



# APPLICATION FOR CLASS "T" LICENSE (48 HOUR)

TO THE LIQUOR CONTROL COMMISSIONER OF WILL COUNTY

Your petitioner respectfully petitions you to grant \_\_\_\_\_  
a license to sell alcoholic liquor at a picnic, or outing and respectfully states as follows:

1. Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Is applicant a citizen of the United States?  Yes  No Place of birth: \_\_\_\_\_

3. Is applicant a citizen of Will County?  Yes  No How Long: \_\_\_\_\_

4. Has applicant ever been convicted of a felony or misdemeanor?  Yes  No

If yes, what was the nature of the crime? \_\_\_\_\_

Date and place of the conviction: \_\_\_\_\_  
(Date) (Place)

5. Has applicant ever had a liquor license of any class revoked?  Yes  No

If revoked, give reason for revocation: \_\_\_\_\_

6. Does any fine or judgment, whatsoever, remain unpaid by applicant in any court of Will County?  Yes  No

7. State character, picnic, or outing: \_\_\_\_\_ Number of people attending: \_\_\_\_\_

8. Date picnic or outing will be held: \_\_\_\_\_

9. Location of Premises for which license is sought: \_\_\_\_\_

10. Owner of said premises: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

11. If entertainment on premises, state type of entertainment: \_\_\_\_\_

12. Does applicant have dram shop liability insurance?  Yes  No (Attach copy of paid policy)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF ILLINOIS }  
COUNTY OF WILL } SS

The above signed, being duly sworn, upon oath, depose \_\_\_\_\_ and say \_\_\_\_\_ that he, she, or they ha \_\_\_\_\_ signed the above and foregoing application for a license and that he, she or they ha \_\_\_\_\_ read the questions and answers thereto and the statements therein as set forth in the above application and that the same is true in substance and in fact.

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
WILL COUNTY LIQUOR CONTROL COMMISSIONER



# SPECIAL EVENT OR TEMPORARY LIQUOR LICENSE REQUEST

## ADDITIONAL INFORMATION FORM

PLEASE COMPLETE:	
PETITIONER:	
APPLYING FOR:	SPECIAL EVENT      OR      TEMPORARY
DATE(S) TO BE HELD:	
LOCATION:	
NON-FOR-PROFIT ORGANIZATION:	

**Please answer all of the following questions pertaining to your event:**

1.) How many people are expected to attend?	2.) What are the times the event will be held?  Start: _____ End: _____
3.) If tickets for the event are being sold, how many have already been sold?	4.) Attach a copy of the Secretary of State Articles of Incorporation indicating that the petitioner is a non-for-profit organization.
4.) What type of safety and security provisions will be in effect for the event?	
5.) How is the alcohol going to be controlled?	
6.) Where is the parking located? Be specific.	7.) Will there be enough parking for this event?
8.) Is there live entertainment? If so, indicate the start and stop times:  Start: _____ Stop: _____	9.) Will there be port-a-johns on the premises? How many?
10.) Has consideration to the neighbors been given? If so, how?	
11.) Is there any other information that you would like to share concerning this event?	

Individual completing this form:	Title: _____	Date: _____
<b>X</b>	Phone No.: _____	