



CITY OF DANVILLE

17 W. Main St., Danville, IL 61832

City Clerk's Office, (217) 431-2304

NOTE: Applications must be submitted 7 business days prior to event. Careful completion of your form will help to avoid delays in processing.

Temporary Liquor License Application

Chapter 96.14

**TO THE LIQUOR COMMISSIONER, THE HONORABLE MAYOR OF THE CITY OF DANVILLE:
THE UNDERSIGNED hereby makes application to dispense liquor temporarily.**

Name: _____ E-mail: _____

Address: _____ Phone #: _____

Contact Person: (If other than above) _____ Phone #: _____

Name/Purpose of Event: _____ Location: _____

Date(s): _____ Time: _____

(Please be aware that 11:00 p.m. is the cut off time for any music and/or loud sounds for outside events.)

Liquor Manager/Responsible Person: _____

Home Address: _____

Date of Birth: _____ Phone #: _____

1) Will you be charging a fee per drink? Yes ___ No ___

2) Providing drinks free? Yes ___ No ___

3) Liquor Supplied by: _____
(Name and Address of Licensed Liquor Establishment or Retail Store)

4) I prefer the Temporary Liquor License: Mailed ___ I will pick up ___ (Please check one)

5) Do you attest that the forgoing information is true and correct? Yes ___

Signature: _____ Date: _____

PLEASE NOTE: We require that you provide host liquor liability and general liability coverage, listing the City as additional insured at \$1,000,000. per occurrence, since the City's policy does not cover you as the Host, except for **Harrison Park Club House**. Contact your insurance agent for coverage or ask the City Clerk about another option, (TULIP). **If liquor is to be sold, proof of Dram Shop Insurance is required.** When holding events on private property, check with the property owner to see if coverage is requested. Additional questions regarding liability insurance can be directed to the City Risk Manager at (217) 431-2305.

*The State of Illinois may require a liquor license. Contact the Illinois Liquor Control Commission, 300 S. Monroe St., Springfield, IL; (217) 782-2135. All City and State statutes must be upheld.

Office Use Only

Received By: _____ Date Received: _____

Fee: (\$50.00 per day for Businesses, \$25.00 per day for NFP/Individual) \$ _____ Date Paid: _____

Mayor: _____ Approved: ___ Disapproved: ___ Date: _____

Distributed to: _____ License # Issued: _____ CC to Finance: _____