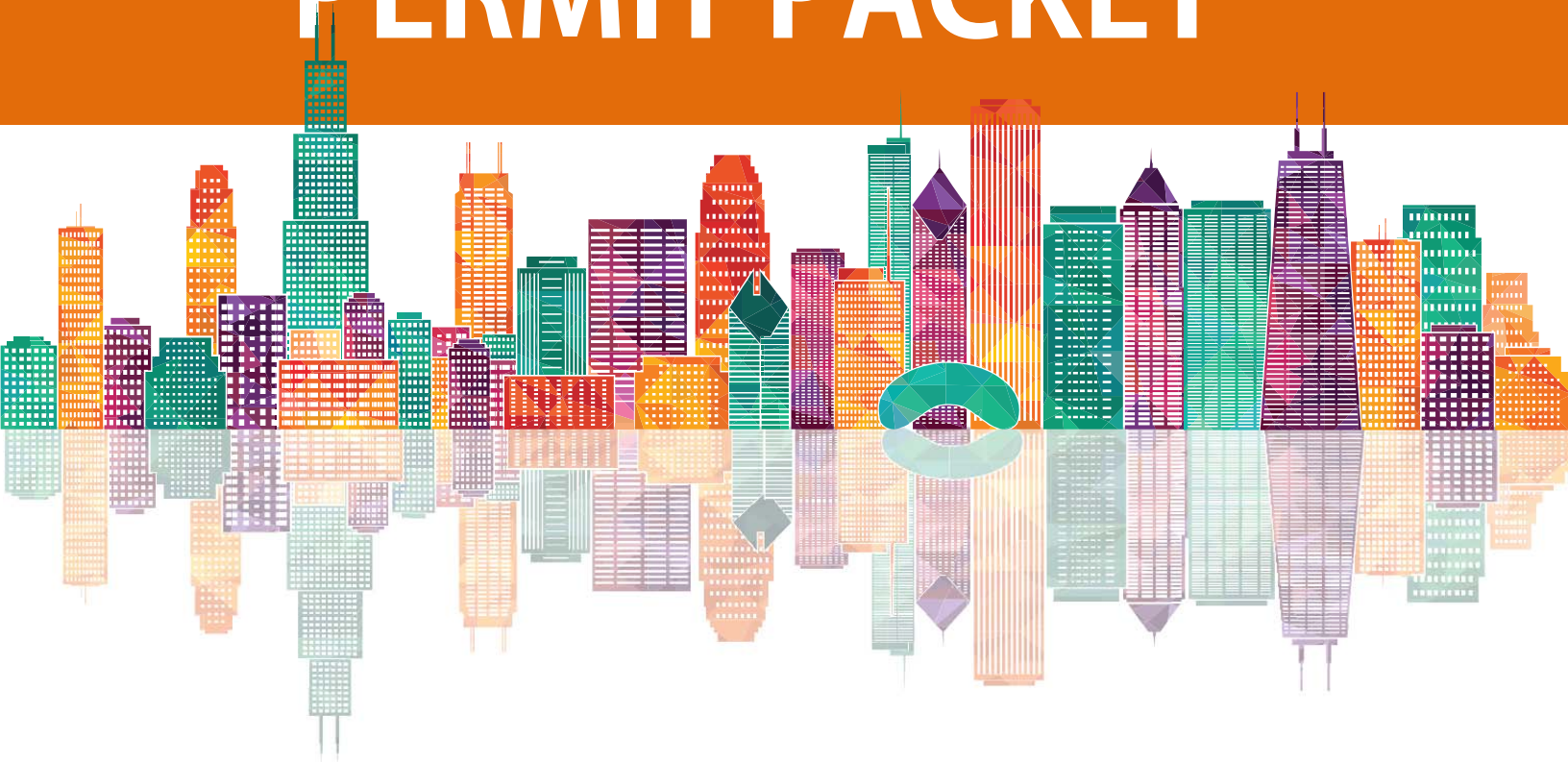


2017

SPECIAL EVENTS

PERMIT PACKET



City of Chicago
Mayor Rahm Emanuel

CHICAGO DEPARTMENT OF
DCASE
CULTURAL AFFAIRS & SPECIAL EVENTS

78 East Washington Street, 4th FL, Chicago, IL 60602 | www.chicagoneighborhoodfestivals.us

2017 APPLICATION CHECK LIST

Before you submit your special event application,
please make sure that the following steps have been completed:

GENERAL APPLICATION *(Must be completed in full & submitted 60 calendar days prior to the date of your event)*

- Complete all the necessary general information
- Sign and date the application
- Attach a site plan
- Attach a Certificate of Insurance
- Set up meeting (or met) with local Alderman and Commander
- Fill out the Art and Entertainment Survey
- For **Athletic events** - fill out the online Chicago Department of Transportation (CDOT) Athletic Application at <http://ipi.cityofchicago.org>
- For **Parades (that also include festivals)** - fill out the online Chicago Department of Transportation (CDOT) Parade Application at <http://ipi.cityofchicago.org>
- For events that require **street closures** - fill out the online Chicago Department of Transportation (CDOT) Event Application at <http://ipi.cityofchicago.org>

FOOD APPLICATIONS *(Must be completed in full & submitted 20 calendar days prior to the date of your event)*

- Completely fill out applications (including menu items/ingredients, sources of purchase, list of equipment & cooking times & temperatures)
- Attach a copy of the restaurant's most recent Health Department inspection (must be within 6 months). If new inspection is needed, call (312) 746-8030.
- Fill-in account number or if you do not have one, attached completed Business Information Sheet
- Attach a copy/copies of the Summer Festival Food Vendor Sanitation Certificate(s). Please refer to the Resource Guide for the class schedule.
- Has the application been signed by the owner/officer?

MERCHANT APPLICATION *(Must be completed in full & submitted 10 calendar days prior to the date of your event)*

- List the vendor information or attach a spreadsheet with information
- Enter a count of the total number of vendors
- Fill-in (the event organizer's) account number or if you do not have one, attach a completed Business Information Sheet
- Has the application been signed by the owner/officer?

LIQUOR APPLICATION

- Completely fill out the city and state applications. (Not-for-profits only need to fill out the state application)
 - Attach a copy of your insurance
 - Attach a detailed security plan
 - Receive approval from the local Alderman and Police Commander
 - Fill-in account number
 - Has the application been signed by owner/officer? Must have original signature.
- All for-profit and non-profit liquor applicants must be in good standing with the State of Illinois - the status can be looked up at: www.cyberdriveillinois.com/departments/business_services/corp.html
 - There can be no holds or city indebtedness to the City of Chicago on any of your accounts. In order to check whether an account has any holds you may call (312) 74-GO BIZ

SUBMIT YOUR COMPLETED SPECIAL EVENT PERMIT APPLICATION TO:

Department of Cultural Affairs and Special Events
78 East Washington Street, 4th Floor, Chicago, IL 60602



SPECIAL EVENT PERMIT APPLICATION

THIS FORM MUST BE COMPLETED IN FULL & SUBMITTED **60 CALENDAR DAYS** PRIOR TO THE EVENT

INSTRUCTIONS FOR COMPLETING THE SPECIAL EVENT PERMIT APPLICATION

Careful completion of the form will help to avoid delays in processing. It is important that you follow the instructions and provide clear and accurate information. Submit all necessary documents with the application. Please consult the Special Event Resource Guide for more detailed information.

