Mary Jo Pemberton
City Clerk

City of Mt. Vernon
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Application for Temporary Special Event License for the Sale of Alcoholic Liquor

- Fee: $50/day
- Consumption Sales (All Alcoholic Liquor)
- Not-For-Profit Organizations
- Paper, Plastic, Styrofoam Containers, only
- Three (3) permits per organization/calendar year
- Six (6) permits per premise/calendar year

To the Liquor Control Commission, City of Mt. Vernon: The undersigned hereby makes application for the issuance of a Temporary Special Event License for the sale of alcoholic liquor, and hereby certifies to the following facts, and that if any of the following facts are changed, without prior approval of the Liquor Control Commission, said license may be revoked at the sole discretion of the Liquor Control Commission.

APPLICANT INFORMATION

Corporate/Organization Name: _____

Address: _____

Telephone: _____

Email: _____

Authorized Agent: _____

Name of Corporate/Organization Officers with their respective home address and telephone number:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Said officers have never been convicted of a felony and are each citizens of the United States.

STATUS OF ORGANIZATION — *Check appropriate box*

☐ EDUCATIONAL ☐ CIVIC

☐ FRATERNAL ☐ RELIGIOUS

☐ POLITICAL ☐ OTHER NOT-FOR-PROFIT

Date of Incorporation: _____

State in which incorporated: _____

SPECIAL EVENT DETAIL

Location of the event: _____

Owner of the premises/location of the event: _____

Date of the event: _____

Event Time: Beginning:_____am/pm Ending:_____am/pm

Name/type of event: _____

Type of alcoholic beverages to be sold: _____

0ther activities to be included during the time the license is issued: _____

_____

PRIOR LIQUOR LICENSE INFORMATION

Is this your first City of Mt. Vernon Temporary Special Event License in this calendar year? ☐ YES ☐ NO

If no, please list dates and locations of other events: _____

_____

_____ _____ _____

Signature of Applicant/Authorized Agent **Title/Position** **Date**

AFFIDAVIT

State of Illinois)
) ss.
County of Jefferson)

The undersigned swears that the organization in whose name this application is made will not violate any of the ordinances of the City of Mt. Vernon or the laws of the State of Illinois or of the United States of America, in the conduct of the function described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief and understand that violation of any ordinance or law shall constitute grounds for revocation of the license.

Dated _____

_____
Signature of Applicant/Authorized Agent

_____
Title/Position

Approved this _____ day of _____, 20_____.

(SEAL) _____ ***AMOUNT PAID $***_____
Mayor of Mt. Vernon, IL

_____ ***Date Filed:*** _____
City Clerk