



2023-2024 LIQUOR PERMIT APPLICATION

CLASSIFICATIONS/FEEES

CLASS OF PERMIT	FEE			
<i>(APPLICANT: PLEASE CHOOSE ONE)</i>				
<input type="checkbox"/> Temporary-1 (Special Use Permit – Consumption Sales Only, for up to three (3) consecutive days) Must be a current liquor license holder of the town, city or village within Effingham County. Consumption sales only within an area specifically designated in the Permit. Application submitted 14 days prior to event.	\$100 per 1-day event for resident liquor license holder \$200 per 2-or-3-day event for resident liquor license holder OR \$200 per 1-day event for nonresident liquor license holder \$300 per 2-or-3-day event for nonresident liquor license holder			
<input type="checkbox"/> Temporary-2 (Special Non-Profit Event Permit -Consumption Sales and Limited Package Sales) Educational, fraternal, political, civic, religious, or other non-profit organization If sponsored by the City in whole or in part, may sell wine or beer only in package form. Application submitted 14 days prior to event.	\$50 per event for a resident of the City of Effingham \$75 per event for nonresident of the City of Effingham			
Non-Profit Organization: <i>(Please check which one applies.)</i>				
<input type="checkbox"/> Educational	<input type="checkbox"/> Fraternal	<input type="checkbox"/> Political	<input type="checkbox"/> Civic	<input type="checkbox"/> Religious
<input type="checkbox"/> Other: <i>(Please elaborate)</i>				
<input type="checkbox"/> Wine and Beer Permit (Consumption Sales and Limited Package Sales) Must be a current liquor license holder of the town, city, village, or county within the state of Illinois Can make package sales of wine and beer only for off-premises consumption Contiguous to the primary classification's Licensed Premises.	\$100 per event			
Method of Payment: Payment of fees must be in the form of certified check, cashier check, bank money order, personal money order, or postal money order. No personal or business checks accepted. Payment must accompany application. <i>Please make payment payable to City of Effingham, thank you.</i>				

APPLICANT INFORMATION

1. Name of applicant (true legal business name – must be same as for State):		
2. Trade name of business:		
3. Address:		
City:	State:	ZIP Code:
Business phone:		
Mailing address (if different from business address):		
5. Name of Event:		
6. Location of Event / Address:		

1

NAME OF EVENT (please Print) _____
 Liquor **Permit** Application



2023-2024
LIQUOR PERMIT APPLICATION

7. **Dates and Hours during which Alcoholic Liquor is to be sold**, provided that the hours of each day of said event shall begin no earlier than 6:00 a.m. and end no later than 12:00 midnight of the same calendar date:

8. Proof of Dram Shop Insurance - Provide proof of dram shop insurance – Submit a copy of a Certificate of Liability Insurance providing proof that the permittee maintains commercial general liability insurance insuring against liability for bodily injury death or damage to personal property with combined single limits of one million dollars (\$1,000,000) covering the premises in the permit for the period of the temporary permit, designating the City of Effingham as a Certificate Holder. **IF THE PREMISES IS ON PUBLIC PROPERTY, the Certificate of Liability Insurance SHALL NAME THE CITY OF EFFINGHAM, ILLINOIS, AS AN ADDITIONAL INSURED ON A PRIMARY, NON-CONTRIBUTORY BASIS.**

9. Written Description and Diagram of Area of Liquor Sales ***Include written description and diagram of area of liquor sales with this application.***

10. City or County liquor license number:	11. State liquor license number:	12. IL retailer occupation tax number:
---	----------------------------------	--

13. Federal employer identification number:	14. Is food for human consumption to be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

15. Is the location of applicant’s event for which license is sought within 100 feet (property line to property line) of any school, hospital, home for aged or indigent persons or for war veterans, their wives or children, or any military or naval station, or 100 feet (building to building) from a church? Yes No

16. Is any applicant, his or her spouse, or any member of the applicant’s household a member or employee of the Police Department of the City of Effingham? Yes No

17. Is any member or employee of the Police Department of the City interested in any way, either directly or indirectly, in the permit for which is being applied, the premises, or the profits or proceeds from the sale of alcoholic liquor under the permit for which is being applied? Yes No

18. Is any law enforcing public official, mayor, member of the City Council or Commission directly or indirectly interested in the business for which permit is sought? Yes No

19. Has any manufacturer, importing distributor, or distributor directly or indirectly paid or agreed to pay for this permit, advanced money or anything of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 30 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? Yes No

20. Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent directly or indirectly engaged in the manufacture of alcoholic liquor? Yes No

21. Is the applicant or any affiliate, associate, subsidiary or officer, director or other agent engaged directly or indirectly in the business of importing distributor, or distributor of alcoholic liquor? Yes No

22. Have you applied for other applications/licenses/permits for premises? Yes No
If yes, what is the disposition of such application?

**PERMITTEE’S OBLIGATION TO DISPLAY CITY SIGNS
NO ALCOHOL PERMITTED BEYOND THIS POINT**

CONTACT PERSON INFORMATION

Print FULL Name:

Address:

City:	State:	ZIP Code:	Email:
-------	--------	-----------	--------

Phone Number(s): <i>Please provide emergency phone number(s) where contact person can be reached anytime concerning this event.</i>	Home Phone:	Mobile Phone:
	Other Phone:	

23. Have you ever made application for a liquor license/permit which has been denied? Yes No

2

NAME OF EVENT (please Print) _____
Liquor **Permit** Application



2023-2024 LIQUOR PERMIT APPLICATION

- 24. Have you ever had any previous license/permit issued by Federal, State or Local authorities suspended or revoked?
25. Have you ever been convicted of a felony under any Federal or State Law?
26. Have you ever been convicted of a gambling offense?
27. Have you ever been convicted of any crime or misdemeanor opposed to decency or morality such as pandering or keeping a house of ill fame?
28. Do you possess a current Federal Wagering or Gambling Device Stamp?
29. Are you or have you ever been delinquent in payment of Retailer's Occupational Tax (sales tax)?
30. Are you or have you ever been delinquent under the Cash Beer Law?
31. Are you or have you ever been delinquent under the 30-Day Credit Law?

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Effingham Liquor Control Commission, whether the said records are of public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation which is developed upon this Release Authorization will be considered in determining my suitability for issuance of a liquor permit by the City of Effingham. I release the City of Effingham from any and all liability which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

(Applicant's signature at the end of this application constitutes applicant's authorization of the aforesaid.)

INFORMATION RELEASE

I, (PRINT Name of Applicant) _____, have executed and delivered the City of Effingham 2023-2024 Liquor Permit Application. I hereby acknowledge that said document and the information contained herein is subject to the Freedom of Information Act and I recognize and agree that I have no expectation of privacy regarding the information contained herein.

Applicant's Signature:

Date:

LIQUOR CONTROL COMMISSIONER APPROVAL

CITY OF EFFINGHAM

Approved by:

Mike Schutzbach, Mayor
Liquor Control Commissioner

Date: