



SPECIAL EVENTS PERMIT APPLICATION

(NON-LICENSE HOLDER)

CITY OF ALTON, ILLINOIS

Liquor Commissioner

101 E Third • Suite 201 • Alton, Illinois 62002

Telephone: (618) 463-3500

Fax: (618) 463-3525

E-mail: liquor@cityofaltonil.gov

Website: <https://www.cityofaltonil.gov/>

REQUEST FOR APPROVAL TO SELL OR SERVE ALCOHOL FOR A SPECIAL EVENT

1. Name of Not-for Profit Corporation _____
Or other _____
(Charitable or Religious Organization; Other Not-for-Profit Organization)
 2. Address _____
Telephone _____
 3. Date of Incorporation: _____
(Or attach Department of Revenue Tax Exempt letter)
 4. Will this event be held on city property / City Street? _____
 5. Address of where event will be held _____
 6. Date of event (limit 10 days per event) _____
 7. Type of event _____
 8. Have you had any other events approved within the last twelve months?
Yes _____ No _____ If yes, how many? _____
 9. Have you or any officer or director of your Corporation ever had a liquor license suspended or revoked?
Yes _____ No _____
 10. Have you or any officer or director of your Corporation ever had an application for a liquor license denied? Yes _____ No _____
 11. If this event will be held on city property, please attach a certificate of insurance naming the City of Alton as additional insured on general and liquor liability coverage, with liquor liability coverage in the amount of \$1,000,000.00 and general liability coverage in the amount of \$1,000,000.00.
 12. For events to be held on property not owned by the City of Alton, please attach a certificate of insurance showing proof of liquor liability coverage.
 13. Attach a written approval from the Park & Recreation Commission for use of public parks. If additional police supervision is required by the Chief of Police, list names (provided at applicant's expense).
-
-

AFFIDAVIT

I, the undersigned, the applicant or representative thereof, affirm that the matters stated in the foregoing application are true and correct, are made upon my personal knowledge and information, and that the applicant is qualified and eligible to obtain the approval required for this function. I further understand that this approval is for the sale of alcoholic liquors.

I further affirm that the applicant will not violate any laws of the United States of America, the State of Illinois or the City of Alton, in particular, the Liquor Control Act and the civil rights section thereof.

Date: _____

Signature of Authorized Agent