



# APPLICATION FOR ALCOHOLIC LIQUOR LICENSE - 24 HOUR SPECIAL EVENT

*No product sampling or gambling is permitted.*

Applicant Organization					
Contact Person		E-mail			
Street Address			City		
State		Zip Code		Phone Number	

## EVENT AND LOCATION INFORMATION

Date of Event:		Property ID No.	
Location of Event:			
Township Where Event Will Be Held:		Event Purpose:	
Is the above location within 100 feet of any church, school, hospital, home for the aged, indigent persons, veterans or their wives or children, or any military or naval station or within 500 feet of any residence?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

## BASSET REQUIREMENTS

*The Kane County Liquor commission requires that at least one state-certified BASSET-trained person be on site to serve, sell or supervise the sale of alcoholic liquor during the event. Please provide copy of BASSET training card with application.*

Name of BASSET-trained person:	
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## LICENSE CATEGORY AND REQUIRED DOCUMENTATION

*Select a license category below, submit a check payable to Kane County Liquor Commission along with Certificate of Insurance and Proof of BASSET training*

- |   |  |
|---|--|
| <input type="checkbox"/> Class "F" - Not-for-Profit Applicant Organization  | <input type="checkbox"/> F License Fee - \$75  |
| <input type="checkbox"/> Class "N" - Kane County Liquor Licensee  | <input type="checkbox"/> N License Fee - \$100 |
| <input type="checkbox"/> Certificate of Insurance - General <u>and</u> Liquor Liability - Kane County must be listed as additional insured. |  |
| <input type="checkbox"/> Proof of BASSET training   |  |

I/We do swear that I/we will not violate any of the laws of the State of Illinois or of the United States of America or any ordinance, rule or resolution of Kane County in the conduct of the event described herein and that the statements contained in this application are true and correct to the best of my/our knowledge and belief. I/we do further swear that I/we have never been convicted of any felony and are qualified under the ordinance of Kane County and the laws of the State of Illinois to receive a liquor license. I here by acknowledge receipt of the Kane County Liquor Code and that I have read and am familiar with the provisions thereof.

Signature of Applicant \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_

Print Name of Property Owner \_\_\_\_\_

*Submit form and documentation to:*  
  
*Kane County Liquor Control Commission*  
*719 S. Batavia Avenue, Building A*  
*Geneva, IL 60134*