City of Anna

APPLICATION FOR LIQUOR LICENSE SPECIAL EVENT ONLY-CITY PROPERTY

Must be submitted no less than forty-five (45) before the proposed event in conjunction with a Property Use Application

Applicant Information					
Date of Application:					
Name of Business/Organization/Person: _		(Special E	Event Licens	e Holder)	
Business FEIN:		State License Number:			
Contact Person:	t	M. I.		Last	
Permanent Address: _	Street				
	City		State	Zip	-
Phone Number:		Cell Phone Numbe	r:	· · · · · · · · · · · · · · · · · · ·	
Alternate Contact Pers (Required)	on: <i>First</i>	М. І.		Last	
Permanent Address: _	Street		-		
	City		State	Zip	-
Phone Number: Cell Phone Number:					
Event Information					
Applications will not be processed unless <u>ALL</u> of the following information is submitted.					
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.	Written Plan and schedule of Event activities attached: Yes: No:
6.	Map or diagram of Event site attached: Yes: No:
7.	Projected Total Number of Attendees/Vendors/Staff:
8.	Parking requirements and plan attached: Yes: No:
9.	Security requirements and plan attached: Yes: No:
10.	. Waste Management/Disposal and restroom requirements plan attached: Yes: No:
11.	. Utility usage requirements attached: Yes: No:
12.	Dram Shop Insurance attached: Yes: No:
13.	Liability Insurance attached: Yes: No:
14.	. Fee per Event Attached: Yes: No:
15.	. 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)
	Eliaibility Questions
	estions below pertain to the applicant and the applicants designated event manager. If any ons are answered with a "YES," attach a full written explanation to this document.
	e 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
Ο.	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) 33.		
I, THE UNDERSIGNED A	PPLICANT, SWEAR AND	AFFIRM THAT: THAT I AM A(N):	
[] CORPORATE OFFICE [] SHAREHOLDER [] SOLE PROPRIETOR [] PARTNERSHIP [] LIMITED LIABILITY C			
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.			
		OMMISSIONER OF THE CITY OF MATION IN THE APPLICATION.	ANNA WITHIN 30
APPLICANT NAME			
SIGNATURE OF APPLICA	ANT	TITLE	DATE
Subscribed and sworn to b	pefore me this day	of, 20	
[STAMP]		Notary Public	

CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

I AUTHORIZE AND EMPOWER THE LIQU THEREOF OR ANY OTHER OUTSIDE SEI FOR THIS PURPOSE, NOW OR SUBSEQ INFORMATION CONCERNING MY CURR GENERAL REPUTATION, CRIMINAL HIST CONTACT, OR PERSONAL INTERVIEWS	RVICE COMPANY ENGAGE UENTLY, TO OBTAIN, PREF ENT AND FORMER EMPLO' TORY INFORMATION THRO	D BY SAID COMMISSIONER PARE, USE, AND FURNISH YMENT, EDUCATION, CREDIT, UGH CORRESPONDENCE,
I AGREE TO SUBMIT, AND DO ATTACH,	A COPY OF A STATE ISSUE	ED IDENTIFICATION CARD.
UPON WRITTEN REQUEST, I UNDERSTA INFORMATION REGARDING THE NATUR		
APPLICANT NAME		
SIGNATURE OF APPLICANT	TITLE	DATE
Subscribed and sworn to before me this	day of, 20)
[STAMP]	Notary Public	
AUTHORIZATION	BACKG	GROUND CHECK

AFFIDAVIT

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COUNTY OF UNION)		
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Subscribed and sworn to	before me this day of _	, 20	
[STAMP]		Notary Public	
			AFFIDAVIT

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UPON WRITTEN REQUEST, I UNDERSTAND THAT S INFORMATION REGARDING THE NATURE AND SCO	
PREMISE MANAGER NAME	
SIGNATURE OF PREMISE MANAGER TITL	.E DATE
Subscribed and sworn to before me this day of _	, 20
[STAMP]	Notary Public
AUTHORIZATION	BACKGROUND CHECK