



CITY OF CHILLICOTHE

908 N SECOND ST., PO BOX 145, CHILLICOTHE, IL 61523 (309)274-5518

NOT FOR PROFIT SPECIAL EVENT APPLICATION WITH LIQUOR

Applicant's Name:	
Club/Organization/Business Name:	
Address:	
Phone:	Email:
Brief description of the event:	
EVENT NAME:	
LOCATION OF EVENT:	
EVENT DATES:	EVENT HOURS:

Are you requesting approval to sell alcohol at your event?

YES

NO

Have you had any other events approved within the calendar year?

YES

NO

THIS NOTICE MUST BE SUBMITTED TO THE CITY CLERK FOR COUNCIL APPROVAL 30 DAYS PRIOR TO THE EVENT DATE LISTED ABOVE TOGETHER WITH A CERTIFICATE OF LIABILITY AND DRAM SHOP INSURANCE AND SECURITY PLAN.

At least five (5) days prior to the event date, applicant must submit to the city a copy of its state of Illinois special event retailer's liquor license (not for profit) for the event

SIGNATURE OF APPLICANT

DATE

*****VALIDATION AREA *****

Attach \$100.00 Per Day Fee payable to the City of Chillicothe

Security Plan

Certificate of Liability/Dram Shop Insurance

Fee Received: Cash:

Check # _____

Date Received by City Clerk: _____

*****APPROVAL *****

Date to Public Safety Committee: _____

Date approved by City Council: _____