



License # \_\_\_\_\_

Date \_\_\_\_\_

# APPLICATION FOR CLASS E NON-PROFIT LIQUOR LICENSE FOR SPECIAL EVENT

**Please submit the application no less than 60 days prior to the event.**

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

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

Event Dates: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Non-Profit Organization requesting license: \_\_\_\_\_

Address: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Have you had any other events approved within the last twelve months? YES NO

Have you or any officer or director of your organization ever had a liquor license denied?

YES NO

Have you or any officer or director of your organization ever had an application for a liquor license  
suspended or revoked?

YES NO

If the event will be held on village property, a certificate of insurance naming the Village of Shabbona as additional insured on general and liquor liability coverage in the amount of \$1,000,000 each is required. If the event is not on village property, a certificate of liquor liability and letter of permission from property owner is required.

*For Village Office Use Only:*

\_\_\_\_ \$50 Class E Liquor License Fee

\_\_\_\_ Fee Waived by vote of the Village Board

Date Received by Village Clerk \_\_\_\_\_ Next Scheduled Board Meeting \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Special Event Liquor License Application | <input type="checkbox"/> Proof of Non-Profit status |
| <input type="checkbox"/> Proof of Liquor Liability Insurance      | <input type="checkbox"/> Letter from property owner |
| <input type="checkbox"/> Application for Special Event Permit     | <input type="checkbox"/> Affidavit                  |

Class E Liquor License Approved on \_\_\_\_\_

# AFFIDAVIT

STATE OF ILLINOIS)

) SS

COUNTY OF DEKALB)

I (we) swear (or affirm) that I (we) will not violate any of the ordinances of the Village of Shabbona or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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