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CITY OF ST. CHARLES

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



CITY LIQUOR DEALER LICENSE APPLICATION CLASS E2 – SPECIAL EVENTS

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 E2
Commencing _____ and ending _____.
Time Starting _____ and ending _____.
Location of Event _____.

Name of Business _____
Address of Business _____ Business Phone _____
Has Applicant had a Class E2 License in the previous 365 days? _____. If YES, on what date:
5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: _____

Requirements of a Class E2 – Special Event License for B & C Liquor License Holders

1. The Class E2 license fee is \$100.00 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. Beer and/or Wine are the only alcoholic beverages to be sold.
4. Hours are restricted to 12 noon to midnight.
5. Licensee must rope/fence off the licensed premises.
6. Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
7. Are children/minors permitted in the licensed premises? **Y/N**
8. A sign limiting beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
9. **Each server of alcohol must be BASSET certified – need copy of BASSET certification.**
10. A copy of site plan diagram to include roped area shall accompany this application.
11. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

1. Name of Class B, Class C Liquor License: _____
2. Has the applicant had a Class E2 license in the previous 365 days? _____. If Yes, on what date? _____
3. Is license to be used in conjunction with a special event approved by the City Council? _____
If yes, provide name of event: _____
4. Is license to be used in conjunction with a picnic, bazaar, fair or similar assembly with food dispensing and/or sale the predominate purpose of the event? _____
5. Location/address of event. Important: Attached drawing of location to this application. _____
6. Important: If location is out of doors, attach proof of liability insurance (photocopy) from an approved insurance agency.

Affidavit

State of Illinois)
County of Kane)

I/We, being duly sworn, that information contained in this application is true to my/our own knowledge and that the statements set forth are of my/our own free will. I/We solemnly swear 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: _____