

Village of Spring Grove Liquor License Application

Daily, Event or Temporary Permit

You must complete this application if you are requesting a Daily, Event or Temporary Permit for the sale/consumption of alcoholic beverages. The application and accompanying insurance documents must be submitted a minimum of 14 days prior to the activity date. With a request for liquor, the permit shall be considered fully executed only with a signed liquor license issued by the Liquor Commissioner.

SECTION 1: APPLICANT INFORMATION

Organization: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone:		Cell Phone:		Email:	
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SECTION 2: PERMIT DETAIL

Name/Type of Event: _____

Date(s) Requested:		Time(s) Requested:	
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Location: _____

Number of anticipated attendees: _____

Name of Supervisor(s) for this event: _____

SECTION 3: DAILY/EVENT LIQUOR LICENSE REQUEST

Daily Permit (\$5/hour fee with a minimum of \$10)

Event Permit (\$100/day fee)

Temporary (\$50/day fee)

SECTION 4: CONDITIONS OF APPROVAL

- Attach written permission from property owner
- Attach Certificate of Insurance for Liquor Liability Coverage
 - The applicant name as the insured (e.g. if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed);
 - The address of the location where liquor is being consumed and/or sold;
 - The dates of coverage - must be concurrent with the license sought;
 - A provision that states that the insurance coverage is in conformity to the requirements of the Dram Shop Act of Illinois and that said insurance is not cancelable unless at least thirty (30) days prior written notice is given to the Village of Spring Grove; and
 - The coverage limit for Liquor & General Liability of not less than \$1,000,000.00 per occurrence and \$2,000,000 annual aggregate; and
- Attach a copy of State-certificate beverage alcohol sellers/servers training certificate(s) for supervisor(s)

SECTION 5: SIGNATURE OF APPLICANT

I hereby certify that the above information is true and correct to my knowledge

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY

- Permit Fee \$ _____
- Copy of Dram Shop Insurance
- Copy of BASSET Certificate(s)
- Off-Duty Police Officer(s) required? Yes _____ No _____
- Approved Date _____ By _____
- Denied Date _____ By _____