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**Application for Temporary Special Use License
for the Sale and Consumption of Wine**

Fee: \$ 50⁰⁰

To the Liquor Control Commission, City of Mt. Vernon: The undersigned hereby makes application for the issuance of a **Temporary Special Use License** for the sale and consumption of wine, 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.

A **Temporary Special Use License** shall allow a holder of an Illinois Winemaker's Premises License to transfer a portion of its wine inventory from its State licensed premises to the premises specified in the license hereby created, and to sell or offer for sale at retail only in the premises specified in the license hereby created, the transferred wine for use or consumption, including package sales, but not for resale in any form.

Each **Temporary Special Use License** shall be for one (1) day and no winemaker shall be entitled to more than three (3) such **Temporary Special Use Licenses** in any one calendar year. The application for such Temporary Special Use License shall designate the premises for which the license is desired and the hours of operation.

The license fee for a **Temporary Special Use License** shall be Fifty Dollars (\$50.00) per day. No premises or control premises shall be the place for more than three (3) **Temporary Special Event License** and/or **Temporary Special Use License** (either singly or in combination) during any one (1) calendar year.

APPLICANT INFORMATION

Corporate/Organization Name: _____

Address: _____

Telephone: _____

Email: _____

Authorized Agent: _____

WINEMAKER'S INFORMATION

Corporate/Organization Name: _____

Address: _____

Telephone: _____

Email: _____

State of Illinois Winemaker's License Number: _____ Expiration Date: _____

Authorized Agent: _____

SPECIAL USE 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: **Consumption and Package Sales of Wine, Only**

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 Use License** in this calendar year? YES NO

If no, please list dates and locations of other events: _____

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_____.

Mayor of Mt. Vernon, IL

FILED this _____ day of _____, 20_____.

(SEAL) _____ **AMOUNT PAID \$** _____

City Clerk of Mt. Vernon, IL