When filling out this form:

- do not use white-out on application or attachments
- type or use a pen with **BLACK INK** and print clearly
- do not write in the shaded areas

The following sections **MUST** be completed by the event coordinator for ALL events:

- General Event Information
- Security Plan
- Site Plan
- IF THIS IS AN ATHLETIC EVENT: provide a clear route map and written description of the route and a copy of the Athletic Application that was submitted to Chicago Department of Transportation (CDOT), Room 905

Other than those sections mentioned above which must be completed for ALL events, only complete those sections that pertain to your individual event.

After submitting all forms, your application will be reviewed by the department's staff. The application will be sent to all departments that will be involved in providing services or permits for the event. You will be notified if the event has been approved. Do not assume that all aspects of the event will be approved; you may be asked to make some changes to your plan based on the availability of services and scheduling of other events. **Therefore, you are encouraged NOT TO MAKE ANY OTHER ARRANGEMENTS FOR YOUR EVENT UNTIL APPROVAL FROM THE CITY HAS BEEN RECEIVED.**

10-8-335 OUTDOOR SPECIAL EVENTS

Unless the special event is to be conducted in January or February, applications must be filed in the calendar year in which the event is to take place. If the event is to take place in January or February, the application must be filed no earlier than one year prior to the event. Each application submitted by the sponsor of an outdoor special event shall be accompanied by a nonrefundable processing fee of:

- \$100.00 if the application is submitted more than sixty days prior to the event;
- \$200.00 if the application is submitted between fifty-nine and forty-five days prior to the event;
- \$500.00 if the application is submitted between forty-four and thirty days prior to the event; and
- \$1,000.00 if the application is submitted between twenty-nine and fifteen days prior to the event.
- \$2,000.00 if the application is submitted between fourteen and seven days prior to the event.

No application for a special event permit shall be accepted less than seven days prior to the special event.

Received by:

Date:

Distributed by:

Date:

\$100: 60 or more days prior to event

\$1,000: 29 – 15 days prior to event

\$200: 59 - 45 days prior to event

\$2,000: 14 – 7 days prior to event

\$500: 44 - 30 days prior to event

No applications accepted less than 7 days prior to event



CHICAGO DEPARTMENT OF CULTURAL AFFAIRS AND SPECIAL EVENTS

SPECIAL EVENT PERMIT APPLICATION

INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

ALDERMAN _____ WARD _____ POLICE DISTRICT _____

GENERAL EVENT INFORMATION

| | |
|---------------|--|
| Name of Event | First time event? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|--|

Exact Street Address of Event - **NO GROVES OR INTERSECTIONS**

| | | |
|------------------|----------------------|--|
| Date(s) of Event | Hours of Event to | Step-off time (For athletic events only) |
|------------------|----------------------|--|

| | | |
|--------------------------------------|----------------------|-------------------------------|
| Phone number/website for publication | Estimated attendance | Last year's actual attendance |
|--------------------------------------|----------------------|-------------------------------|

| | |
|----------------------|------------------|
| Last year's location | Last year's date |
|----------------------|------------------|

Describe the event and its community and/or cultural benefit

| | |
|-------------------|--------------|
| Name of Applicant | Organization |
|-------------------|--------------|

| | | |
|---------|------|-----|
| Address | City | Zip |
|---------|------|-----|

| | | |
|---------------|--------------|-------------------|
| Email Address | Phone Number | Cell Phone Number |
|---------------|--------------|-------------------|

| | | |
|-------------------|--------------|-------------------|
| Secondary Contact | Phone Number | Cell Phone Number |
|-------------------|--------------|-------------------|

Federal Employee ID Number or Social Security Number if not a corporation

| | |
|---|-------------------|
| Name of Producing Agent (if applicable) | Federal ID Number |
|---|-------------------|

| | | |
|-------------------------|------|-----|
| Producing Agent Address | City | Zip |
|-------------------------|------|-----|

| | |
|---|--------------|
| Benefiting Organization (if applicable) | Contact Name |
|---|--------------|

| | | |
|---------|------|-----|
| Address | City | Zip |
|---------|------|-----|

| | | |
|--------------|-------------|---------------|
| Phone Number | Cell Number | Email Address |
|--------------|-------------|---------------|

GENERAL EVENT INFORMATION

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Are you serving/selling food at your event? NO YES If yes, how many expected vendors? _____

If yes, you must submit the Temporary Food License Application twenty (20) days prior to your event. You must obtain a temporary Food Vendor License for each food vendor. This includes if you are the only vendor selling or serving food.

L.P.G. (Liquefied Petroleum Gas) A licensed propane company is required at all festivals when propane usage exceeds 100lbs. per booth.

Are you serving/selling beer and wine at your event? NO YES If yes, how many expected vendors? _____

If yes, how many expected serving locations? _____

If yes, you must submit the Special Event Liquor License Application ten (10) days prior to your event. You must obtain a liquor license for each booth that will be serving liquor.

Are you selling merchandise at your Event? NO YES If yes, how many expected vendors? _____

If yes, you must submit the Itinerant Merchant Application twenty (20) working days prior to your event. You must obtain an Itinerant Merchant License for each vendor.

Is this an Athletic Event? NO YES

If yes, a course map and written description of your route must be submitted with this application.

If your course uses or crosses city streets and/or sidewalks, a CDOT Athletic Permit must be submitted at ipi.cityofchicago.org

Are you requesting a street closure(s) for your event? NO YES

If yes, you must apply for a CDOT Festival Permit at ipi.cityofchicago.org and complete the Street Closure Information page on page 7.

Is there a Divvy Bike Station located within your street closure? NO YES N/A

If yes, a copy of this application will be sent to CDOT (Chicago Department of Transportation) Project Development Division

Will your street closure impact CTA bus service? NO YES N/A

If yes, list the CTA bus routes and facilities (i.e. terminals, bus turnarounds) impacted by the closures:

You must include a map/plan for the rerouting of buses impacted by the closure.

Are you erecting a tent over 400 sq. ft.? NO YES

If yes, a Tent, Canopy & Platform permit is required from the Department of Building. Visit the following link:

cityofchicago.org/content/dam/city/depts/bldgs/general/EZPERMIT/TentsandCanopies.pdf

Are you erecting a stage/platform greater than 24" in height? NO YES

If yes, a Tent, Canopy & Platform permit is required from the Department of Building. Visit the following link:

cityofchicago.org/content/dam/city/depts/bldgs/general/EZPERMIT/StagesandPlatforms.pdf

Will amplified sound or a public address system be used? NO YES

If yes, please complete the Noise Control Plan on page 8.

