



***Important Note: Application for "Temporary License" must be made
15 days prior to event failure to do so results in late fee charges being applied.***

Name of Organization: _____

Address of Organization: _____

Place of Event: _____

Type of Event: _____
(Dance, Fundraiser, Party, Etc.)

Date(s) of Event: _____

Hour(s) of Event: _____

Class of License:	☐ 1DD: 1 day	\$50.00	☐ Late Fee 1 st	\$25.00
	☐ 1CC: 2-15 days	\$150.00	☐ Late Fee 2 nd +	\$50.00

**Payment can be made via check made payable to Sangamon County Building Zoning, cash
or IL E-pay (contact our office for information)**

Applied for this _____ day of _____, 20_____

Name (Print)

Signature

Address of Applicant

Applicant Phone #

Position Held

Date of Application

Email (Print)

The granting and issuance of a Temporary License shall in no way relieve the licensee from any requirements imposed by STATE LAW including any requirements that a **STATE LIQUOR LICENSE** be obtained. For information regarding Illinois State requirements contact:

The Illinois Liquor Commission
222 South College
Springfield, IL 62701
(217) 782-2135

AUTHORITY TO RELEASE INFORMATION

Having made application for a liquor license with the Sangamon County Zoning Office and desiring that they be informed of my previous records and character, I hereby authorize an investigation into all records which may be of interest to them. This authorization includes, but is not limited to, medical, hospital, and school records, whether privileged or not. This authorization to furnish information is executed in consideration of the Sangamon County Zoning Office giving my application consideration and shall serve as a release to all liability to all parties furnishing such information.

Full Name (please print): _____

Current Address: _____

Previous Address: _____

Phone Number: _____

Date of Birth: _____

Driver's License #: _____

Social Security #: _____

Have you ever been arrested or convicted of a crime?

☐ YES

If yes, please explain:

☐ NO

Signature: _____

Date: _____

Acknowledgment (in an individual capacity):

State of Illinois

County of _____.

This instrument was acknowledged before me on _____
(date) by _____ (name of person).

(seal)

signature of notary public

Acknowledgment (in a representative capacity):

State of Illinois

County of _____.

This instrument was acknowledged before me on _____
(date) by _____ (name of person) as
_____ (type of authority, e.g., officer, trustee, etc.) of
_____ (name of party on behalf of whom
instrument was executed).

(seal)

signature of notary public

