

INFORMATION AND PROCEDURES FOR APPLICATION FOR TEMPORARY LIQUOR LICENSE

The City of Freeport has two categories of Temporary Liquor Licenses which shall permit the retail sale or service of alcoholic liquor at a special event for consumption on the premise or within an area, and for a certain date(s) which will be specifically designated on such license.

A copy of the City of Freeport Alcoholic Liquor Ordinance is available for your review in the City Clerk's Office.

Any person to whom a temporary liquor license is issued must comply with all requirements of the Alcoholic Liquor Ordinance and applicable City ordinances and State statutes.

An applicant for a temporary liquor license must submit an application to the Liquor Control Commission **at least sixty (60) days prior to the date for which the license shall be issued**, along with a non-refundable application fee.

In addition to the application and processing fee, the following items must be submitted and approved before a license shall be issued:

1. Proof of ownership or possession of the premise (deed, contract for sale, lease, sublease, or assignment).
If the applicant is not the owner of the premise where the event is to be held, the owner of the property must join in the application and submit the Owner Authorization Form.
2. Certificate of Insurance showing dramshop and liability insurance for the area and date(s) on which the event is to be held.
3. Copy of Public Health Permit
If event is to be catered, notification must be provided from the Public Health Department that the applicant has notified them of the event, and verification that the caterer has a valid Health Permit.
4. a. (For Corporations) - Copy of Articles of Incorporation and Secretary of State Certificate, except where previously filed with City Clerk.
b. (For Not-For-Profit Organizations) - Copy of Association Registration as a Not-For-Profit Organization, except where previously filed with City Clerk.

5. *(If required by the Liquor Commission):* Drawing showing accurate dimensions, all exits, and layout of all areas where alcohol will be served and/or consumed, including all furniture and fixtures that will be set up for the event.

For outdoor events, the drawing must show where fencing is to be placed and include all dimensions, showing distance from all rights-of-way and distance from buildings.

Applications for temporary liquor licenses shall be routed, as deemed necessary by the Liquor Commission, to the following City departments:

1. Police Department - reviews criminal history, driver's record, and credit history.
2. Fire Safety Division - Fire Inspector reviews drawing and inspects set up of area to determine occupancy limit and fire and Life Safety Code compliance.

An inspection of the premises by the Fire Inspector may take place at a prearranged time. The applicant is responsible for arranging a time with the Fire Inspector for the inspection.

3. Legal Department - City Corporation Counsel reviews Corporation or Association documents and dramshop insurance certificates.
4. City Clerk - Determines amount of any monies due City by applicant.

T E M P O R A R Y
LIQUOR LICENSE APPLICATION

TO: Liquor Control Commission
c/o City Clerk's Office
City Hall - 230 W. Stephenson
Freeport, IL 61032

(Please type or print clearly)

1. Class of license applied for: _____ Application fee: \$ _____
(T-1, T-2)

2A. *If applicant is an association or business organization:*

Registered Name of Applicant: _____
(Corporation or Association)

Address: _____ Telephone _____

2B. *If applicant is an individual:*

Applicant Name: _____ Date of Birth: _____

Residence Address: _____

Business Phone: _____ Social Security No: _____

Home Phone: _____ Driver's License No: _____

3. *Description of Event:*

a. Narrative description of event for which application is made: _____

b. Date(s) of event: _____

c. Address of property where event is to be held: _____

d. Hours during which alcohol will be served: _____

e. Number of persons expected to attend: _____

f. Will tents or other temporary structures be used? _____

g. Other types of licenses to be applied for: _____

4. *Is applicant the owner of record of property where event to be held?* _____
(Yes or No)

If applicant is not the owner of record, give name of owner and attach executed Owner Authorization form: _____

5. *Has applicant been issued a temporary liquor license in Freeport in the past 12 months? If yes, give dates and locations:* _____

6. *Applicants for temporary licenses MUST name two persons as managers, who shall be responsible for the sale and service of alcoholic beverages at the event:*

(i) Name (*Manager 1*) _____ Date of Birth _____

Residence Address _____

Home Phone _____ Social Security No. _____

Driver's License No. _____

(ii) Name (*Manager 2*) _____ Date of Birth _____

Residence Address _____

Home Phone _____ Social Security No. _____

Driver's License No. _____

7. *Are any monies owed to the City by the applicant?* _____
(e.g. fees, taxes, licenses) (Yes or No)

If yes, amount and length of time owed _____

AFFIDAVIT

Authorized Agent for Association or Corporation

I, the undersigned agent of the above-named corporation or association, swear and affirm, state that the information provided in the foregoing application is true and correct, based upon my personal knowledge and information, and is provided for the purpose of inducing the City of Freeport to issue the license herein applied for.

