CITY OF URBANA 400 S VINE ST URBANA, IL 61801 (217) 384-2456



APPLICATION FOR CITY OF URBANA TEMPORARY LIQUOR LICENSE											
Establishment Name											
Registered Name of Applicant or d/b/a											
Street Address											
City					State			ZI	P		
Phone				E-mail A	ddress			'			
FEIN #					IBT #						
Type of Ownership:		Individual		Partnership		Corpor	ation	LLC		Not-for-Profit	
CLASS OF TEMPORARY LICENSE APPLIED FOR											
TEMP-C		Cu	Current City of Urbana Liquor License Holder								
TEMP-N	EMP-N Non-Liquor License Holder										
	Person responsible for the sale and or/service of alcoholic beverages										
Please list the name of a person who will act as manager and will be responsible for the sale and/or service of alcoholic beverages at the event.											
Full Name							C	Date of Birth			

	Address	Phone		
	Driver's License No.	State		

EVENT DETAILS

Date and Time of Event: Please Note that complete applications must be submitted at least ten (10) business days before the scheduled event.
Location where Event is to be held and Description of Event:
Type of alcoholic liquor which will be offered for tasting and sale (i.e., wine, beer, and/or spirits)

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

Application will not be accepted unless signed and notarized

1. Application fee of \$100 for Current License Holders **or** \$125 for Non-License Holders.

2. Map of area where event is to be held (indicate specific boundaries where liquor will be sold, consumed, and entry and exit points).

3. Detailed Security Plan indicating measures for ensuring legal drinking age identification, persons responsible for security, etc.

4. Letter from owner of premise giving their consent for the sale and/or service of alcohol.

5. Copy of Insurance with a minimum liquor liability coverage of at least \$1,000,000 per occurrence and \$1,000,000 in aggregate. The City of Urbana must be listed as Additional Insured, and the location of the event must be noted in the Description area.

6. Please provide thorough information on the application for full consideration.

LIQUOR LICENSE AFFIDAVIT

I, _____, as an authorized representative of _____

attest that:

a. the applicant shall not permit a consumer to take any cup, glass, or other container containing alcoholic beverages beyond the boundary for the Event premises;

b. no person under the age of twenty-one (21) year shall be permitted to offer alcoholic liquor for sale;

c. no person under the age of twenty-one (21) shall be served any alcoholic beverages;

d. the applicant would not be disqualified from receiving a liquor license, if sought, by reason of any matter or thing stated in the Urbana City Code or the laws of the State of Illinois;

e. the applicant has not been convicted of any felony in any state or federal jurisdiction which would otherwise deny the applicant liquor license;

f. the applicant shall abide by the Urbana City Code and the laws of the State of Illinois in conducting the Event;

g. affirms that all statements made in the application for the temporary license are true and correct;

h. understands that by submitting the application and the information requested herein and thereby, along with the fees required, the City in its exercise of reasonable discretion may deny the application for the Event and if such application is denied the City will refund any fee or fees tendered.

i. has read and understands Chapter 3 of the Urbana City Code.

Signature of Applicant and Date

Subscribed and Sworn to before me this _____ day of _____, ____,

Notary Public