



City of Hoopeston

301 W. Main St.
Hoopeston, Il 60942
(217) 283-5320
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Hoopeston Municipal Building

APPLICATION FOR CITY OF HOOPESTON
SPECIAL EVENT LIQUOR LICENSE

DATE: _____

APPLICANT INFORMATION

NAME / SPONSOR _____ TITLE _____

ORGANIZATION NAME _____ NOT-FOR- PROFIT: Y / N

ADDRESS _____ PHONE _____

IS THE APPLICANT / SPONSOR APPOINTED BY CITY? Y / N

SPECIAL EVENT DETAIL

DATE OF EVENT _____ NAME OF EVENT _____

EVENT START TIME _____ EVENT END TIME _____

DESCRIPTION OF EVENT LOCATION _____
(STRUCTURE, SQ. FOOTAGE, ETC.)

PRIOR LICENSE INFORMATION

IS THE YOUR FIRST SPECIAL EVENT LICENSE APPLICATION? Y / N
HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LICENSE? Y / N
HAVE YOU HAD ANY PREVIOUS LICENSE SUSPENDED OR REVOKED? Y / N

DRAM SHOP INSURANCE: APPLICANT MUST ATTACH COPY OF LIABILITY AND
DRAM SHOP INSURANCE IN AMOUNT NO LESS THAN \$300,000.00 AND SAID
POLICY MUST LIST LOCATION OF EVENT AND THE CITY AS CO-INSURED.
(AM. ORD. #2012-1)

COPY SUBMITTED: Y / N

SECURITY: IF APPLICATION IS APPROVED, IT IS THE TENANT'S RESPONSIBILITY TO HIRE SECURITY FOR ALL (4) EXITS OF THE CIVIC CENTER. SECURITY MUST BE OFF DUTY POLICE OFFICERS OR AUXILIARY POLICE. LICENSE WILL NOT BE APPROVED UNLESS SECURITY FORM IS ON FILE WITH CITY HALL.
FORM SUBMITTED: Y / N

NON-REFUNDABLE FEE: **PAID:** CHECK / CASH _____
\$100.00 PER EVENT/ 1ST DAY
\$50.00 FOR 2ND DAY
\$25.00 FOR EACH ADDITIONAL DAY
NO EVENT LICENSE EFFECTIVE FOR MORE THAN 7 DAYS (AM. ORD. 2012-1)

CARNIVAL: Y / N

LIQUOR: SOLD _____ GIVEN AWAY _____
WHAT KIND OF LIQUOR WILL BE SERVED: _____

WHO IS SELLING: _____

THE APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT. THE SIGNATURE MUST BE AN ORIGINAL, NO FAXED OR COPIED FORMS. Application must be on file at the administration office at least 2 weeks prior to event to allow for processing of new license.

I, THE UNDERSIGNED APPLICANT, AFFIRM THAT THE MATTERS STATED IN THIS APPLICATION ARE TRUE AND CORRECT. THEY ARE MADE FOR THE PURPOSE OF REQUESTING FROM THE CITY OF HOOPESTON A SPECIAL EVENT LIQUOR LICENSE. I AGREE TO NOTIFY THE CITY OFFICE OF ANY CHANGES TO THE ABOVE INFORMATION.

(SIGNATURE OF APPLICANT)

(DATE)

AUTHORIZED: Y / N

(Liquor Commissioner Signature) (Date)