I further swear that I am familiar with the liquor ordinance of the City of Freeport and statutes of the State of Illinois, and I am responsible for the observance of all such ordinances, including provisions pertaining to temporary liquor licenses, legal age of persons serving alcohol beverages, and prohibited service to minors and intoxicated persons, and that I will not violate nor allow any participant in the subject event to violate any of the laws of the City of Freeport, State of Illinois, or United States of America.

I further swear that I am the duly aurtherized agent of said applicant and as such am authorized and empowered to execute this application for and on behalf of said applicant.

Date Signed

Signature of Authorized Agent

Title

AFFIDAVIT

(Individual Applicant)

I, the undersigned applicant, swear and affirm that I have read the above and foregoing application and that the matters stated therein are true and correct and are made upon my personal knowledge for the purpose of inducing the City of Freeport to issue the license herein applied for.

I further swear that I am familiar with the Liquor Ordinance of the City of Freeport and statutes of the State of Illinois, and I am responsible for the observance of all such ordinances, including provisions pertaining to temporary liquor licenses, legal age of persons serving alcoholic beverages, and prohibited service to minors and intoxicated persons; and that I will not violate nor allow any participant in the subject event to violate any of the laws of the City of Freeport, State of Illinois, or United States of America.

Applicant

TEMPORARY LIQUOR LICENSE APPLICATION
OWNER AUTHORIZATION FORM

The undersigned Owner (or Agent), hereby joins in the application submitted by
_____ for a Class T-_____ Temporary
Liquor License for the date(s) of _____.

The undersigned is the Owner (or Agent thereof) of the property known as
_____, Freeport, Illinois, more
particularly described as: (Legal Description)

(hereinafter referred to as the (“premises”).

The undersigned further states that he/she has reviewed the Application for Temporary
Liquor License and consents to use of the premises as described in said application.

Dated this ____ day of _____, 20 ____.

(Individual or Partnership):

(Corporation):

By: _____

(Name of Corporation)

By: _____

By: _____

Authorized Officer, Agent

Attest: _____

If the following information is not currently on file with the City Clerk, please complete:

1. Date of incorporation _____ State in which incorporated
or registration _____ or registered _____

2. Illinois Business Tax (IBT)/Sales Tax No. _____

3. If foreign corporation, date qualified to do business in Illinois under the Illinois
Business Corporation Act _____ Name and address of Registered Agent in
Illinois: _____

4. Purpose of corporation/association: _____

5. Corporate Officer information:

a. Name (President) _____ Date of Birth _____
Residence Address _____
Home Phone _____ Social Security No. _____
Driver's License No. _____

b. Name (Vice-President) _____ Date of Birth _____
Residence Address _____
Home Phone _____ Social Security No. _____
Driver's License No. _____

c. Name (Secretary) _____ Date of Birth _____
Residence Address _____
Home Phone _____ Social Security No. _____
Driver's License No. _____

d. Name (Treasurer) _____ Date of Birth _____
Resident Address _____
Home Phone _____ Social Security No. _____
Driver's License No. _____

6. Others owning more than 5% of stock of corporation (attach additional page if necessary) or more than 25% of stock if publicly traded.

(i) Name _____ Date of Birth _____
Residence Address _____
Home Phone _____ Social Security No. _____
Driver's License No. _____

(ii) Name _____ Date of Birth _____
Residence Address _____
Home Phone _____ Social Security No. _____

7. Has applicant or any officer, director, or manager of the applicant, ever been convicted of any violation of any ordinance or statute of any City, County, State or Federal Government, other than for traffic violations? _____ If yes, give date(s) and type(s) of offense(s) for each:

8. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advance money or anything else of value, or credit, (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such a person or any other person, directly or indirectly interested in the conduct or operation of the event; or is such a person a member of the Board of Directors _____, If yes, give particulars:

(yes or no)

9. Has applicant or any officer, director, or manager of the applicant been issued a federal wagering stamp for the current tax year _____.

10. Is the applicant or any officer, director, or manager of the applicant a public official as defined in Sec. 2(14) Art. VI of the Illinois Liquor Control Act _____

If yes, give name and office held _____

CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

I authorize and empower the Liquor Commission of the City of Freeport or agent thereof or any other outside service company engaged by said Commission 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.

Upon written request, I understand that said Commission will provide me with information regarding the nature and scope of the investigation if one is made.

(If Applicant is an individual:)

APPLICANT

(If Applicant is an Association or Business Organization:)

(President)

(Vice-President)

(Secretary)

(Treasurer)

(If Resident Manager Will Be Named:)

(Manager)

Others owning more than 5% of the stock:

