



ONE DAY LIQUOR LICENSE APPLICATION

E X I S T I N G A P P L I C A N T			
<i>New applicants complete section on Pages 2-3</i>			
Liquor License Holder (company name)			
Person Making Application			
Address			
City, State, Zip			
Phone Numbers	H:	W:	C:

L O C A T I O N		
Name and Address of Premise to be Licensed		
Date of Event		
Start Time of Event		
End Time of Event		
Anticipated Number of Participants		
Vehicles, If Any		
Purpose of Event		
Music Provided (indicate if live or recorded)		
Security (persons and locations)		
Additional Managers* of Event		
<i>* Any person who will directly or indirectly have a management role or exercise control over the one-day premise to be licensed</i>		
Name:	Phone:	DOB:
Name:	Phone:	DOB:
Name:	Phone:	DOB:

Attach the following documents to the application:

- Map of event location, designating where alcohol is to be served and consumed
- Copy of City of Pekin Special Event Application
- Copy of State of Illinois one-day liquor license
- Proof of Insurance for dram coverage at this event and location with City of Pekin listed as an Additional Insured

The applicant does hereby covenant and agree that any loss or damage which may arise or be caused to any person or property by reason of the applicant or the applicant's agent's want of care shall be borne by the applicant and the applicant shall hold the City harmless in every and all respects from any damage, loss or liability including reasonable attorney fees and court costs, resulting from any acts by the applicant, the applicant's agents, its employees, or participants or from the conduct of the applicant, its employees, or participants in the event as designated in this application.

Signature of person making application

Date

N E W A P P L I C A N T

All questions must be answered fully. False answers may subject the person making this declaration to prosecution for perjury and prejudice the application.

Liquor License Holder (company name)							
Person Making Application (full name)							
Address							
City, State, Zip							
Phone Numbers	H:		W:		C:		
Former Names							
Date of Birth		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Previous Addresses in last 5 Years:							
Street Address, City, State, Zip							
Street Address, City, State, Zip							
Street Address, City, State, Zip							

If you are in any doubt about the need to disclose any incident or event because of the time since it occurred, or its relevance to the application, you are strongly advised to provide details. Non disclosure could lead to the application being refused. Advice about disclosure can be obtained from your Liquor Licensing Commission.

1. Have you ever held or applied for a liquor license in Illinois?
 - NO
 - YES If YES, provide dates and location _____

2. Have you had experience or involvement in the management of licensed premises?
 - NO
 - YES If YES, provide details _____

3. Have you ever been charged with any traffic, criminal, or other offenses either in Illinois or elsewhere?
 - NO
 - YES If YES, provide details of charge(s), date of any hearings, result, and penalties (with or without conviction) _____

4. Have you been the subject of disciplinary proceedings under the Illinois Liquor Control Act?
 - NO
 - YES If YES, provide details of proceedings and results _____

Are there any claims or actions pending against you regarding debt? YES NO

Are you an undischarged bankruptcy? YES NO

Are there any bankruptcy proceedings against you? YES NO

I, _____ acknowledge that this declaration is true and correct and is made with the knowledge that a person making a false declaration is liable to prosecution for perjury.

Signature of person making declaration

Date

Subscribed and sworn to before me this _____ day of _____, ____.

NOTARY PUBLIC

COMPLETION CHECKLIST

- Map of event location, designating where alcohol is to be served and consumed
- Copy of City of Pekin Special Event application
- Copy of State of Illinois one-day liquor license
- Proof of Insurance for dram coverage at this event and location with City of Pekin listed as an Additional Insured
- (New applicants only) Copy of criminal background check attached

CONDITIONS

Mayor

Date

Chief of Police

Date