



Request for a Class “C” Liquor License

DATE: _____

- This request must be submitted forty-five (45) days prior to the date of the event to obtain a license. **THE FEE FOR A CLASS “C” LIQUOR LICENSE IS \$75.00**
- Class “C” licenses are issued for a single premise, event, and period of time

Name of Applicant/Organization: _____

Contact Person: _____ Phone Number: _____

Event Information:

Name of Event: _____

Type of Event: _____

Date and Hours of Event: _____

Location of Event: _____

Will there be entertainment: ____ Yes ____ No Type of Entertainment: _____

Officers Information:

1. President or Chief Executive: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Driver’s License No: _____

2. Secretary: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Driver’s License No: _____

3. Secretary: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Driver’s License No: _____

Request of a Class "C" Liquor License

Owner of Premises: _____ Phone: _____

Address of Owner: _____ City: _____ Zip: _____

(Print Name)

(Signature)

I, _____ as owner or a representative for the owner of the premises acknowledge and approve the use of the above premises for the retail sale or delivery of alcoholic liquors for the above applicant.

Security Plan

- Arrange for alcoholic liquor service training to be conducted by the Rolling Meadows Police Department for appropriate persons overseeing the sale of alcoholic liquor. The licensee would pay the City for the cost of the training.

Request for Training Waiver

Basis of Waiver: _____

Expected Number to Attend Event: _____

Capacity for Premises: _____

Estimated Age Group(s) of Persons Expected to Attend: _____

Method Alcohol is to be Distributed/Served to the Attendees at the Event: _____

Type(s) and Size(s) of Alcoholic Liquor to be served at Event: _____

Price(s) to be Charged for Alcoholic Beverages: _____

Designation of persons who will be in charge of dispensing the alcoholic liquor: _____

Request for a Class "C" Liquor License

Describe your plan for overflow parking needs, and parking of any large vehicles: _____

Following must accompany the request:

- A Certificate of Liquor Liability Insurance.
- A diagram of the premises; including dimensions of the interior room or space to be occupied, and where tables and chairs will be placed.
- A financial statement such as a Profit/Loss Statement or Audited Financial Report for the organization's most recent fiscal year, unless the organization as not been in existence for more than one year, at the time of application.
- Following the event a financial report to the City detailing the revenues and expenditures for the event that is subject to the benefit of the City's grant of the Class "C" liquor license.
- Completed consent form to a background investigation of applicant and officers of organization.

Signature of Applicant: _____ Title: _____

Print Name: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

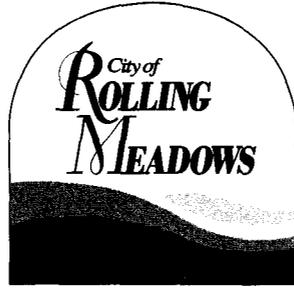
Department Approval

	Approved	Denied	By	Date
(X) Building & Zoning	()	()	_____	_____
(X) Fire Department	()	()	_____	_____
(X) Police Department	()	()	_____	_____

Comments: _____

Approved or Denied

Date: _____ Local Liquor Control Commissioner



"PROGRESS THRU PARTICIPATION"

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION IN CONNECTION WITH CLASS "C" LIQUOR LICENSE

As an applicant for a temporary Class "C" liquor license in Rolling Meadows, I authorize and empower the City of Rolling Meadows' Police Department or acting agent for the City of Rolling Meadows, any other government agency, any consumer reporting agency, or other outside service company engaged by said City, now or subsequently, to obtain, prepare, use and furnish information concerning my ability to obtain a Class "C" liquor license via criminal history inquiry, if any, credit, general reputation, personal characteristics and mode of living, through correspondence or personal interview with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for the issuance of a temporary Class "C" Liquor License. I agree to release any party or agency providing such information from any future liability regarding the release of the information to the aforementioned party, and further release the City of Rolling Meadows' Police Department, the City of Rolling Meadows, and all its employees and agents from any liability whatsoever in regard to the above.

A photocopy of this Release Form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature

Print Name

Street

City

State

Zip

Notary Signature

Date