

# 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 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. 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

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.**



**CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION**

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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

AUTHORIZATION

BACKGROUND CHECK



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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

AUTHORIZATION

BACKGROUND CHECK