# City of Anna

## APPLICATION FOR LIQUOR LICENSE
## SPECIAL EVENT ONLY- PRIVATE PROPERTY

**Must be submitted no less than forty-five (45) before the proposed event.**

**Applicant Information**

Date of Application: _____

Name of Business/Organization: _____
(Special Event License Holder)

Business FEIN: _____ State License Number: _____

Contact Person: _____
*First* *M. I.* *Last*

Permanent Address: _____
*Street*

_____
*City* *State* *Zip*

Phone Number: _____ Cell Phone Number: _____

Alternate Contact Person: _____
(Required) *First* *M. I.* *Last*

Permanent Address: _____
*Street*

_____
*City* *State* *Zip*

Phone Number: _____ Cell Phone Number: _____

## Event Information

**Applications will not be processed unless ALL of the following information is submitted.**

1. Address of Event Location requested: _____
   Street

   _____
   City State Zip

2. Date(s) of Special Event(s): _____ (*If your group is having a special event on multiple dates, one application is acceptable and one insurance policy listing all dates.*)

3. Time of Special Event: From: _____ To: _____

4. Description of Event(s):

   _____

   _____

   _____

   _____

5. Projected Total Number of Attendees _____

6. Dram Shop Insurance attached: Yes: ___ No: ___

7. Fee per Event Attached: Yes: ___ No: ___

   $ 50.00 PER ONE DAY EVENT
   $ 100.00 PER MULTIPLE DAY EVENT (1 TO 15 CONSECUTIVE DAYS)

8. Copy of Illinois State Liquor License/Permit attached: Yes: ___ No: ___

   (State license/permit must be turned in no less than 14 days before the event)

## Eligibility Questions

The questions below pertain to the applicant and the applicants designated event manager. If any questions are answered with a "YES," attach a full written explanation to this document.

A. Are you delinquent in the payment of any Illinois business taxes? [235 ILCS 5/6-3]
[ ] YES [ ] NO

B. Are you delinquent under the "cash beer" law?
[ ] YES [ ] NO

C. If retailer, are you delinquent under the "30-day credit" law?
[ ] YES [ ] NO

D. Have you submitted an application for a liquor license which was denied? [235 ILCS 5/6-2(14)]
[ ] YES [ ] NO

E. Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
[ ] YES [ ] NO

F. Have you ever been convicted of a felony? [235 ILCS 5/8-2(4)]
[ ] YES [ ] NO

K. Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]
[ ] YES [ ] NO

L. Have you received or borrowed money or anything of value directly or indirectly from any other licensee, representatives of a licensee, or suppliers of alcoholic products?
[ ] YES [ ] NO

M. Are you more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]
[ ] YES [ ] NO

O. If a Corporate Licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-2(a)(10a)].
[ ] YES [ ] NO

## Additional Documents

In addition to any and all of the documents required by the Application hereinabove, Applicant, and any and all owner(s), officer(s), partner(s), member(s), shareholder(s), premises manager(s), or agent(s) of the Applicant, where applicable, shall also be required to submit:

**A. Affidavit; and**
**B. Criminal Background and Check Authorization; and**
**C. Copy of photo identification card; and**
**D. Check payable to the City of Anna for the amount of the requested class of License; and**
**E. Any other document requested by the Commissioner or required in connection with this Application.**
**F. Proof of Ownership/Lease Agreement**
**G. Certificate of Insurance**

H. **Manager name and contact information; manager either live in Union County or be present during event**
I. **If inc.—Copy of Articles of Incorporation**
J. **Certificate of Good Standing**
K. **Copy of Illinois State License**
L. **If additional Affidavits / Background Authorizations needed make additional copies.**

## AFFIDAVIT

**STATE OF ILLINOIS** )
) **SS.**
**COUNTY OF UNION** )

I, THE UNDERSIGNED APPLICANT, SWEAR AND AFFIRM THAT: THAT I AM A(N):

[ ] CORPORATE OFFICER
[ ] SHAREHOLDER
[ ] SOLE PROPRIETOR
[ ] PARTNERSHIP
[ ] LIMITED LIABILITY COMPANY

IN THE BUSINESS ENTITY DESCRIBED HEREINABOVE; THAT THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THAT THE LIQUOR COMMISSIONER OF THE CITY OF ANNA, ILLINOIS ISSUE THE LICENSE APPLIED FOR HEREIN; I AM, AND THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND I AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR CITY OF ANNA, ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE ORDINANCES OF THE CITY OF ANNA.

FURTHER, I AGREE TO NOTIFY THE LIQUOR COMMISSIONER OF THE CITY OF ANNA WITHIN 30 DAYS OF ANY CHANGES IN ANY OF THE INFORMATION IN THE APPLICATION.

_____
APPLICANT NAME

_____ _____ _____
SIGNATURE OF APPLICANT TITLE DATE

Subscribed and sworn to before me this _____ day of _____, 20___.

[STAMP]

_____
Notary Public

## CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

I AUTHORIZE AND EMPOWER THE LIQUOR COMMISSIONER OF THE CITY OF ANNA OR AGENT THEREOF OR ANY OTHER OUTSIDE SERVICE COMPANY ENGAGED BY SAID COMMISSIONER FOR THIS PURPOSE, NOW OR SUBSEQUENTLY, TO OBTAIN, PREPARE, USE, AND FURNISH INFORMATION CONCERNING MY CURRENT AND FORMER EMPLOYMENT, EDUCATION, CREDIT, GENERAL REPUTATION, CRIMINAL HISTORY INFORMATION THROUGH CORRESPONDENCE, CONTACT, OR PERSONAL INTERVIEWS WITH LAW ENFORCEMENT AGENCIES.

I AGREE TO SUBMIT, AND DO ATTACH, A COPY OF A STATE ISSUED IDENTIFICATION CARD.

UPON WRITTEN REQUEST, I UNDERSTAND THAT SAID COMMISSIONER WILL PROVIDE ME WITH INFORMATION REGARDING THE NATURE AND SCOPE OF THE INVESTIGATION IF ONE IS MADE.

_____
APPLICANT NAME

_____ _____ _____
SIGNATURE OF APPLICANT TITLE DATE

Subscribed and sworn to before me this _____ day of _____, 20___.

[STAMP] _____
Notary Public

BACKGROUND CHECK AUTHORIZATION

## AFFIDAVIT

**STATE OF ILLINOIS** )
) **SS.**
**COUNTY OF UNION** )

I, THE UNDERSIGNED APPLICANT, SWEAR AND AFFIRM THAT: THAT I AM A(N):

[ ] PREMISES MANAGER

IN THE BUSINESS ENTITY DESCRIBED HEREINABOVE; THAT THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THAT THE LIQUOR COMMISSIONER OF THE CITY OF ANNA, ILLINOIS ISSUE THE LICENSE APPLIED FOR HEREIN; I AM, AND THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND I AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR CITY OF ANNA, ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE ORDINANCES OF THE CITY OF ANNA.

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_____
APPLICANT NAME

_____ _____ _____
SIGNATURE OF APPLICANT TITLE DATE

Subscribed and sworn to before me this _____ day of _____, 20___.

[STAMP] _____
Notary Public

**CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION**

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_____
PREMISE MANAGER NAME

_____ _____ _____
SIGNATURE OF PREMISE MANAGER TITLE DATE

Subscribed and sworn to before me this _____ day of _____, 20___.

[STAMP] _____
Notary Public