



**City of Hoopeton**

301 W. Main St.  
Hoopeton, Il 60942  
(217) 283-5320  
Fax: (217) 283-7965

Hoopeton Municipal Building

**APPLICATION FOR CITY OF HOOPESTON**  
**SPECIAL EVENT LIQUOR LICENSE**

DATE: \_\_\_\_\_

**SPONSORSHIP INFORMATION (to be completed by group or business serving)**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_ NOT-FOR- PROFIT: Y / N

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

**LIQUOR:** SOLD \_\_\_\_\_ GIVEN AWAY \_\_\_\_\_

WHAT KIND OF LIQUOR WILL BE SERVED: \_\_\_\_\_

**NAME OF BARTENDER(S):** \_\_\_\_\_

\*Please attached a copy of the ILCC Bassett Certification for the bartender(s) listed above.

**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

If yes, please list reason \_\_\_\_\_

HAVE YOU HAD ANY PREVIOUS LICENSE SUSPENDED OR REVOKED? Y / N

If yes, please list reason \_\_\_\_\_

**DRAM SHOP INSURANCE:** SPONSOR MUST ATTACH COPY OF LIABILITY AND DRAM SHOP INSURANCE FOR OFF SITE EVENT IN AMOUNT NO LESS THAN \$500,000.00 AND SAID POLICY MUST LIST LOCATION OF EVENT AND THE CITY AS ADDITIONAL INSURED. (AM. ORD. #2012-1)

**COPY SUBMITTED: Y / N**

**NO SPECIAL EVENT LICENSE WILL BE EFFECTIVE FOR MORE THAN 7 DAYS  
(AM. ORD. 2012-1).**

I, THE UNDERSIGNED TENANT, 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 SPONSOR)

\_\_\_\_\_  
(DATE)

**TENANT INFORMATION:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

**DETAILS OF SPECIAL EVENT:**

DATE OF EVENT \_\_\_\_\_ NAME OF EVENT \_\_\_\_\_

EVENT START TIME \_\_\_\_\_ EVENT END TIME \_\_\_\_\_

DESCRIPTION OF EVENT LOCATION: \_\_\_\_\_

\_\_\_\_\_  
(STRUCTURE, SQ. FOOTAGE, ETC.)

**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:**

\$100.00 PER EVENT/ 1<sup>ST</sup> DAY

\$50.00 FOR 2<sup>ND</sup> DAY

\$25.00 FOR EACH ADDITIONAL DAY

**PAID:** CHECK \_\_\_ CASH \_\_\_

**RECEIVED BY:** \_\_\_\_\_

**THE APPLICATION MUST BE SIGNED AND DATED BY THE TENANT & SPONSOR. THE SIGNATURE MUST BE AN ORIGINAL, NO FAXED OR COPIED FORMS.**

**Application must be on file at the city administration office at least one (1) month prior to event to allow for processing of the city license & the submission of it to the State of Illinois Liquor Commission for the special event permit.**

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\_\_\_\_\_  
(SIGNATURE OF TENANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(Liquor Commissioner Signature)

\_\_\_\_\_  
(Date)

**AUTHORIZED: Y / N**