VENDOR CONTACT INFORMATION*PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED*

| | |
|---|---------------|
| Producing Agent/Event Management Company <input type="checkbox"/> N/A | Contact Name |
| 24 Hour Phone Number | Email Address |
| Carnival Operator <input type="checkbox"/> N/A | Contact Name |
| 24 Hour Phone Number | Email Address |
| The carnival operator must obtain an electrical permit and an elevator permit from the Department of Buildings | |
| Type III Barricade/Traffic Management Company <input type="checkbox"/> N/A | Contact Name |
| 24 Hour Phone Number | Email Address |
| Security Company <input type="checkbox"/> N/A | Contact Name |
| 24 Hour Phone Number | Email Address |
| Ambulance/EMS Provider <input type="checkbox"/> N/A | Contact Name |
| 24 Hour Phone Number | Email Address |
| Maintenance Company <input type="checkbox"/> N/A | Contact Name |
| 24 Hour Phone Number | Email Address |
| Portable Toilet Vendor <input type="checkbox"/> N/A | Contact Name |
| 24 Hour Phone Number | Email Address |

SECURITY/SAFETY PLAN

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Name of Private Security Company (If applicable)

| | | |
|--------------|--|----------|
| Address | City | Zip Code |
| Phone Number | Number of Private Security Personnel hired per shift | |

Describe your security and safety plan, including the number of private security personnel hired per shift:

Describe procedure for carding minors (if applicable):

Describe procedure for preventing over-consumption of alcohol (if applicable):

Please describe a Disaster Plan that addresses emergencies specific to your event (*must include a plan for weather-related emergencies and cancellations*)

If applying for a large scale event liquor license, a separate security plan may be requested.

MEDICAL PLAN

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Describe your medical plan including the number of ambulances (ALS/BLS), bike teams, and medical staff that will be onsite:

MAINTENANCE/RECYCLING PLAN

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Please describe your maintenance plan for your event:

Will recyclable materials be collected at your event? If so, what materials and how will they be collected?

NOISE CONTROL PLAN

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

If amplified sound will be used, the **location of all stages** and **location and direction of all sound systems** must be indicated on the Site Plan.

Amplified sound will be used FROM: _____ AM / PM to _____ AM / PM

What is the proximity of the sound system(s) to residential addresses?

Describe the sound system(s):

Explain how the sound will be controlled and identify the means by which it can be further controlled if necessary:

COMMUNITY OUTREACH PLAN

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Has this event already been publicized?

NO YES

If yes, please include copies of flyers/mailings/emails or a description of promotional efforts.

How will residents and businesses directly impacted by street closures, parking restrictions, and traffic be notified?

SITE PLAN

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Please use this Site Plan to illustrate the layout of your event. If you need additional space, please attach a separate sheet.

If applicable the following must be included:

- Location of food vendors (FV)
- Location of beverage vendors both non-alcoholic (NAB) and alcoholic beverages (AB) along with number of serving stations at each location
- Location of toilets (T)
- Location of hand washing sinks (HWS)
- Location of retail merchants (RM)
- Location of First Aid (+)
- Location of garbage receptacles (G) and recycling receptacles (R)
- Show walk, run and bike routes if athletic event
- Location and number of Type III Barricades (III)
- Location of fire lane (FL)
- Location of fire extinguishers (FE)
- Public entrances and exits
- Location of sound stages and amplified sound
- Location of residential streets surrounding event
- Location of "FREE ADMISSION - DONATIONS ACCEPTED" sign
- Location of existing Divvy Bike Station (D)

TERMS AND CONDITIONS

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

The applicant must promptly reimburse the City for (and make good to it) any and all damage of any kind to any property of the City which may result from the use by the applicant of the City's premises under the permission granted herein, and the applicant further agrees that it will not hold liable the City for or in account of any loss or damage to property owned by it or controlled by the applicant, or for or on account of any loss or damage sustained by the applicant as a result of injuries to employees or agents of the applicant.

- By checking this box, I agree that the information in this application is true and correct to the best of my knowledge. I agree to inform the CHICAGO DEPARTMENT OF CULTURAL AFFAIRS AND SPECIAL EVENTS and the Chicago Police Department of any changes in this application at least 30 days prior to the date of the event. I agree to the terms and conditions listed above.**

Electronic Signature of Organizer

Date



CHICAGO DEPARTMENT OF CULTURAL AFFAIRS AND SPECIAL EVENTS SPECIAL EVENT PERMIT APPLICATION

SPECIAL EVENTS POLICE DISTRICT COMMANDER'S REVIEW LETTER

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

THIS FORM MUST BE SUBMITTED 20 BUSINESS DAYS PRIOR TO THE EVENT

All organizers/applicants for a special event must make an appointment with the Local Police District Commander for the purpose of reviewing the plan for the proposed event. **The review by the District Commander must be scheduled at least sixty (60) calendar days prior to the event.** Each applicant must bring a site plan and security plan for the event. If liquor is to be served, the site plan must include the liquor booth location(s) and the number of serving stations in each booth. For athletic events, a completed review letter is needed from all districts Commanders impacted by the course.

ALDERMAN _____ WARD _____

Please check all that apply: FESTIVAL CARNIVAL ATHLETIC EVENT PARADE OTHER

THE DISTRICT COMMANDER MUST COMPLETE THE FOLLOWING:

I have reviewed the proposed plan for _____
NAME OF SPECIAL EVENT

to be held on _____ between the hours of _____
DATE(S) OF EVENT *HOURS OF EVENT*

at _____ in the _____ District
LOCATION OF EVENT *NUMBER*

- Liquor will be served at _____ locations (i.e. booths) from _____ serving stations (i.e. taps) per location as designated on the attached Site Plan.
- Liquor will not be served.
- Street(s) will be closed _____ From _____ to _____
(Intersecting street) *(Intersecting street)*
- Street(s) will not be closed
- Walkathons and walks are athletic events requiring payment for police services at an overtime rate.
- Races and walks may require Traffic Control Aides or Police Officers at every intersection.

COMMANDER'S OBJECTION NO OBJECTION

COMMENTS AND/OR REASONS:

Signature of Police District Commander

Date

Print Name

District

Note: The original copy of this form will be forwarded to the Coordinator, Special Events and Liaison Section/O.O.S. (Unit 136) via police mail by the District Commander.



CHICAGO DEPARTMENT OF CULTURAL AFFAIRS AND SPECIAL EVENTS
SPECIAL EVENT PERMIT APPLICATION

ART AND ENTERTAINMENT SURVEY PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE

THIS FORM MUST BE SUBMITTED 20 BUSINESS DAYS PRIOR TO THE EVENT

EVENT INFORMATION

Name of Event _____

Address of Event _____

Event Start Date _____

Event End Date _____

Types of Arts/Entertainment in 2017: Neighborhood Special Events

Will your event in 2017 include any of the following? Check all that apply:

- Live Music (singers, bands, DJs, rappers, soloists, musicians)
- Dance
- Theater
- Film/Media
- Arts/Craft-Making
- Kids Arts/Craft-Making
- Circus Arts
- Literary/Storytelling
- Performance Art
- Visual Art (includes sculpture)
- Public Art Installation
- Culinary Arts Demonstrations (not including food sales/vendors)
- Farmers/Locally Produced Food and Beverage
- Fashion (designers, boutiques, manufacturers, suppliers)
- Other: _____

Did you produce this event in 2016? Yes No

If yes in 2016...

How many live music acts participated? _____ Number of live music acts paid for participating: _____

How many arts organizations participated? (including for-profit and non-profit) _____

Number of arts organizations paid for participating? _____

In all art forms, how many individual artists (persons) participated? _____



**CHICAGO DEPARTMENT OF CULTURAL AFFAIRS AND SPECIAL EVENTS
SPECIAL EVENT PERMIT APPLICATION**

SPECIAL EVENT FOOD SINGLE EVENT LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

THIS FORM MUST BE SUBMITTED 20 CALENDAR DAYS PRIOR TO THE EVENT

FEE: \$ 75.00 PER VENDOR. MAKE CHECKS PAYABLE TO THE CITY OF CHICAGO.

