



OFFICE OF THE MAYOR

1420 Miner Street  
Des Plaines, IL 60016  
P: 847-391-5301  
desplaines.org

## APPLICATION FOR A SPECIAL OCCASION LIQUOR LICENSE

### EVENT INFORMATION

Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Dates to be held: 1<sup>st</sup> day: \_\_\_\_\_ 2<sup>nd</sup> day: \_\_\_\_\_ 3<sup>rd</sup> day: \_\_\_\_\_ 4<sup>th</sup> day: \_\_\_\_\_

Times to be held: 1<sup>st</sup> day: \_\_\_\_\_ 2<sup>nd</sup> day: \_\_\_\_\_ 3<sup>rd</sup> day: \_\_\_\_\_ 4<sup>th</sup> day: \_\_\_\_\_

### ORGANIZATION / COMPANY INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Representative: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### ATTESTATION

I attest that I nor any on site supervisor, manager or bartender have been convicted, pled guilty to or been found guilty of pandering or a crime/misdemeanor to indecency, immorality, prostitution, solicitation or house of ill fame.

I consent to the inspection of the registered place of the event by city officers and employees to verify compliance with all municipal ordinances, codes and regulations.

I understand that no temporary event holding a Special Occasion Liquor License may operate in a manner that constitutes a nuisance in fact; is in violation of any zoning, building, fire or health ordinances, codes and regulations; or is in as unsanitary or unsafe manner.

I agree to be in full compliance of all governmental laws, IL State statutes and municipal ordinances while the Special Occasion Liquor License is in force.

I understand it is my responsibility to insure that persons under the age of 21 or intoxicated patrons of the event will not be served alcohol.

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE

ID Number: \_\_\_\_\_ Distribution Date: \_\_\_\_\_