



# CITY OF CHILLICOTHE

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

## NOT FOR PROFIT SPECIAL EVENT APPLICATION

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

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\*\*\*\*\*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: \_\_\_\_\_

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\*\*\*\*\*APPROVAL \*\*\*\*\*

Date to Public Safety Committee: \_\_\_\_\_

Date approved by City Council: \_\_\_\_\_