



Rebecca Barbour  
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 Only
- Paper, Plastic, Styrofoam Containers, only
- Three (3) permits per organization/calendar year
- Six (6) permits per premise/calendar year
- Dram Shop Liability Insurance (see page 3)

**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

Date of Incorporation: \_\_\_\_\_

☐ FRATERNAL

☐ RELIGIOUS

State in which incorporated: \_\_\_\_\_

☐ POLITICAL

☐ OTHER NOT-FOR-PROFIT

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

Other 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)

\_\_\_\_\_  
Mayor of Mt. Vernon, IL

AMOUNT PAID \$ \_\_\_\_\_

\_\_\_\_\_  
City Clerk

Date Filed: \_\_\_\_\_

## **APPLICATION FOR TEMPORARY SPECIAL EVENT LICENSE FOR THE SALE OF ALCOHOLIC LIQUOR MUST INCLUDE:**

**Attach evidence of dram shop liability insurance covering the entire period of the license in the form of a certificate of insurance issued by an insurance company licensed to do business in the State of Illinois. The certificate shall insure applicant and owner or lessor of the premises in such amounts as may be required by the Illinois Liquor Control Act, or in an amount of not less than \$1,000,000 whichever amount is greater.**