



United City of Yorkville  
651 Prairie Pointe Drive  
Yorkville, Illinois 60560  
630-553-4350

## Application for Special Events Liquor License

*Please print legibly in ink or type application.*

Special event liquor licenses are only available to businesses with a valid city liquor license.

A special event shall not be more than three continuous days in duration.

License fee: \$50.00 (Fee may be waived by Mayor)

### SECTION 1. APPLICANT INFORMATION

Name of Corporation, LLC, Partnership, or Individual: \_\_\_\_\_

Local Business Name (assumed or d/b/a name): \_\_\_\_\_

Local Street Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

General Manager Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Onsite Event Manager: \_\_\_\_\_ Cell: \_\_\_\_\_

Location of Special Event: \_\_\_\_\_

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

\_\_\_\_\_

Date(s) of Special Event: \_\_\_\_\_

Hours Special Event will be held: \_\_\_\_\_

Hours of Liquor Sales at Special Event: \_\_\_\_\_

Type(s) of Liquor being sold at Special Event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Will there be live music/entertainment at event: \_\_\_\_ If yes, list the hours for the music/entertainment: \_\_\_\_\_

\_\_\_\_\_

Will you be erecting a tent: \_\_\_\_\_

Will you be erecting a stage: \_\_\_\_\_

Where do you plan on parking event attendees: \_\_\_\_\_

\_\_\_\_\_

Per State of Illinois Liquor regulations – all individuals who serve liquor are required to complete training in basic responsible alcohol service, otherwise known as Beverage Alcohol Sellers and Servers Education and Training (BASSET). Do you intend to ensure that all individuals serving liquor at your event have completed BASSET training? Yes  No



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### SECTION 2. INSURANCE

When submitting your special events liquor application, you must provide a copy of a Certificate of Liability Insurance showing general liability and liquor liability coverage for the area that the event is taking place. The certificate must list the United City of Yorkville as certificate holder. If the event is taking place on city property, the certificate must also list the city as Additional Insured.

### SECTION 3. BUILDING DEPARTMENT PERMITS / INSPECTIONS

Please contact the Building Department at (630)553-8545 to inquire on the necessary permits and/or inspections that are required for your event.

### SECTION 4. FIRE DEPARTMENT PERMITS / INSPECTIONS

Please contact the Bristol Kendall Fire Protection District at (630)553-6186 to inquire on the necessary inspections that are required for your event.

### SECTION 5. OUTDOOR EVENTS – MAP SHOWING LAYOUT OF EVENT

If the event is being held outdoor, a layout of the proposed event should be attached to this application. The drawing should show the area where you intend to conduct liquor service, as well as the stage area that live music/entertainment will be taking place.

### SECTION 6. APPLICATION SUBMITTAL

**Questions on Liquor Licensing can be directed to the City Clerk's Office at (630)553-8565.**

Before your application can be processed, you **MUST** complete the following requirements:

- Original signed, notarized, and fully completed liquor application.
- For outdoor events – map showing the layout of event.
- Certificate of Liability Insurance.



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### SECTION 7. AFFIDAVIT

In witness whereof, the undersigned, being first duly sworn, verifies that the statements contained in this Application for a Liquor Special Events License are true and correct in every detail, along with an acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information.

Applicant agrees to operate aforesaid special event in accordance with all ordinances and police regulations of the United City of Yorkville and the Illinois Liquor Control Act as contained in the Illinois Compiled Statutes, which are currently in force, and for any others that may be enacted during the duration of this license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY