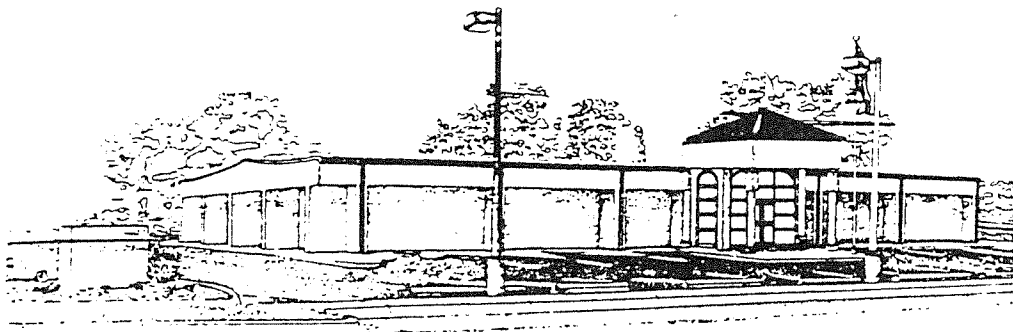




Hoopeston Municipal Building

City of Hoopeston

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

CITY OF HOOPESTON **APPLICATION FOR** **SPECIAL EVENT LIQUOR LICENSE**

DATE: _____

SPONSORSHIP INFORMATION (to be completed by group or business serving)

NAME _____ TITLE _____

ORGANIZATION NAME _____ NOT-FOR- PROFIT: **Y / N**

ADDRESS _____ PHONE _____

IS THE APPLICANT / SPONSOR APPOINTED BY THE CITY? **Y / N**

LIQUOR: SOLD _____ GIVEN AWAY _____

WHAT KIND OF LIQUOR WILL BE SERVED: _____

NAME OF BARTENDER(S): _____

*Please attached a copy of the ILCC Bassett Certification for the bartender(s) listed above.

PRIOR LICENSE INFORMATION

IS THE YOUR FIRST SPECIAL EVENT LICENSE APPLICATION? **Y / N**

HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LICENSE? **Y / N**

If yes, please list reason _____

HAVE YOU HAD ANY PREVIOUS LICENSE SUSPENDED OR REVOKED? **Y / N**

If yes, please list reason _____

DRAM SHOP INSURANCE: SPONSOR MUST ATTACH COPY OF LIABILITY AND DRAM SHOP INSURANCE FOR OFF SITE EVENT IN AMOUNT NO LESS THAN \$1,000,000.00 AND SAID POLICY MUST LIST LOCATION OF EVENT AND THE CITY AS AN ADDITIONAL INSURED.
(AM. ORD. #20121) **COPY SUBMITTED: Y / N**

**NO SPECIAL EVENT LICENSE WILL BE EFFECTIVE FOR MORE THAN 7 DAYS
(AM. ORD. 2012-1).**

I, the undersigned sponsore, affirm that the matters stated in this application are true and correct. They are made for the purpose of requesting from the City of Hoopeston a special event liquor license. I agree to notify the city office of any changes to the above information.

(SIGNATURE OF SPONSOR)

(DATE)

TENANT INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____

DETAILS OF SPECIAL EVENT:

DATE OF EVENT _____ NAME OF EVENT _____

EVENT START TIME _____ EVENT END TIME _____

DESCRIPTION OF EVENT LOCATION:

(STRUCTURE, SQ. FOOTAGE, ETC.)

SECURITY:

IF APPLICATION IS APPROVED, IT IS THE TENANT'S RESPONSIBILITY TO HIRE SECURITY FOR ALL (4) EXITS OF THE CIVIC CENTER. SECURITY MUST BE OFF DUTY POLICE OFFICERS OR AUXILIARY POLICE. LICENSE WILL NOT BE APPROVED UNLESS SECURITY FORM IS ON FILE WITH CITY HALL.

FORM SUBMITTED: **Y / N**

NON-REFUNDABLE FEE:

\$100.00 PER EVENT/ 1ST DAY

\$50.00 FOR 2ND DAY

\$25.00 FOR EACH ADDITIONAL DAY

PAID: CC _____ CHECK _____ CASH _____

RECEIVED BY: _____

THIS APPLICATION MUST BE SIGNED AND DATED BY THE TENANT AND SPONSOR. THE SIGNATURES MUST BE ORIGINAL, NO FAXED OR COPIED FORMS.

Application must be on file at the city administration office at least one (1) month prior to event to allow for processing of the city license & the submission of it to the State of Illinois Liquor Commission for the special event permit.

I, the undersigned tenant, affirm that the matters stated in this application are true and correct. They are made for the purpose of requesting from the City of Hoopeston a special event liquor license. I agree to notify the city office of any changes to the above information.

(SIGNATURE OF TENANT)

(DATE)

(Liquor Commissioner Signature)

(Date)

AUTHORIZED: Y / N