OFFICE USE ONLY
License No _____
Date Issued _____
Expire _____
Fee Due_____

CITY OF SOUTH BELOIT

APPLICATION FOR RETAIL LIQUOR DEALER'S LICENSE
CLASS "EV" – SPECIAL EVENTS (PER DAY FEE) - $50.00

1. Corporation/LLC Name _____

2. Corporation/LLC Contact Person _____, Title _____

3. Partnership Full Name: _____

4. Mailing Address_____

5. Business Name _____

6. Premise Address _____

7. Home Phone No _____ Business Phone No _____

8. Email Address: _____

9. Have you been issued a Retail Liquor Dealer's License from the City of South Beloit?
Yes: ☐ No: ☐

   a. If yes, City of South Beloit Retail Liquor Dealer's License Number: _____

10. Date of Event: _____

11. Location of Event: _____

12. Please provide Certificate of Insurance showing coverage of Event including dram shop insurance with the City of South Beloit listed as a named insured.

13. Have you made suitable arrangements with Chief of Police for security/inspection of cordoned-off area where alcoholic beverages will be sold at the event? _____

14. Do you plan to have Private Security at the Event? Yes: ☐ No: ☐

15. I understand that the sale and consumption of alcoholic beverages under this license shall be limited to the hours from 10:00 a.m. to 11:00 p.m.
Yes: ☐ No: ☐

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of requesting the City of South Beloit, Illinois to issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for. I further swear or affirm that the applicant will not violate any of the laws of the United States of America, The City of South Beloit, or the State of Illinois in particular, the liquor Control Act and the civil rights section thereof.

Signature of Applicant or Authorized Agent	Signature of Applicant or Authorized Agent
Title or Position	Title or Position
Date Signed	Date Signed

Subscribed and sworn to before me this_____day of_____20____

A Notary Public for said County and State

NOTE: Signatures must be notarized.

FOR OFFICE USE ONLY

1. License Fees Paid? Yes _____ No _____
2. City of South Beloit Retail Liquor Dealer's License Issued? Yes _____ No _____
3. Proof of insurance coverage for the event, including dram shop insurance with the city listed as a named insured Yes _____ No _____
4. Arrangements with Chief of Police for Security at Event? Yes _____ No _____
5. Has Chief Inspected and Approved the Site of the Event? Yes _____ No _____
6. Payment Received for Costs Incurred by Police Department? Yes _____ No _____
7. Annual Application For Business Permit License Received: Yes _____ No _____
8. Sewer And Garbage Past Due Balance: Yes _____ No _____
9. Property Taxes Past Due: Yes _____ No _____
10. Code Enforcement Fines Past Due: Yes _____ No _____

Application Approved/Denied:_____

Authorized Staff Signature:_____

Approval Date:_____