Please type or print clearly. Application will be returned if not completed in its entirety.

EVENT INFORMATION:

Name of Event

Address of Event

Date(s) of Event

Hours of Event

Name of Event Sponsor

Event Coordinator

Phone Number

VENDOR INFORMATION:

Name of Food Vendor

Contact

Phone Number

Department of Business Affairs & Consumer Protection BUSINESS ACCOUNT NUMBER (6 digits)

If you do not know your account number please phone (312) 74-GOBIZ.

If you do not have a City of Chicago Department of Business Affairs & Consumer Protection account number, you will need to complete the City of Chicago Business Information Sheets on pages 26 & 27 of this packet or visit www.cityofchicago.org/businessaffairs.

Address of Food Vendor

City

Zip Code

Summer Festival Food Vendor Sanitation Certificate Number

Each event requires a Certified person at each booth at all times food is handled.

Print Name: _____ Title: _____

SIGNATURE (*Must be signed by an owner or officer) _____ Date: _____

List the name and address of the licensed kitchen or food establishment to be used for the initial food preparation and storage of equipment (where food is to be actually prepared and equipment is sanitized and stored). Food or equipment may not be stored in the home **(Attached signed Affidavit)**

Describe the method of transporting food and the temperature it will be held at the event site (i.e. refrigerated cold storage containers, refrigerated vehicle capable of maintaining temperatures of 40° F or below, hot foods 140° F or above)

Describe the method of storage at the event site (i.e. refrigerated cold storage containers, refrigerated truck capable of maintaining temperatures of 40° F or below) Hot foods must be maintained at a temperature of 140° F or above. List the temperatures food items will be cooked to indicate the location of restroom facilities within proximity to the food vending booth on the attached site plan.

Describe hand washing facilities at the food vending booth. Portable hand sinks are required. A permit will not be issued without hand washing facilities.

INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

All vendors must have a passing inspection dated not more than six months before the event. Non-Chicago establishments must submit their latest sanitation report from their local Health Department jurisdiction dated no more than six months before the event. A copy of the following must be attached to each application: *Site Plan, Summer Festival Food Vendor sanitation certificates(s), signed affidavit, if you received permission to use a licensed kitchen.* A copy of your current health inspection must be attached to each application.

SPECIAL EVENTS MENU APPROVAL REQUEST

Must be filled out (Provide detailed information for each question). Requirements may be imposed to protect the public's health or to prohibit the sale of some or all potentially hazardous foods such as raw foods, sushi or oysters. When no health hazard exists, some requirements may be waived.

List the proposed foods and ingredients to be served at the event. You may list up to 4 items on one sheet (use back of sheet if necessary)

Food Item 1

Food Item 2

Food Item 3

Food Item 4

List source where items will be purchased (Name, Address, Phone Number . . . retain all receipts for inspection)

Food Item 1

Food Item 2

Food Item 3

Food Item 4

List any equipment that may be used at the event in the preparation of food or beverages (i.e. mixers, blenders, etc. include drawings & specifications)

Food Item 1

Food Item 2

Food Item 3

Food Item 4

Describe the method of cooking at the event: Raw animal products must be cooked to the following internal temperature for at least 15 seconds: Poultry and stuffed foods - 165° F, Pork; ground, diced or shredded meats and fish; eggs cooked in advanced - 155° F, whole cut meats and fish, eggs 145° F. List the temperatures food items will be cooked to.

Food Item 1

Food Item 2

Food Item 3

Food Item 4

> ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE DENIED <



CHICAGO DEPARTMENT OF Business Affairs and Consumer Protection
SPECIAL EVENT PERMIT APPLICATION

SPECIAL EVENT FOOD TRUCK SINGLE EVENT LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

THIS FORM MUST BE SUBMITTED 20 CALENDAR DAYS PRIOR TO THE EVENT

FEE: \$ 75.00 PER VENDOR. MAKE CHECKS PAYABLE TO THE CITY OF CHICAGO.

Please type or print clearly. Application will be returned if not completed in its entirety.

Name of Event _____

Address of Event _____

Date(s) of Event _____

Hours of Event _____

Name of Sponsoring Event/Coordinator _____

Phone Number _____

Name of Mobile Food Vendor _____

Contact _____

Department of Business Affairs & Consumer Protection Account Number _____

Phone Number _____

If you do not know your account number, please phone (312) 74-GOBIZ. If you do not have a City of Chicago Department of Business Affairs & Consumer Protection account

Address _____

City _____

Zip Code _____

Mobile Food License # _____

License Expiration Date _____

I acknowledge that I am only preparing/dispensing food directly from a City of Chicago licensed Mobile Food vehicle (no outside booth/tent) in compliance with all license requirements NO YES

I acknowledge that I am only selling items from our City of Chicago Department of Health pre-approved menu? NO YES

SIGNATURE (*Must be signed by an owner or officer) _____ Date: _____

Print Name: _____ Title: _____



CHICAGO DEPARTMENT OF Business Affairs and Consumer Protection
SPECIAL EVENT PERMIT APPLICATION

ITINERANT MERCHANT LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

THIS FORM MUST BE SUBMITTED 10 CALENDAR DAYS PRIOR TO THE EVENT

FEE: \$ 25.00 PER VENDOR. MAKE CHECKS PAYABLE TO THE CITY OF CHICAGO.

An Itinerant Merchant License is issued to any organizer of a short-term trade show, exhibition, event etc. taking place in the City of Chicago where there will be vendors selling merchandise or providing services.

ALDERMAN _____ WARD _____

EVENT INFORMATION

Name of Event _____

Address of Event _____

| | |
|------------------------|----------------------|
| Event Start Date _____ | Event End Date _____ |
|------------------------|----------------------|

SPONSORING ORGANIZATION/BUSINESS

| | |
|---|---------------------------------------|
| Sponsoring Organization/Business Name _____ | Address, City, State & Zip Code _____ |
|---|---------------------------------------|

| | |
|--|--------------------|
| Department of Business Affairs & Consumer Protection | Contact Name _____ |
| | Phone Number _____ |

If you do not know your account number, please phone (312) 74-GOBIZ. If you do not have a City of Chicago Department of Business Affairs & Consumer Protection account number you will need to complete the Business Information Sheet on pages 26 & 27 or visit www.cityofchicago.org/businessaffairs

| | |
|--------------------------|--------------------|
| Total # of Vendors _____ | Phone Number _____ |
|--------------------------|--------------------|

| List of Vendors*: | | | |
|-------------------|---------|-----------------|-----------------------|
| Name of Vendor | Address | Item to be Sold | Ill. Bus. Tax Number* |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Only vendors who are selling (not just displaying) items needs to be included. You may attach a printout of a list of the vendors if it is more convenient.
 **If the vendor does not currently have an Illinois Business Tax (IBT) Number they should contact the Illinois Department of Revenue at (217) 785-3707 to apply.

I hereby swear that all the information I have stated above is true.

Print Name _____ Date _____

Organizer/Owner/Officer Signature _____



CHICAGO DEPARTMENT OF Business Affairs and Consumer Protection
SPECIAL EVENT PERMIT APPLICATION

LIQUOR LICENSE APPLICATION >> For Profit Only

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

THIS FORM MUST BE SUBMITTED 20 CALENDAR DAYS PRIOR TO THE EVENT

FEE: \$150 PER LIQUOR LICENSEE. MAKE CHECKS PAYABLE TO THE CITY OF CHICAGO.

