



**Application For Liquor Control License  
(SPECIAL EVENT / SPECIAL USE PERMIT)  
City of Quincy, Illinois**

Mayor and Local Liquor Commissioner  
Quincy, Illinois 62301

License No. \_\_\_\_\_

The undersigned applicant in compliance with Chapter 111 of the Municipal Code of the City of Quincy and the laws of the State of Illinois hereby makes application for:

- Class C1 - Special Event (Not For Profit) - \$50.00 per day for first 3 days plus \$150.00 for any period from 4-15 days
- Class C2 - Special Event (For Profit) - \$400.00 for any period from 1 - 15 days
- Class G - Special Use Permit - \$50.00 per day for first 3 days plus \$150.00 for any period from 4-15 days

**ALL FEES FOR LICENSE SHALL BE PAID AT THE TIME APPLICATION IS SUBMITTED.**

For purposes of obtaining approval of this application, the undersigned makes the following true statements of fact under oath.

**EVENT:** \_\_\_\_\_

**LOCATION OF EVENT:** \_\_\_\_\_

**DATE(S) OF EVENT:** \_\_\_\_\_ **to** \_\_\_\_\_ **TIMES:** \_\_\_\_\_ **to** \_\_\_\_\_

**TRADE NAME/LOCATION:** \_\_\_\_\_  
(IF APPLICABLE) Name of Business Street Address

PLEASE FILL OUT THE APPROPRIATE SECTION BELOW THAT DESCRIBES YOUR BUSINESS STATUS

**INDIVIDUAL:**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Last First MI  
**Address:** \_\_\_\_\_  
Street City State Zip  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**PARTNERSHIP:**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Last First MI  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Street City State Zip  
**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CLUB, CORPORATION, ORGANIZATION:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**OBJECT FOR WHICH ORGANIZED:** \_\_\_\_\_ **STATE OF INC:** \_\_\_\_\_ **CHARTER DATE:** \_\_\_\_\_

**OFFICERS AND DIRECTORS:**

TITLE	NAME	DOB	STREET, CITY, STATE, ZIP
	Last	First	MI
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONS HOLDING OVER 5% OF THE STOCK** (Use additional sheet if necessary)

NAME _____	DOB _____	ADDRESS _____	PHONE _____
Last           First           MI	DOB _____	ADDRESS _____	PHONE _____
NAME _____	DOB _____	ADDRESS _____	PHONE _____
NAME _____	DOB _____	ADDRESS _____	PHONE _____
NAME _____	DOB _____	ADDRESS _____	PHONE _____

**MANAGER(S) or CHAIRPERSON OF EVENT**

NAME _____	DOB _____	ADDRESS _____
Last                           First                           MI	DOB _____	ADDRESS _____
HOME PHONE _____	CELL PHONE _____	EMAIL (Optional) _____

**PLEASE CIRCLE YES OR NO TO THE QUESTIONS BELOW AND FILL IN THE BLANKS AS NECESSARY**

YES NO Are you a citizen of the United States?  
    Birth Place: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
    If naturalized, give date and place \_\_\_\_\_  
In what business are you now engaged? \_\_\_\_\_  
How long? \_\_\_\_\_

YES NO Have you applied for similar license for these premises?

YES NO Have you applied for similar license on premises other than above?  
Where? \_\_\_\_\_ Was same granted? \_\_\_\_\_

YES NO Have you been convicted of a felony?  
\_\_\_\_\_  
\_\_\_\_\_

YES NO Have you had any previous liquor license suspended?

YES NO Revoked?  
\_\_\_\_\_  
\_\_\_\_\_

YES NO Do you agree to observe all laws of the State of Illinois and ordinances of the City of Quincy, Illinois?

YES NO Are you a resident of the City of Quincy?

YES NO Are you a person of good character and reputation?

YES NO Have you ever been convicted of keeping a House of Ill Fame?

YES NO Have you ever been convicted of pandering?

YES NO Have you ever been convicted of violation of State liquor laws or forfeited bond for failure to appear for such violation?

YES NO Are you a Mayor, Alderman, County Supervisor or law enforcement official?

YES NO Are you connected in any way with the manufacture, sale or distribution of alcoholic liquor?

YES NO Are you eligible for Sate of Illinois retail liquor dealer's license? \*\*\*

YES NO Is the proposed location within 100 feet of a school, church, hospital, home for the aged, indigent or veterans, military or naval station or mortuary? \* (Property line to property line, except church is to nearest point of building)

- YES NO Is anyone connected with the manufacture, jobbing or wholesaling of liquor giving you financial backing?
- YES NO Do you agree to abide by all City and County health regulations?
- YES NO Do you agree to maintain a clear view from the street into the premises? \*\*
- YES NO Do you agree to furnish names and addresses of bartenders if required?
- YES NO Is the location properly zoned for the activity for which the license is being sought?

\* NOTE: Does not apply to establishments in existence prior to inception of liquor ordinances and where sale of liquor is not main business?

\*\* NOTE: This applies to regular licenses only.

\*\*\* NOTE: Does not apply to bottle clubs.

NOTE: Ordinance 111.027 (P) The Mayor, through the office of the Chief of Police will ascertain the qualifications of prospective applicants. Any change in the managers, corporate officers, directors or stockholder(s) owning over five percent (5%) of the stock would require a background investigation of the new manager, officers, directors, or stockholder(s) before the issuance of license. No changes shall be made during any license period without the consent of the Mayor.

**SWORN AFFIDAVIT OF APPLICANT**

If a Partnership, the application must be signed by at least 2 members.  
 If a Corporation, the President and Secretary must sign the application.  
 Please sign in front of a Notary Public

I (or we)

\_\_\_\_\_ Being first duly sworn, affirm under oath, full knowledge of foregoing statements and that all answers Set forth herewith are true and correct.

\_\_\_\_\_  
 Signature of Applicant  
 \_\_\_\_\_

State of Illinois

County of \_\_\_\_\_

Duly acknowledged and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
 Notary Public