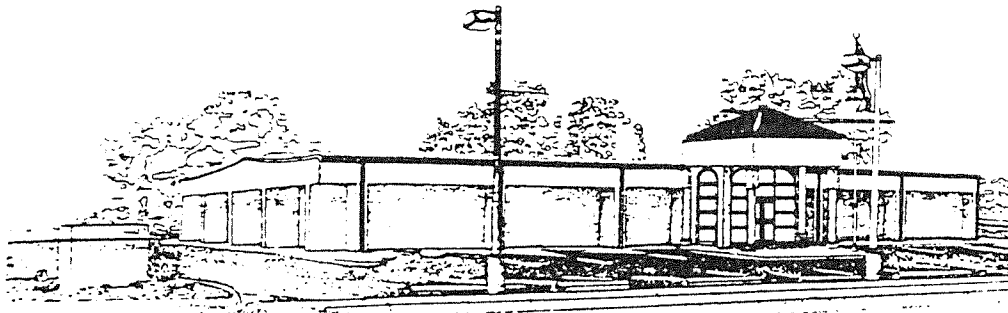




Hoopeston Municipal Building

City of Hoopeston

301 W. Main St.
Hoopeston, IL 60942
(217) 283-5320
Fax: (217) 283-7965

APPLICATION / CONTRACT FOR SECURITY SERVICES

APPLICANT/ EVENT INFORMATION:

Date: _____
Name: _____
Address: _____ City: _____
Phone: _____ E-Mail: _____
Event Date: _____ Name of Event: _____
Time Security Services are Required: _____

Auxiliary Contacts: Sgt. Chip Houmes – 217-260-6943
Sgt. Bradley Hardcastle – 217-260-8381
Sgt. Nick Howell – 217-274-2349

This is a contract for security services to be performed by the following:

_____ for _____ (Applicant Name)
on this _____ day of _____, 20____, at the Hoopeston Civic Center,
1 McFerren Park Road, located in McFerren Park, Hoopeston, Illinois.

The organization listed above shall provide security services for the applicant in accordance with the terms and conditions that are required by the Hoopeston Civic Center contract (par. 4) in reference to the Special Event Liquor License. A copy of this form and a list of personnel working at the event must be provided to the City of Hoopeston Administration Office at least 2 weeks prior to the scheduled event. PLEASE, contact the Hoopeston Auxiliary as soon as possible for scheduling purposes.

I, the undersigned applicant, enter into this agreement for the purpose of fulfilling the contract requirements set by the City of Hoopston for a special event liquor license. I agree to the terms set forth by the Hoopston Auxiliary Police or organization providing the security service.

(Signature of Applicant)

(Date)

(Signature of Auxiliary)

(Date)

SECURITY SERVICES PERSONNEL

Please provide names of all personnel working the event described on previous page. Personnel must be an off-duty police officer, auxiliary police officer, off-duty prison guard.

Name:	Address:	SS #:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Authorized: Y / N

(Liquor Commissioner Signature)