

CITY OF JACKSONVILLE
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUORS
FOR SPECIAL EVENTS

Andy Ezard, Mayor and Local Liquor Commissioner

The undersigned hereby make(s) application for the issuance of a City of Jacksonville Special Events liquor license for the sale of alcoholic liquor for the day(s) of _____ and hereby certifies (certify) to the following facts.

1. Applicant's Name _____ Residence Address _____
 Telephone _____ Cell _____ Email _____
 Date of Birth _____ Social Security Number _____
 Driver's License: State _____ Number _____ Issued _____ Expires _____
 If you are a resident of the City of Jacksonville, how long have been a resident? _____
 Are you a United States citizen? _____ If a naturalized citizen, when naturalized? _____
 Have you ever been convicted of any felony under a Federal or State law? _____
 If so, give date and state offense _____
 Have you ever been convicted of being the keeper of a house of ill fame (or are you now keeping such house) or pandering or other crime or misdemeanor opposed to decency and morality? _____
 Have you ever been convicted of a violation of a Federal or State liquor law? _____ If so, give date(s) _____
 Have you ever permitted an appearance bond forfeiture for any of the violations mentioned above? _____
 Has any license previously issued to you by State, Federal or local authorities been revoked? _____
 If so, state reasons therefor and date of revocation _____
2. Does applicant own premises for which this license is sought? _____
3. If licensed premise is not owned by applicant, attach a written authorization from the owner for use of the premises.
4. Describe the nature of the special event planned _____
5. State the address of the licensed premises _____
6. State the time(s) and date(s) for the term of the Special Events license _____
7. Describe the kind of enclosure which will be around the licensed premises _____
8. Is applicant a current liquor license holder in the City of Jacksonville? _____
9. Is applicant a non-for-profit agency? _____ If so, attach documentation of non-for-profit status (501c3).
10. Applicant is making application for: (please check one) _____ Beer and Wine Only _____ All Alcoholic Beverages
11. Attach a certificate of insurance showing evidence of Dram Shop and liability insurance coverage.

AFFIDAVIT

STATE OF ILLINOIS)

) SS

COUNTY OF MORGAN)

I (We) swear I (we) will not violate any of the ordinances of the City of Jacksonville or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

Applicant's Signature

Subscribed and Sworn to before me this _____ day of _____,

Notary Public (SEAL)