVENUE ♦ FORD HEIGHTS, IL 60411 ♦ (708) 758-3131 FAX: (708) 758-9898

Annie R. Coulter
MAYOR

Nyree D. Ford
VILLAGE CLERK



TRUSTEES
Tyreese L. Andrews
Johnny Griffin
LaDell Jones
Antoina T. McMichales
James E. Morgan
Freddie L. Wilson

VILLAGE PERMIT REQUEST

Requester's Name: _____

Requester's Address: _____

This is a formal request to:

- Conduct an auction within the corporate boundaries of Ford Heights
- Assemble in a peaceful demonstration, with _____ estimated number of participants
- Acquire a one day peddler's license to sell _____
- Acquire a week long peddler's license to sell _____
- Acquire a month long peddler's license to sell _____
- Conduct block party: this activity will or will not impact traffic
- Conduct a _____ day garage sale
- Other Activity: _____

Date and Time of Event: _____

Location of Event: _____

Signature: _____ Date: _____

Permission for Event: Granted _____ Denied _____

Permit Fee: _____

Nyree D. Ford
Village Clerk



VILLAGE OF FORD HEIGHTS LIQUOR LICENSE APPLICATION

1343 Ellis Avenue, Ford Heights, IL. 60411

Phone: (708) 758-3131 Fax: (708) 758-7602

APPLICATION FEE:

The undersigned hereby certifies (certify) to the following facts:

1. Applicant's (exact) corporate name: _____
_____.

Name or style under which business is to be conducted: _____
_____.

Application being made for a Class _____ retail liquor license.

2. Location of place of business for which license is sought:

a. _____
(exact address by street and number)

b. _____
(telephone number)

c. _____
(full description of location, place, premises, specifying floor, room etc.)

3. Date of Incorporation: _____

Under Laws of State of: _____

4. Corporate purpose as set forth in charter _____

_____.

(if insufficient space, attach separate sheet)

5. State name (*if married female include maiden name) of officers as indicated, with their respective resident addresses, giving street and number, city and state, social security number, date, and place of birth:

PRESIDENT

Name: _____

Telephone No: _____

Residence Address: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

If not a natural born citizen give date of Citizenship papers _____

(Attach copy of certification of naturalization)

VICE PRESIDENT

Name: _____

Telephone No: _____

Residence Address: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

If not a natural born citizen give date of Citizenship papers _____

(Attach copy of certification of naturalization)

SECRETARY

Name: _____

Telephone No: _____

Residence Address: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

If not a natural born citizen give date of Citizenship papers _____

(Attach copy of certification of naturalization)

DIRECTOR

Name: _____

Telephone No: _____

Residence Address: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

If not a natural born citizen give date of Citizenship papers _____

(Attach copy of certification of naturalization)

DIRECTOR

Name: _____

Telephone No: _____

Residence Address: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

If not a natural born citizen give date of Citizenship papers _____

(Attach copy of certification of naturalization)

DIRECTOR

Name: _____

Telephone No: _____

Residence Address: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

If not a natural born citizen give date of Citizenship papers _____

(Attach copy of certification of naturalization)

6. Is any equipment on the premises owned (in part or in whole) by persons other than the land owner or lessor? _____

If so, specify the name of the owner, the items and the owners interest in that item: _____

7. Is applicant licensed as a food dispenser? _____ If so, give number of license

8. Is the location of applicant's business for which license is sought within 100 feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives (husbands) or children, or any military naval station? _____

9. Has any manufacturer, distributor or importing distributor directly or indirectly furnished, loaned or rented any interior decorations other than signs for inside or outside use (except signs existing prior), costing on the aggregate more than \$100.00 in any one calendar year for use in or about premises for which license is sought? _____

10. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money (including loans from a private party or firm, not a banking institution) or anything else of value or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such a person directly or indirectly interested in the ownership, conduct or operation of the place of business? _____ (interior decorations and signs in Question 13 exempted)

11. Is there any sign or advertisement on proposed premises using the word "saloon or bar"? _____

12. Is the applicant engaged in the manufacture of alcoholic liquors? _____ If so,

13. Is the applicant conducting the business of an importing distributor or distributor of alcoholic liquors? _____ If so, at what location or locations?

14. Has any officer, manager, or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five per cent (5%) of the stock of such corporation:

a. Ever been convicted of any felony under any Federal or State Law? _____
If so, give name of person convicted, stating date and offense

b. Ever been convicted of a violation of any Federal or State Liquor Law ?

If so, give name of person convicted, stating date and offense

c. Ever been convicted of being the keeper of a house of ill fame; or of pandering or other crimes or misdemeanors opposed to decency and morality?

If so, give name of person convicted, stating date and offense

d. Ever permitted an appearance bond forfeiture for any of the violations mentioned in questions 14a or 14b? _____

If so, state the particulars _____

15. Has the corporation (applicant) or any officer, manager, or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, made application for a similar license for this period for any premises other than those described above? _____ If so, give name of applicant, location of premises, date and disposition of application _____

16. Is any law enforcing official, mayor, alderman, member of the city council or commission, member of a village board of trustees, or member of a county board of trustees, or member of a county board, directly or indirectly interested in the business for which the license is sought? _____

17. Has any license previously issued by State, Federal, or local authorities to the corporation (applicant) or to any officer, manager or director of said corporation, or any stockholder or stockholders owning in the aggregate more than five percent (5%) of the stock of such corporation, been revoked? _____ If so, give name of licensee and state reasons for and date of revocation _____

18. Will the business be conducted by a manager or agent? _____ If so, give:

Name: _____

Residence Address: _____

Authority conferred upon him (her) by the corporation with relation to the operation or management of the business for which this license is sought _____

MANAGER INFORMATION

19. If this business is to be conducted by a manager or agent, the following is to be executed by such manager or agent:

- a. Name _____ Date of Birth _____
- b. Residence Address _____
- c. Telephone _____ Social Security Number _____
- d. Address of present employer _____
- e. Place of Birth _____ How long there _____
- f. Are you a citizen of the United States? _____
- g. If natural citizen, where naturalized? _____
- h. Court in which (or law under which) naturalized _____

(attach a copy of certification of naturalization)

- i. Have you ever been convicted of a felony under Federal or State Law? _____
If so, give date and State of offense _____
- j. Have you ever been arrested for being the keeper of a house of ill fame; or of pandering or other crime, misdemeanor or ordinance opposed to decency and morality? _____ If so, give date and State offense _____
- k. Have you ever been convicted of a violation of a Federal or State liquor law? _____ If so, give date and State of offense _____
- l. Have you ever permitted an appearance bond forfeiture for any of the violations mentioned above? _____
- m. Have you made application for a similar license for premises other than described in this application? _____ If so, give date, location of premises and disposition of application _____
- n. Has any license previously issued to you by State, Federal or local authorities been revoked? _____ If so, state reason therefore and date of revocation _____

