

VILLAGE OF FORSYTH

301 S. Route 51
Forsyth, IL 62535

Phone: (217) 877-9445 / Fax: (217) 877-9863



**ALCOHOLIC LIQUOR LICENSE
SPECIAL EVENT APPLICATION**

Date: _____

Name of Organization: _____ Sales Tax # _____

Address of Organization: _____

Phone Number _____

Type of Organization: _____ (education, non-profit, religious, etc.)

Name of Applicant: _____

To: Mayor, Village of Forsyth

Pursuant to the provisions of the Village of Forsyth Liquor Control Ordinance, and pursuant to 235 ILCS 5/1-1 et seq. of the Illinois Compiled Statutes, as amended, the undersigned hereby makes application for a Special Event Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

SE-1 – \$250.00

SE-2 – \$250.00

2. Date(s) special event to be held:

Commencing on: _____ and ending: _____

3. Time(s) special event to be held: _____

4. Alcoholic Liquor to be sold and served: Beer Wine Beer and Wine

5. Description of Event:

6. Location of Event: _____

7. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, managers, and, if a corporation, all persons or corporation owning directly or holding more than 10% of the corporation stock:

Name: _____ Home Phone # _____

Home Address: _____

Length of Time Engaged in the Business: _____

Birth Date: _____ Birth Place: _____

United States Citizen (Y/N): _____ If Naturalized, state date and place: _____

Percentage of stock held or percentile interest in partnership: _____

Name: _____ Home Phone # _____

Home Address: _____

Length of Time Engaged in the Business: _____

Birth Date: _____ Birth Place: _____

United States Citizen (Y/N): _____ If Naturalized, state date and place: _____

Percentage of stock held or percentile interest in partnership: _____

Name: _____ Home Phone # _____

Home Address: _____

Length of Time Engaged in the Business: _____

Birth Date: _____ Birth Place: _____

United States Citizen (Y/N): _____ If Naturalized, state date and place: _____

Percentage of stock held or percentile interest in partnership: _____

** Any new individual, that replaces one of the listed individuals, must qualify and shall file a statement with the Village Mayor providing the appropriate information in this application.*

8. If an Illinois corporation, state the date of incorporation: _____
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act: _____

9. Description of the Business:

10. State the location and physical description of the premises or place of business which is to be operated under such license.

11. State whether each listed individual has ever made a prior application for a similar alcoholic liquor license at the premises described in paragraph 7?

12. State whether each listed individual has ever had a liquor license issued by the Federal government, any State government, or any municipality. _____
If the answer is in the affirmative, state the name of the licensing unit of government, when and where said license was issued.

13. Has each listed individual ever had any previous liquor license revoked? _____
If the answer is in the affirmative, state the date and reason for such revocation.

14. State whether each listed individual ever has been convicted of a felony offense under any Federal or State law and is not disqualified to receive a license by reason of any matter or thing contained in the laws of Illinois or the ordinances of the Village of Forsyth?

15. The applicant and each listed individual agree not to violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the Village of Forsyth in the conduct of his or her place of business.
Initial: _____

16. Along with a completed application, the applicant shall execute and deliver a bond in the sum of \$2,000 to the Village of Forsyth as the obligee.
17. Each applicant shall furnish evidence of insurance coverage against dram shop liability, covering the proposed licensee and the owner of the premises for a full 12-month period from the date of the application.
18. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? _____
Attach a copy of said lease to the application.
19. Is the premises within 100 feet (as specified in Section 111.16 of the Village of Forsyth Code of Ordinances) of any church, school, day-care center, hospital, home for the aged or indigent persons, or for veterans, their wives or children, or any military or naval station? _____
20. Are the premises for which this license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches, or drinks for such minors? _____
21. Does the applicant understand and agree that during the license period, any violation of Federal, State, or Village laws and ordinances will be referred to the Village Mayor and that such violation may result in the suspension or revocation of said license? _____
22. Does the applicant understand and agree that the Village Mayor and local law enforcement officials shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? _____
23. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntary or involuntary, or subject to being encumbered or hypothecated? _____

REQUIRED ATTACHMENT TO APPLICATION:

1. Completed and signed Indemnification Agreement
2. Certificate of insurance, including dram shop liability insurance
3. For Class SE-1, include a diagram of special event location that includes:
 - a. Designated area
 - b. Points of ingress and egress
 - c. Emergency exit(s)

SIGNATURE OF APPLICANT(S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP
SIGNATURES

President

Secretary

STATE OF _____)
) SS
COUNTY OF _____)

The undersigned swears that all statements are true and correct.

Subscribed and Sworn To Before Me

This _____ day of _____, 20_____.

Notary Public