PLEASE CHECK ALL THAT WILL BE SERVED:

- Beer & Wine Spirits

ALDERMAN _____ WARD _____

EVENT INFORMATION

| | | | |
|--|--|-------|----------|
| Name of Event | Address of Event | | |
| Department of Business Affairs & Consumer Protection Account Number <i>If you do not know your account number please phone (312) 74-GOBIZ</i> | Date(s) of Event | | |
| | Hours of Event | | |
| Liquor License Holder Legal Entity Name/DBA Name | Contact Person (Liquor License Holder) | | |
| Business Address where City of Chicago Liquor License is held | City | State | Zip Code |
| | Phone Number | | |

Check the type of liquor license already held by the establishment:

- TAVERN RESTAURANT

Exact time liquor will be sold from _____AM/PM to _____AM/PM

Note: Liquor may not be sold or consumed after 10PM. Liquor sales cannot begin before 11AM on Sundays.

A copy of the following must be attached to every application:

- Site Plan
- Alderman acknowledgement
- Police District Commander acknowledgement
- Certificate of Insurance evidencing Dramshop liability
- Letter from property owner acknowledging service of alcohol (*Park District or Private Property Owner*)
- Copy of security plan (*for large events, page 2 will not be accepted*)
- Copy of current Liquor License
- All signatures must be original

Signature of Owner or Officer

Print Name

Date of Application

Commissioner

Department of Business Affairs and Consumer Protection



100 W. RANDOLPH ST., SUITE 7-801
CHICAGO, ILLINOIS 60601
TELEPHONE: 312 814-2206
TDD: 312 814-1844

101 W. JEFFERSON ST., SUITE 3-525
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov

**APPLICATION FOR STATE OF ILLINOIS
SPECIAL USE PERMIT LIQUOR LICENSE**

DEFINITION: The Special Use Permit Liquor License shall allow an Illinois licensed liquor retailer to transfer a portion of its alcoholic liquor inventory from its licensed retail premises to a designated site for a special event. **Note:** a Special Use Permit Liquor License must be obtained for **EACH** location and cannot exceed 15 days in duration.

ELIGIBILITY: **APPLICANT MUST ALREADY HOLD A STATE OF ILLINOIS RETAIL LIQUOR LICENSE.**

Local liquor licensing authority
approval is required for this license.

Dram shop insurance to the maximum
limit is required for this license.

FEE: \$150.00
(1 day only)

Fee is per event location. Event duration **CANNOT** exceed 15 days per application, and the application must be received at the Commission offices **AT LEAST 14 days** prior to the start of the event.

FEE: \$250.00
(2-15 days)

NOTE: Currently there is no limit on the number of days that an event can take place at a specific location, but it is important to note that 15 days is the maximum allowed per application. If your event exceeds 15 days, additional applications and fees must be submitted.

LATE FEE:
ADD \$25.00

Add a \$25.00 late fee to **EACH** application if you expect that the application will not be received at the Commission office at least 14 days **PRIOR** to the scheduled event start date. The Commission requires this lead time in order to schedule site inspections.

On the following pages, please PRINT OR TYPE the information requested in the spaces provided. The form must bear an original signature; no faxed or photocopied forms or rubber stamped signatures will be accepted.

**FOR OFFICE
USE ONLY**

FOR OFFICIAL USE ONLY

| LICENSE NO. |
|-------------|
| |

| DATE ISSUED |
|-------------|
| |

| EXPIRATION DATE |
|-----------------|
| |

COUNTER

Application for State of Illinois Craft Distiller Tasting Permit Liquor License

1. APPLICANT INFORMATION

Check this box if license and ILCC correspondence should be sent to this address.

Provide the information requested in the spaces below, including your current State of Illinois Retail Liquor License number, the corporate/organization name, the corporate/organization Federal Employer Identification Number (FEIN); your Illinois Department of Revenue Sales Tax Account ID; telephone number, and your corporate/organization mailing address and county.

| | | | | | |
|--------------------------|-------------------------------|-------------------------|----------|--------|--|
| STATE LIQUOR LICENSE NO. | NAME | | | | |
| | | | | | |
| FEDERAL EMPLOYER ID NO. | ILLINOIS SALES TAX ACCOUNT ID | AREA CODE/TELEPHONE NO. | | | |
| | | () | | | |
| ADDRESS | CITY | STATE | ZIP CODE | COUNTY | |
| | | | | | |

2a. BUSINESS PREMISE INFORMATION

Check this box if license and ILCC correspondence should be sent to this address.

Write your "Doing Business As" (DBA) name, telephone number, address and county.

| | | | | | |
|-------------------------------|-------------------------|-------|----------|--------|--|
| NAME/DOING BUSINESS AS (DBA) | AREA CODE/TELEPHONE NO. | | | | |
| | () | | | | |
| ADDRESS | CITY | STATE | ZIP CODE | COUNTY | |
| | | | | | |

2b. CONTACT INFORMATION

Provide the requested contact information for your business. The contact person should be the responsible party we can contact who can answer questions on behalf of the business. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

| | | |
|-------------------------------------|-----------------------|---|
| CONTACT PERSON'S NAME (First, Last) | BUSINESS PHONE NUMBER | ALTERNATE PHONE NUMBER (Home, Cell, etc.) |
| | () | () |
| EMAIL ADDRESS | FAX NUMBER | |
| | () | |

3. EVENT DETAIL

- Provide the date(s) and time(s) that the event will be held. When you receive your printed license certificate from the Commission, times will be listed in military time (e.g., “0200” = 2AM, “1200” = noon, “2400” = midnight).
- Provide the address/location of the event. If an address is not available, provide specific instructions to enable our investigators to find the event. **Note: Only one location is allowed per application.**
- Provide the name/type of the event (e.g., neighborhood festival, Oktoberfest, fish fry, tasting/sampling, etc.).
- Determine the total number of event themes/types for which approval is requested. Use a separate application for each event theme/type.
- Determine the total number of days and locations covered by the event. For example, if your event is held on three successive Fridays at the same location, you are only required to fill out a single application and pay a single application fee since the total duration is 15 days or less and the location is the same. If the location changes weekly in the aforementioned example, however, you will be required to fill out three applications and pay three fees.

| DATE OF EVENT: EVENT STARTS (MONTH/DAY/YR) | EVENT TIME: TIME FROM (AM/PM) | DATE OF EVENT: EVENT ENDS (MONTH/DAY/YR) | EVENT TIME: TIME TO (AM/PM) | LOCATION OF EVENT: STREET ADDRESS CITY/STATE/ZIP | EVENT THEME: TYPE OF EVENT |
|--|---------------------------------------|--|-------------------------------------|--|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

4. CORPORATE/ORGANIZATION OFFICER INFORMATION

The individual signing this application at the bottom of Page 4 **MUST** be listed in this section.

| | | | | | | |
|------------------------------------|---------------|-----|----------------|-------------------------|-------|---------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | CITY | STATE | ZIP |
| | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED |
| | | | | () | | |

| | | | | | | |
|------------------------------------|---------------|-----|----------------|-------------------------|-------|---------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | CITY | STATE | ZIP |
| | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED |
| | | | | () | | |

| | | | | | | |
|------------------------------------|---------------|-----|----------------|-------------------------|-------|---------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | CITY | STATE | ZIP |
| | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED |
| | | | | () | | |

5. PRIOR LIQUOR LICENSE INFORMATION

- A. Has the organization ever applied for and been denied a liquor license? Yes ___ No ___
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.
- B. Has the organization had any previous liquor license suspended or revoked? Yes ___ No ___
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.

6. LOCAL AUTHORITY APPROVAL

You MUST submit proof of local authority approval for your event. Generally, your local municipality will issue approval in the form of a letter, a certificate, or a rubber stamp. If the event is taking place in an unincorporated area, the county will need to provide the approval. If the event is taking place on state or federal property, please contact our office as special approval will be necessary. Local authorities will use the box below for "approval" stamps or seals, such as the City of Chicago Liquor Commission. If stamps/seals are not applicable, **attach** a photocopy of the approval letter or certificate.

ATTACH:
LOCAL AUTHORITY APPROVAL
(IF MISSING, APPLICATION WILL BE REJECTED)

or

**Local Liquor
Commissioner's
Event Approval
Stamp Here
(if applicable)**

7. DRAM SHOP INSURANCE

You MUST submit proof that Dram Shop insurance to the maximum limit has been secured for this event. Attach a photocopy of the insurance rider to this application. Remember, it must cover the **location** where the special event is being held and the coverage **must** coincide with the dates of the event.

ATTACH:
DRAM SHOP INSURANCE RIDER
(IF MISSING, APPLICATION WILL BE REJECTED)

8. PAYMENT

Determine the payment amount for your application(s). For efficiency, you may group multiple applications and submit a single check to cover all events. **Make check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION.** *The Commission does not accept U.S. currency/cash as payment.*

9. LATE FILING FEE

If you expect that your application will not arrive at the Commission office within the required 14-day advance notice, submit an additional **\$25.00** late fee for EACH application. **If the late fee is not included, the application(s) will be rejected.**

10. SIGNATURE/DATE/TITLE

The application must be signed and dated by the applicant or an authorized agent of the applicant along with the title/position of the person signing. **The signature must be an original;** rubber stamps, photocopies, or faxed copies are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FORE-GOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

**Illinois Liquor Control
Commission**



**Bruce Rauner
Governor**

**100 W. RANDOLPH ST., SUITE 7-801
CHICAGO, ILLINOIS 60601
TELEPHONE: 312 814-2206
TDD: 312 814-1844**

**101 W. JEFFERSON ST., SUITE 3-525
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov**

**APPLICATION FOR STATE OF ILLINOIS
SPECIAL EVENT RETAILER'S LIQUOR LICENSE (NOT-FOR-PROFIT)**

DEFINITION: A Special Event Retailer's License (Not-for-Profit) shall permit the licensee to purchase alcoholic liquors from an Illinois licensed distributor (unless the licensee purchases less than \$500 of alcoholic liquors for the special event, in which case the licensee may purchase the alcoholic liquors from a licensed retailer), and shall allow the licensee to sell and offer for sale, at retail, alcoholic liquors for use or consumption, but not for resale in any form, and only at the location and on the specific date(s) designated for the special event on the license. An "event" can be defined as a single theme. A Special Event Retailer's License **must** be obtained for each single theme per location with a maximum duration of 15 days. All not-for-profit corporations are required to secure a license for each 15-day increment and each special "event".

ELIGIBILITY: The Special Event Retailer's License (Not-for-Profit) application form is to be used only for events conducted by an educational, fraternal, political, civic, religious or not-for-profit organization. **DO NOT** use this form if you have a current Illinois Retailer's Liquor License (see Special Use Permit License instructions).

**Local liquor licensing authority
approval is required for this license.**

**Dram shop insurance to the maximum
limit is required for this license.**

FEE: \$25.00 A \$25.00 per application fee is due if the event is: 1) a single theme; 2) at the same location for not more than 15 days from start to finish; and 3) application is received at least 14 days in advance of the start date of the event. (Note: Lead time is required in order to schedule site inspections).

**LATE FEE:
ADD \$25.00** Add a \$25.00 late fee to **EACH** application if you expect that the application will not be received at the Commission office at least 14 days **PRIOR** to the scheduled event start date. The Commission requires this lead time in order to schedule site inspections.

Note: "FOR-PROFIT" ORGANIZATIONS WHICH CURRENTLY DO NOT HOLD A STATE LIQUOR LICENSE and wish to hold a special event will be required to obtain a standard Retailer's Liquor License for \$750.00 that covers the date(s) of the special event. This is the only way you will be able to purchase alcoholic beverages from a distributor. You will need to fill out the standard IL-567-0015, Retailer's Liquor License application form.

PRIVATE PARTY is an event where attendance is by invitation only, the host controls access to the premises, and alcoholic beverages are provided to invited guests at no charge. A Special Event Liquor License is not required for a private party.

On the following pages, please **PRINT OR TYPE** the information requested in the spaces provided. The form must bear an original signature; no faxed or photocopied forms or rubber stamped signatures will be accepted.

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE.

**FOR OFFICE
USE ONLY**

FOR OFFICIAL USE ONLY

| LICENSE NO. |
|-------------|
| |

| DATE ISSUED |
|-------------|
| |

| EXPIRATION DATE |
|-----------------|
| |

COUNTER

Application for State of Illinois Special Event Retailer's Liquor License

1. APPLICANT INFORMATION

Provide the information requested in the spaces below, including the corporate/organization name, Federal Employer Identification Number (FEIN); corporate/organization mailing address; county and telephone number.

1a.

| | | | | | |
|-------------------------|--|------|-------|-------------------------|--------|
| NAME | | | | FEDERAL EMPLOYER ID NO. | |
| | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | COUNTY |
| | | | | | |
| AREA CODE/TELEPHONE NO. | | | | | |
| () | | | | | |

1b. CONTACT INFORMATION

Provide the requested contact information for your business. The contact person should be the responsible party we can contact who can answer questions on behalf of the business. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

| | | |
|-------------------------------------|-----------------------|---|
| CONTACT PERSON'S NAME (First, Last) | BUSINESS PHONE NUMBER | ALTERNATE PHONE NUMBER (Home, Cell, etc.) |
| | () | () |
| EMAIL ADDRESS | | FAX NUMBER |
| | | () |

2. CERTIFICATION

Public Act 90-596 was enacted to ensure that special event holders pay all required sales taxes if they hold more than two special events during a calendar year or if they are not a valid "not-for-profit" organization. Applicants for Special Event Retailer Not-for-profit Liquor licenses must now certify that both of the following conditions apply to this particular special event. Please check the boxes that apply. If either box is left unchecked, the Commission will issue this license as "NON-CERTIFIED" which may require the organization to pay sales taxes on the gross receipts from all sales of food and beverages at the event. The certifying officer must be listed under Section 5 of the application, having provided all required identifying information. Should you have any questions regarding sales tax liability or sales tax registration information, please call the Department of Revenue Toll Free Hotline at 1 800 732-8866.

