



OFFICE OF THE MAYOR THADDEUS M. JONES
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APPLICATION FOR CALUMET CITY TEMPORARY LIQUOR LICENSE PERMIT (NOT-FOR-PROFIT)

DEFINITION: A Calumet City Temporary Liquor License Permit shall permit any society, fraternity, picnic, bazaar, fair, or similar public or private assembly, for the sale of alcoholic beverages where food is sold, served or dispensed. A Temporary Liquor License Permit shall be valid only for one (1) day, provided that the Commissioner may issue such temporary permits for a period of not more than ten (10) days. The fee for a Calumet City Temporary Liquor License Permit is five dollars (\$5.00) per day.

ELIGIBILITY: A Calumet City Temporary Liquor License Permit shall be issued only to organizations not for pecuniary profit (not-for-profit organizations). No organization shall be issued such permit for more than ten (10) days cumulatively within any one (1) calendar year (January 1 - December 31).

**Dram Shop Insurance to the maximum
limit is required for this license.**

APPLICATION FEE: \$150.00 The Temporary Liquor License Permit Application Fee is one hundred and fifty dollars (\$150.00) per event. The application must be submitted at least fourteen (14) days PRIOR to the scheduled event start date.

PERMIT FEE: \$5.00 PER DAY The Temporary Liquor License Permit is five dollars (\$5.00) per day.

PRIVATE PARTY is an event where attendance is by invitation only, the host controls access to the premises, and alcoholic beverages are provided to invited guests at no charge. A Temporary Liquor License Permit is not required for a private party.

On the following pages, please **PRINT OR TYPE** the information requested in the spaces provided. The form must bear an original sig-nature; no faxed or photocopied forms or rubber stamped signatures will be accepted.

IMPORTANT NOTICE: DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE.

**FOR OFFICE
USE ONLY**

FOR OFFICIAL USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

Application for Calumet City Temporary Liquor License Permit

1. APPLICANT INFORMATION

Provide the information requested in the spaces below, including the corporate/organization name, Federal Employer Identification Number (FEIN); corporate/organization mailing address; county and telephone number.

NAME				FEDERAL EMPLOYER ID NO.	
ADDRESS		CITY	STATE	ZIP CODE	COUNTY
AREA CODE/TELEPHONE NO.					
()					

1b. CONTACT INFORMATION

Provide the requested contact information for your organization. The contact person should be the responsible party we can contact who can answer questions on behalf of the organization. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

CONTACT PERSON'S NAME (First, Last)	BUSINESS PHONE NUMBER	ALTERNATE PHONE NUMBER (Home, Cell, etc.)
	()	()
EMAIL ADDRESS		FAX NUMBER
		()

2. CERTIFICATION

Public Act 90-596 was enacted to ensure that special event holders pay all required sales taxes if they hold more than two special events during a calendar year or if they are not a valid "not-for-profit" organization. Applicants for a Temporary Liquor License Permit must certify that both of the following conditions apply to this particular special event. Please check the boxes that apply. If either box is left unchecked, the Commissioner will issue this license as "NON-CERTIFIED" which may require the organization to pay sales taxes on the gross receipts from all sales of food and beverages at the event. The certifying officer must be listed under Section 5 of the application, having provided all required identifying information. Should you have any questions regarding sales tax liability or sales tax registration information, please call the Department of Revenue Toll Free Hotline at 1 800 732-8866.

☐ I hereby certify that the organization which is applying for this Calumet City Temporary Liquor License Permit is a valid "not-for-profit" entity.

☐ I hereby certify that the organization which is applying for this Temporary Liquor License Permit has held no more than two such special events during the current calendar year (January 1 - December 31). This special event must be included in your calculation.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

3. STATUS OF ORGANIZATION

Check appropriate box and provide sales tax exemption details.

- A. ☐ Educational
B. ☐ Fraternal
C. ☐ Political
D. ☐ Civic
E. ☐ Religious
F. ☐ Other Not-For-Profit

Date of Incorporation: _____

Or attach an Illinois Department of Revenue Sales Tax
Exemption Letter (specify) _____

4. SPECIAL EVENT DETAIL

- Provide the date(s) and time(s) that the event will be held. When you receive your printed license certificate from the Commission, the event times will be listed.
- Provide the address/location of the event. If an address is not available, provide specific instructions to enable our investigators to find the event.
Note: Only one location is allowed per application.
- Provide the name/type of the event (*e.g.*, neighborhood festival, Oktoberfest, fish fry, tasting/sampling, etc.).
- Determine the total number of event themes/types for which approval is requested. Use a separate application for each event theme/type.
- Determine the total number of days and locations covered by the event. For example, if your event is held on three successive Fridays at the same location, you are only required to fill out a single application and pay a single application fee since the total duration is 15 days or less and the location is the same. If the location changes weekly in the aforementioned example, however, you will be required to fill out three applications and pay three fees.

DATE OF EVENT: EVENT STARTS (MONTH/DAY/YR)	EVENT TIME: TIME FROM (AM/PM)	DATE OF EVENT: EVENT ENDS (MONTH/DAY/YR)	EVENT TIME: TIME TO (AM/PM)	LOCATION OF EVENT: STREET ADDRESS CITY/STATE/ZIP	EVENT THEME: TYPE OF EVENT

5. CORPORATE/ORGANIZATION OFFICER INFORMATION

The individual signing this application at the bottom of Page 4 **MUST** be listed in this section.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				()		

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				()		

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				()		

6. PRIOR LIQUOR LICENSE INFORMATION

- A. Is this your first Calumet City Temporary Liquor License Permit application? Yes ____ No ____
- B. If this is not your first Temporary Liquor License Permit application, provide the date of your filing: _____
- C. Has the organization ever applied for and been denied a liquor license? Yes ____ No ____
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.
- D. Has the organization had any previous Temporary Liquor License Permit(s) suspended or revoked? Yes ____ No ____
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.

7. DRAM SHOP INSURANCE

You MUST submit proof that Dram Shop insurance to the maximum limit has been secured for this event.

Attach a photocopy of the insurance rider to this application. Remember, it must cover the **location** where the event is being held and the coverage **must** coincide with the dates of the event.

ATTACH:
DRAM SHOP INSURANCE RIDER
(IF MISSING, APPLICATION WILL BE REJECTED)

8. PAYMENT

Determine the payment amount for your application(s). For efficiency, you may group multiple applications and submit a single check to cover all events. Make check or money order payable to: The City of Calumet City.

9. LATE FILING FEE

If you expect that your application will not be submitted within the required 14-day advance notice, submit an additional **\$25.00** late fee for EACH application. **If the late fee is not included, the application(s) will be rejected.**

10. SIGNATURE/DATE/TITLE

The application must be signed and dated by the applicant or an authorized agent of the applicant along with the title/position of the person signing. **The signature must be an original;** rubber stamps, photocopies, or faxed copies are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF CALUMET CITY TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY, WITHIN 30 WORKING DAYS, OF CHANGES IN ANY OF THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE