



# **APPLICATION *for a* SPECIAL EVENT LICENSE**

## **CITY OF ALTON, ILLINOIS**

### **Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [licensing@cityofaltonil.gov](mailto:licensing@cityofaltonil.gov)

Fax: (618) 463-3520

Website: [www.cityofaltonil.gov](http://www.cityofaltonil.gov)

**All indebtedness to the City must be paid in full before any Regulatory License will be issued.**

### **PRINT OR TYPE ONLY**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**TYPE OF EVENT:** \_\_\_\_\_

**LOCATION FOR EVENT:** \_\_\_\_\_

**DATES FOR EVENT:** \_\_\_\_\_

**Illinois Business Tax Number (IBT#):** \_\_\_\_\_

### **BUSINESS OWNER INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **PROPERTY OWNER INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **LOCAL CONTACT INFO:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **APPLICANT: Please attach a copy of Driver's License, information to be used by Police Department only**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

(City, State)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## AFFIDAVIT

I \_\_\_\_\_, d/b/a \_\_\_\_\_,  
have completed and submitted an application for a Special Event License in the City of Alton, Illinois; I  
acknowledge that this does not indicate that I have been licensed to hold a Special Event or to operate business.  
A Special Event License will not be issued until all inspections have been completed and approved.

Signature: \_\_\_\_\_  
*Applicant* *Date*

For office use only:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **APPLICATION for a SPECIAL EVENT LICENSE**

**ALTON POLICE DEPARTMENT**

1700 E. Broadway Alton, IL 62002

Telephone: (618) 463-3505 Fax

Fax Administrator: (618) 462-3797

Patrol: (618) 463-1967

Fax Records: (618) 462-3864

Website: [www.cityofaltonil.gov](http://www.cityofaltonil.gov)

### **Alton Police Department Chief of Police**

In order to better serve Alton businesses, the Alton Police Department requests that you complete the Emergency Contact Information Form. This form provides emergency contact names and telephone numbers to be used after normal business hours. This confidential information will be maintained and used only by the Alton Police Department.

Contact with a representative of the business may be necessary in the event of alarm activation, unsecured business, or any criminal activity. If at a later date information needs to be updated, please contact an Alton Police Department dispatcher at 618-463-3505, ext. 249.

If you have any questions or concerns regarding this matter, please contact the Alton Police Department at (618) 463-3505, ext. 221.

Below is a link to the City code which contains information for: Special Event License.  
[https://codelibrary.amlegal.com/codes/alton\\_il/latest/overview](https://codelibrary.amlegal.com/codes/alton_il/latest/overview)

A handwritten signature in black ink, appearing to read "Jason Simmons".

Jason "Jake" Simmons  
Chief of Police

## **BUSINESS EMERGENCY CONTACT INFORMATION**

(This information is kept confidential and is for Alton Police Dept. use only)

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS OWNER:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**BUSINESS HOURS:** \_\_\_\_\_

**\* EMERGENCY CONTACT PERSON: Should have a minimum of two names. Only key holders should be listed. Please list for each: Name, Date of Birth, Home Address, Home Phone, Business Phone (if different from listed business), pager/other number, and/or Cellular phone number.**

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First, Middle, Last MM/DD/YY*

Position: \_\_\_\_\_  
*Constituent-Owner/Manager/Employee*

Home Address: \_\_\_\_\_  
*Street City, State ZIP*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Pager/Other: \_\_\_\_\_ Cellular: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First, Middle, Last MM/DD/YY*

Position: \_\_\_\_\_  
*Constituent-Owner/Manager/Employee*

Home Address: \_\_\_\_\_  
*Street City, State ZIP*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Pager/Other: \_\_\_\_\_ Cellular: \_\_\_\_\_