- I hereby certify that the organization which is applying for this Special Event Retailer Not-for-profit Liquor license is a valid "not-for-profit" entity which holds either a resale number [a resale sales tax number] issued under Section 2(c) of the Retailers' Occupation Tax Act; a sales tax registration [a sales tax number] under Section 2(a) of the Retailers' Occupation Tax Act; or a current, valid exemption identification number [a tax-exempt "E" number] issued under Section 1(g) of the Retailers' Occupation Tax Act.
- I hereby certify that the organization which is applying for this Special Event Retailer Not-for-profit Liquor license has held no more than two such special events during the current calendar year (January 1 - December 31). This special event must be included in your calculation.

| | | |
|---|----------------|------|
| SIGNATURE OF APPLICANT/AUTHORIZED AGENT | TITLE/POSITION | DATE |
| | | |

3. STATUS OF ORGANIZATION

Check appropriate box and provide sales tax exemption details.

- A. Educational
- B. Fraternal
- C. Political
- D. Civic
- E. Religious
- F. Other Not-For-Profit

Date of Incorporation: _____

Or attach an Illinois Department of Revenue Sales Tax Exemption Letter (specify) _____

4. SPECIAL EVENT DETAIL

- Provide the date(s) and time(s) that the event will be held. When you receive your printed license certificate from the Commission, times will be listed in military time (e.g., "0200" = 2AM, "1200" = noon, "2400" = midnight).
- Provide the address/location of the event. If an address is not available, provide specific instructions to enable our investigators to find the event.
Note: Only one location is allowed per application.
- Provide the name/type of the event (e.g., neighborhood festival, Oktoberfest, fish fry, tasting/sampling, etc.).
- Determine the total number of event themes/types for which approval is requested. Use a separate application for each event theme/type.
- Determine the total number of days and locations covered by the event. For example, if your event is held on three successive Fridays at the same location, you are only required to fill out a single application and pay a single application fee since the total duration is 15 days or less and the location is the same. If the location changes weekly in the aforementioned example, however, you will be required to fill out three applications and pay three fees.

| DATE OF EVENT: EVENT STARTS (MONTH/DAY/YR) | EVENT TIME: TIME FROM (AM/PM) | DATE OF EVENT: EVENT ENDS (MONTH/DAY/YR) | EVENT TIME: TIME TO (AM/PM) | LOCATION OF EVENT: STREET ADDRESS CITY/STATE/ZIP | EVENT THEME: TYPE OF EVENT |
|--|---------------------------------------|--|-------------------------------------|--|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

5. CORPORATE/ORGANIZATION OFFICER INFORMATION

The individual signing this application at the bottom of Page 4 **MUST** be listed in this section.

| | | | | | | |
|------------------------------------|---------------|-----|----------------|-------------------------|-------|---------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | CITY | STATE | ZIP |
| | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED |
| | | | | () | | |

| | | | | | | |
|------------------------------------|---------------|-----|----------------|-------------------------|-------|---------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | CITY | STATE | ZIP |
| | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED |
| | | | | () | | |

| | | | | | | |
|------------------------------------|---------------|-----|----------------|-------------------------|-------|---------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | CITY | STATE | ZIP |
| | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED |
| | | | | () | | |

6. PRIOR LIQUOR LICENSE INFORMATION

- A. Is this your first state liquor license application? Yes ___ No ___
- B. If this is not your first state liquor license application, provide the date of your first filing: _____
- C. Has the organization ever applied for and been denied a liquor license? Yes ___ No ___
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.
- D. Has the organization had any previous Special Event Retailer's Liquor License(s) suspended or revoked? Yes ___ No ___
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.

7. LOCAL AUTHORITY APPROVAL

You MUST submit proof of local authority approval for your event. Generally, your local municipality will issue approval in the form of a letter, a certificate, or a rubber stamp. If the event is taking place in an unincorporated area, the county will need to provide the approval. If the event is taking place on state or federal property, please contact our office as special approval will be necessary. Local authorities will use the box below for "approval" stamps or seals, such as the City of Chicago Liquor Commission. If stamps/seals are not applicable, **attach** a photocopy of the approval letter or certificate.

ATTACH:
LOCAL AUTHORITY APPROVAL
(IF MISSING, APPLICATION WILL BE REJECTED)

OR

**Local Liquor
Commissioner's
Event Approval
Stamp Here
(if applicable)**

8. DRAM SHOP INSURANCE

You MUST submit proof that Dram Shop insurance to the maximum limit has been secured for this event. Attach a photocopy of the insurance rider to this application. Remember, it must cover the **location** where the special event is being held and the coverage **must** coincide with the dates of the event.

ATTACH:
DRAM SHOP INSURANCE RIDER
(IF MISSING, APPLICATION WILL BE REJECTED)

9. PAYMENT

Determine the payment amount for your application(s). For efficiency, you may group multiple applications and submit a single check to cover all events. Make check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION. The Commission does not accept U.S. currency/cash as payment.

10. LATE FILING FEE

If you expect that your application will not arrive at the Commission office within the required 14-day advance notice, submit an additional **\$25.00** late fee for EACH application. **If the late fee is not included, the application(s) will be rejected.**

11. SIGNATURE/DATE/TITLE

The application must be signed and dated by the applicant or an authorized agent of the applicant along with the title/position of the person signing. **The signature must be an original;** rubber stamps, photocopies, or faxed copies are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FORE-GOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

CITY OF CHICAGO

Business License Information



Account Number (DEPT USE ONLY)

Entity Information

Type of Business Sole Proprietorship Corporation LLC Non-for-Profit Partnership Other:

Legal Name of Business

For Sole Proprietors, this is the name of the business owner. For all others, print the **exact legal name** of the corporation, LLC, Partnership, etc.

“Doing Business As” Name

The exact “Doing Business As” name of the establishment applying for a license (usually the name on the sign over the business)

*f An Illinois Business Tax number is **REQUIRED** for all businesses that make **RETAIL SALES** in the state of Illinois.

Illinois Business Tax - **IBT** Assigned by the Illinois Department of Revenue; apply at 100 W. Randolph or www.revenue.state.il.us/app/ibtri/

*f A Federal Employee Identification number and formation information is **REQUIRED** for all businesses other than Sole Proprietorships

Federal Employer Ident. - **FEIN** Assigned by the IRS; apply at www.irs.gov/businesses or by calling 800-829-4933

Incorporation Date / / **State of Incorporation**

*f A State of Illinois File number is **REQUIRED** for Corporations, LLCs, and Non-for-Profit Corporations

State of Illinois File Assigned by the Illinois Secretary of State; available online at www.ilsos.gov/corporatellc

*f A Sales-Tax Exemption Number is **REQUIRED** for non-for-profit corporations that have tax-exempt certificates from the state of IL

Illinois Exemption E - - Assigned by the Illinois Department of Revenue; call 217-782-8881 or www.revenue.state.il.us/NonProfits/

Expiration Date / / 20

Business Activity and Location

Business Activity

List your business's activities, including all products or services you offer.

Does your business sell goods at this address? **YES** **NO**

If **YES**, what kind of sales are made? **RETAIL** **WHOLESALE** **BOTH**

If **BOTH**, what percentage of your floor space is devoted to retail sales? %

Business Site Address

Provide the address where business transactions and/or activities occur. If the business operates from an extended address, please provide the full extended address.

Street Number NSEW Street Name Ave, St, etc.

City State Zip Code

Sq. Footage used by business # of Employees at this site Suite/Apt. Number Floors Occupied

Primary Contact Person

First Name Middle

Last Name Jr./Sr.

