

VILLAGE OF SUMMIT
7321 W. 59TH Street Summit, Illinois 60501
708-563-4800/FAX 708-563-9340

SPECIAL EVENT LIQUOR LICENSE APPLICATION

***Applications MUST be submitted to the Office of the Village Clerk
no fewer than 45 business days prior to event in order to be approved***

DATE SUBMITTED: _____

The Liquor Commissioner hereby grants permission for the issuance of a Special Event Liquor License to the qualified organization, as allowed by Chapter 5-2-6 of the Summit Village Code, specifically retaining all authority to revoke this License.

ORGANIZATION NAME: _____

ADDRESS OF ORGANIZATION: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

CONTACT PHONE: _____

DATE OF EVENT: _____

LOCATION OF EVENT: _____

TIME OF EVENT: _____ Beginning; _____ Ending: _____

Type of Application:

- | | |
|---|--|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Establishment |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Civic |
| <input type="checkbox"/> Not-for-profit | <input type="checkbox"/> Fraternal |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious |

Number of people expected to attend event: _____

Describe nature and theme of the event: _____

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SPECIAL EVENT LIQUOR LICENSE APPLICATION (page 2)

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APPLICANT INFORMATION

Name of Applicant: _____

Address of Applicant: _____

City / State: _____ Zip Code: _____

Phone #: _____ Date of Birth: _____

LIST TWO CONTACT PERSONS ON THE DATE OF THE EVENT:

Name	Phone
1)	
2)	

Will the Event Have On-Site Security? ____ Yes ____ No

If yes, please list the name, address, and phone number of the Security Service:

Is the Security Service Bonded? ____ Yes ____ No

Will food be provided at the Event? ____ Yes ____ No

Has the Applicant (or any officer, director, or shareholder of the Organization) ever been convicted of a felony, or violation of any alcoholic liquor or gambling laws?

____ Yes ____ No

If yes, please explain:

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SPECIAL EVENT LIQUOR LICENSE APPLICATION (page 3)

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Has the Applicant (or the Organization (or any officer, director, or shareholder of the Organization)) ever had an alcoholic liquor license or permit revoked or suspended?

____ Yes ____ No

If yes, please explain:

A CERTIFICATE OF INSURANCE MUST BE PROVIDED

Certificate of Insurance (proof of liability) Provided: ____ Yes ____ No

APPLICANT SIGNATURE (All applications must be signed):

Position with Organization: _____ Date: _____

The applicant hereby affirms the matters in this Special Event Liquor License Application are true and correct and are made from personal knowledge and information and the applicant is qualified and eligible to obtain the approval required for the event. The applicant further affirms that the applicant and Organization meets all the statutory requirements to apply for and hold an Illinois Liquor License and will not violate the laws of the United States, the State of Illinois, the County of Cook, nor the Village of Summit, and all agencies thereof.

For Office Use Only

FEE: \$150 LICENSE NUMBER: _____

Approved: _____ Date: _____

Liquor Commissioner – President Sergio Rodriguez