

NON-REFUNDABLE

CITY OF ST. CHARLES

TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



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**CITY LIQUOR DEALER LICENSE APPLICATION
CLASS E1 – NOT-FOR-PROFIT LICENSE
CLASS E3 – KANE COUNTY FAIR**

Pursuant to the provisions of Chapter 5.08, Alcoholic Beverages, of the City of St. Charles Municipal Code regulating the sale of alcoholic liquors in the City of St. Charles, State of Illinois and all amendments thereto now in force and effect.

The undersigned hereby makes application for a Liquor Dealer License, Class E1 – Not-For-Profit License or E3 – Kane County Fair
Commencing _____ and ending _____ .
Time Starting _____ and ending _____ .
Location of Event _____ .

Name of Business _____
Address of Business _____ Business Phone _____
Is the Applicant a Not-For-Profit Organization: _____
Authorized Agent _____ Title _____
Has Applicant had a Class E1 License in the previous 365 days? _____. If YES, on what date:
Does Applicant have Dram Show Insurance? _____. If YES, attach evidence of insurance.

Requirements of a Class E1 – Not-For-Profit License

1. The Class E1 license fee is \$50.00 per day.
2. A minimum of three (3) liquor supervisors shall monitor liquor service during all times of operation. **Please provide a list of all supervisors with this application.**
3. Liquor supervisors shall be members of the organization holding the license.
4. Beer and/or Wine are the only alcoholic beverages to be sold.
5. Hours are restricted to 12 noon to 11:00 p.m.
6. Licensee must rope/fence off the licensed premises.
7. Are children/minors permitted in the licensed premises? **Y/N**
8. Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
9. A sign limited beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
10. **Each server of alcohol must be BASSET certified – need copy of BASSET certification.**
11. A copy of site plan diagram to include roped area shall accompany this application.
12. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

Affidavit

State of Illinois)
County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and are made for the purpose of inducing the City of St. Charles to issue the Liquor Dealer License, Class E1 to me/us for the location hereinbefore indicated; that I/we will not violate any of the laws of the United States, the State of Illinois or the City Ordinances of the City of St. Charles.

Signed: _____ Signed: _____
Sworn to before me this _____ day of _____, _____.
Notary Public _____

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: _____ Date: _____ Chief of Police: _____
Approved: _____ Date: _____ Liquor Commissioner: _____