Contact Phone - **Fax** -

Contact Email

FLIP OVER AND COMPLETE BACK

Owner and Officer Information

Sole Proprietors are required to provide information about the **Sole Proprietor** that owns the business

Corporations are required to provide information about their **President, Secretary**, and any other **shareholders** with a major beneficial interest

Non-for-Profit Corporations are required to provide information about their **President** and **Secretary**

Limited Liability Corporations are required to provide information about **Managing Members**, and any other **shareholders** with a major beneficial interest

Partnerships & Limited Partnerships are required to provide information about all **Partners** with a major beneficial interest

The information above is **required for all business**. More information on owners and officers may be required by the Department of Business Affairs and Consumer Protection depending on the licensing requirements of your specific business.

| | | | | |
|-------------|---|--|--|--|
| Ownership % | Title O Sole Proprietor O President O Managing Member O Other: | | | |
|-------------|---|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|------------|------|-------|----------|
| Current Residential Address | Suite/Apt. | City | State | Zip code |
|-----------------------------|------------|------|-------|----------|

| | | | | |
|-------------------|--------------------------|-----------------------|---------------|--|
| Home Phone () | Social Security # - - | Date of Birth: / / | Email Address | |
|-------------------|--------------------------|-----------------------|---------------|--|

| | | | | |
|-------------|---|--|--|--|
| Ownership % | Title O Secretary O Managing Member O Other: | | | |
|-------------|---|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|------------|------|-------|----------|
| Current Residential Address | Suite/Apt. | City | State | Zip code |
|-----------------------------|------------|------|-------|----------|

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|-------------------|--------------------------|-----------------------|---------------|--|
| Home Phone () | Social Security # - - | Date of Birth: / / | Email Address | |
|-------------------|--------------------------|-----------------------|---------------|--|

| | | | | |
|-------------|---|--|--|--|
| Ownership % | Title O Vice President O Member O Other: | | | |
|-------------|---|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|------------|------|-------|----------|
| Current Residential Address | Suite/Apt. | City | State | Zip code |
|-----------------------------|------------|------|-------|----------|

| | | | | |
|-------------------|--------------------------|-----------------------|---------------|--|
| Home Phone () | Social Security # - - | Date of Birth: / / | Email Address | |
|-------------------|--------------------------|-----------------------|---------------|--|

| | | | | |
|-------------|--|--|--|--|
| Ownership % | Title O Treasurer O Member O Other: | | | |
|-------------|--|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|------------|------|-------|----------|
| Current Residential Address | Suite/Apt. | City | State | Zip code |
|-----------------------------|------------|------|-------|----------|

| | | | | |
|-------------------|--------------------------|-----------------------|---------------|--|
| Home Phone () | Social Security # - - | Date of Birth: / / | Email Address | |
|-------------------|--------------------------|-----------------------|---------------|--|

| | | | | |
|-------------|---------------------------------|--|--|--|
| Ownership % | Title O Shareholder O Other: | | | |
|-------------|---------------------------------|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|------------|------|-------|----------|
| Current Residential Address | Suite/Apt. | City | State | Zip code |
|-----------------------------|------------|------|-------|----------|

| | | | | |
|-------------------|--------------------------|-----------------------|---------------|--|
| Home Phone () | Social Security # - - | Date of Birth: / / | Email Address | |
|-------------------|--------------------------|-----------------------|---------------|--|

PLEASE DO NOT SEND ANY PAYMENTS WITH THIS PRE-APPLICATION

CITY OF CHICAGO • Department of Business Affairs and Consumer Protection: Business Assistance Center

City Hall, Room 800 • 121 N. LaSalle Street, Chicago, IL 60602 • (312) 74-GOBIZ (744-6249) • www.cityofchicago.org/businessaffairs 12/26/08

Owner and Officer Information

- Sole Proprietors are required to provide information about the **Individual** who owns the business.
- Partnerships & Limited Partnerships are required to provide information about all the **Partners** of the organization.
- Limited Liability Companies are required to provide information about the organization's **Members**, and any other **shareholder(s)** with a major beneficial interest.
- Corporations are required to provide information about the organization's **President, Secretary**, and any other **shareholder(s)** with a beneficial interest.
- Non-Profit Corporations are required to provide information about the organization's **President and Secretary**.

Proof of identification may be required to complete the actual application.

| | | | | |
|-------------|--|--|--|--|
| Ownership % | Title <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other: | | | |
|-------------|--|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|--------------|------|-------|----------|
| Current Residential Address | Suite/Apt. # | City | State | ZIP Code |
|-----------------------------|--------------|------|-------|----------|

| | | | | |
|-------------------|-------------------------------|----------------------|---------------|--|
| Home Phone () | Social Security Number - - | Date of Birth / / | Email Address | |
|-------------------|-------------------------------|----------------------|---------------|--|

| | | | | |
|-------------|---|--|--|--|
| Ownership % | Title <input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Managing Member <input type="checkbox"/> Other: | | | |
|-------------|---|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|--------------|------|-------|----------|
| Current Residential Address | Suite/Apt. # | City | State | ZIP Code |
|-----------------------------|--------------|------|-------|----------|

| | | | | |
|-------------------|-------------------------------|----------------------|---------------|--|
| Home Phone () | Social Security Number - - | Date of Birth / / | Email Address | |
|-------------------|-------------------------------|----------------------|---------------|--|

| | | | | |
|-------------|--|--|--|--|
| Ownership % | Title <input type="checkbox"/> Vice President <input type="checkbox"/> Member <input type="checkbox"/> Other: | | | |
|-------------|--|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|--------------|------|-------|----------|
| Current Residential Address | Suite/Apt. # | City | State | ZIP Code |
|-----------------------------|--------------|------|-------|----------|

| | | | | |
|-------------------|-------------------------------|----------------------|---------------|--|
| Home Phone () | Social Security Number - - | Date of Birth / / | Email Address | |
|-------------------|-------------------------------|----------------------|---------------|--|

| | | | | |
|-------------|---|--|--|--|
| Ownership % | Title <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other: | | | |
|-------------|---|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|--------------|------|-------|----------|
| Current Residential Address | Suite/Apt. # | City | State | ZIP Code |
|-----------------------------|--------------|------|-------|----------|

| | | | | |
|-------------------|-------------------------------|----------------------|---------------|--|
| Home Phone () | Social Security Number - - | Date of Birth / / | Email Address | |
|-------------------|-------------------------------|----------------------|---------------|--|

| | | | | |
|-------------|---|--|--|--|
| Ownership % | Title <input type="checkbox"/> Shareholder <input type="checkbox"/> Other: | | | |
|-------------|---|--|--|--|

| | | | | |
|------------|-------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
|------------|-------------|-----------|--|--|

| | | | | |
|-----------------------------|--------------|------|-------|----------|
| Current Residential Address | Suite/Apt. # | City | State | ZIP Code |
|-----------------------------|--------------|------|-------|----------|

| | | | | |
|-------------------|-------------------------------|----------------------|---------------|--|
| Home Phone () | Social Security Number - - | Date of Birth / / | Email Address | |
|-------------------|-------------------------------|----------------------|---------------|--|

EXHIBITION SITE PLAN

Event: _____

Address: _____

City, State, Zip Code: _____

Owner/Operator: _____

