Mary Jo Pemberton City Clerk Rebecca Barbour Deputy City Clerk



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Application for Temporary Special Event License for the Sale of Alcoholic Liquor

- Fee: \$50/day
- Consumption Sales (All Alcoholic Liquor)
- Not-For-Profit Organizations

POLITICAL

- Paper, Plastic, Styrofoam Containers, only
- Three (3) permits per organization/calendar year
- Six (6) permits per premise/calendar year

To the Liquor Control Commission, City of Mt. Vernon: The undersigned hereby makes application for the issuance of a Temporary Special Event License for the sale of alcoholic liquor, 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.

APPLICANT INFORMATION Corporate/Organization Name: ______ Authorized Agent: Name of Corporate/Organization Officers with their respective home address and telephone number: President: _ Said officers have never been convicted of a felony and are each citizens of the United States. **STATUS OF ORGANIZATION** — Check appropriate box **EDUCATIONAL** CIVIC Date of Incorporation: **RELIGIOUS** FRATERNAL State in which incorporated: _____

OTHER NOT-FOR-PROFIT

SPECIAL EVENT 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: 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 Event License in this calendar year? ☐ YES ☐ NO If no, please list dates and locations of other events: Title/Position Signature of Applicant/Authorized Agent Date **AFFIDAVIT** State of Illinois **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 ______, 20______,

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_____ AMOUNT PAID \$_____

Mayor of Mt. Vernon, IL

(SEAL)