

VILLAGE OF WAUCONDA
101 N. MAIN ST.
WAUCONDA, ILLINOIS
PHONE: 847-526-9600
FAX: 847-526-8809

APPLICATION FOR SPECIAL EVENT LIQUOR LICENSE (BEER & WINE ONLY)

DATE OF APPLICATION: _____ LICENSE NO: _____

FOR CLUBS AND NOT-FOR-PROFIT ORGANIZATIONS:

___ DAILY

DAILY FEE: \$30.00/FIRST DAY; \$15.00/EACH ADDITIONAL DAY
(MAXIMUM OF 3 CONSECUTIVE DAYS; NO MORE THAN 6 DAYS OUT OF 14)

FOR CURRENT LIQUOR LICENSE HOLDERS:

___ LIMITED PORTABILITY RIDER

RIDER FEE: \$100.00 (30 DAYS PRIOR TO EVENT)
\$150.00 (WITHIN 30 DAYS OF EVENT)

___ LIMITED PORTABILITY PERMIT (FOR VILLAGE-SPONSORED EVENTS ONLY)

PERMIT FEE: NO CHARGE

EVENT INFORMATION:

DATE/DATES OF EVENT: _____

WHAT TIME FRAME WILL ALCOHOL BE SERVED: FROM _____ TO _____

ADDRESS WHERE EVENT WILL BE HELD: _____

NAME AND DESCRIPTION OF EVENT: _____

YOU MUST OBTAIN A SPECIAL USE (LIQUOR RETAILER) OR SPECIAL EVENT (NOT-FOR-PROFIT) PERMIT FROM THE STATE OF ILLINOIS FOR YOUR EVENT. PLEASE SUPPLY A COPY OF THIS STATE OF ILLINOIS LICENSE TO THE VILLAGE HALL PRIOR TO YOUR EVENT.

IF A COPY OF THE STATE OF ILLINOIS SPECIAL EVENT RETAILER OR SPECIAL USE PERMIT LIQUOR LICENSE IS NOT SUPPLIED TO THE VILLAGE HALL BEFORE YOUR EVENT, NO FUTURE SPECIAL EVENT (DAILY) LIQUOR LICENSES WILL BE ISSUED TO YOU.

APPLICANT SIGNATURE: _____ TELEPHONE NO. _____

___ AMOUNT PAID

___ FEES WAIVED BY LOCAL LIQUOR CONTROL COMMISSIONER

APPROVED: _____ DATE: _____

LOCAL LIQUOR CONTROL COMMISSIONER

FOR CLUBS AND NOT-FOR-PROFIT ORGANIZATIONS:

NO GROUP MAY OBTAIN A DAILY LICENSE FOR MORE THAN 15 DAYS IN ANY MUNICIPAL FISCAL YEAR (MAY 1 TO APRIL 30 OF THE FOLLOWING YEAR).

NO PREMISES, REGARDLESS OF THE IDENTITY OF THE APPLICANT, MAY BE USED FOR A DAILY LICENSE FOR MORE THAN 15 DAYS OF A MUNICIPAL FISCAL YEAR, MAY 1ST TO APRIL 30TH OF THE FOLLOWING YEAR.

APPLICANT INFORMATION:

THE UNDERSIGNED (THE "APPLICANT") HEREBY MAKE(S) APPLICATION, PURSUANT TO SECTION 119.23 OF THE VILLAGE CODE OF WAUCONDA, AS AMENDED, FOR THE ISSUANCE OF A VILLAGE OF WAUCONDA DAILY LIQUOR LICENSE FOR THE SALE OF ALCOHOLIC LIQUOR. THE APPLICANT CERTIFIES TO THE VILLAGE OF WAUCONDA THAT THE FOLLOWING FACTS ARE TRUE AND CORRECT:

A. _____
NAME OF SPONSORING ORGANIZATION

B. ORGANIZATION IS ONE OF THE FOLLOWING:

- _____ NOT-FOR-PROFIT CORPORATION
- _____ VOLUNTARY NONPROFIT ASSOCIATION
- _____ CHURCH GROUP
- _____ SCHOOL GROUP
- _____ FRATERNAL ORGANIZATION

C. _____
ADDRESS OF SPONSORING ORGANIZATION

D. _____
NAME OF RESPONSIBLE OFFICER OF ORGANIZATION

ADDRESS OF RESPONSIBLE OFFICER OF ORGANIZATION

TELEPHONE NUMBER OF RESPONSIBLE OFFICER OF ORGANIZATION

E. IS COPY OF CERTIFICATE OF COMPLETION OF "BEVERAGE ALCOHOLIC SELLERS AND SERVERS EDUCATION TRAINING" (BASSET) PROGRAM FOR ALL PERSONS WHO WILL BE SERVING OR SELLING ALCOHOLIC BEVERAGES AT SPECIAL EVENT ATTACHED?

- YES
- NO

** THESE CERTIFICATES OF COMPLETION ARE REQUIRED, BY ORDINANCE, BEFORE ISSUANCE OF ANY LIQUOR LICENSE.

F. DRAM SHOP INSURANCE (AMOUNT OF COVERAGE OF APPROPRIATE DRAM SHOP INSURANCE MUST BE IN AMOUNTS AS SET FORTH BY STATUTE)

** PLEASE ATTACH A COPY OF LIQUOR LIABILITY INSURANCE CERTIFICATE NAMING THE VILLAGE OF WAUCONDA AS AN "ADDITIONAL INSURED."

FOR CURRENT LIQUOR LICENSE HOLDERS:

- _____ LIMITED PORTABILITY RIDER
- _____ LIMITED PORTABILITY PERMIT (FOR VILLAGE-SPONSORED EVENTS ONLY)

APPLICANT INFORMATION:

A. _____
NAME OF BUSINESS

B. _____
ADDRESS OF BUSINESS

C. _____
TELEPHONE NUMBER OF BUSINESS APPLICANT'S E-MAIL ADDRESS

D. _____
NAME OF MANAGER OR INVOLVED OWNER

E. IS COPY OF CERTIFICATE OF COMPLETION OF "BEVERAGE ALCOHOLIC SELLERS AND SERVERS EDUCATION TRAINING" (BASSET) PROGRAM FOR ALL PERSONS WHO WILL BE SERVING OR SELLING ALCOHOLIC BEVERAGES AT SPECIAL EVENT ATTACHED?

- YES
- NO

** THESE CERTIFICATES OF COMPLETION ARE REQUIRED, BY ORDINANCE, BEFORE ISSUANCE OF ANY LIQUOR LICENSE.

F. DRAM SHOP INSURANCE (AMOUNT OF COVERAGE OF APPROPRIATE DRAM SHOP INSURANCE MUST BE IN AMOUNTS AS SET FORTH BY STATUTE):

** PLEASE ATTACH A COPY OF LIQUOR LIABILITY INSURANCE CERTIFICATE NAMING THE VILLAGE OF WAUCONDA AS AN "ADDITIONAL INSURED."

G. _____
NAME OF OWNER OF PROPERTY WHERE EVENT WILL BE HELD

H. _____
SIGNATURE OF PROPERTY OWNER AUTHORIZING USE OF HIS PROPERTY FOR THIS EVENT

I. _____
ADDRESS OF PROPERTY OWNER

J. _____
TELEPHONE NUMBER OF PROPERTY OWNER