

# CITY OF GALENA, ILLINOIS



## Application for Class "E" Liquor License

Name of Organization: \_\_\_\_\_ License #: \_\_\_\_\_

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

Event license is applied for: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Location of premises to be operated under license: \_\_\_\_\_

Tax Identification # of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alt. Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Copy of dram shop insurance provided:  Yes  No

If no, please provide the date a copy will be delivered to City Hall: \_\_\_\_\_

License Fee: \$50.00

The Applicant states that he/she is a member of a legally recognized religious, charitable, or non-for-profit organization or an accredited organization for non-pecuniary purposes acceptable to the Liquor Commission and further states that he/she understand that the organization is subject to the same investigation as provided for in Chapter 3 of the Code of Ordinances of the City of Galena as are applicants for any other class of alcoholic liquor licenses. The Applicant further states that the organization will not violate any of the Ordinances of the City of Galena, any laws of the United States, or of the State of Illinois. The Applicant further states that he/she has read the Class "E" liquor license information which was give to him/her at the time he/she obtained the application. The Applicant understands that a copy of the dram shop insurance must be provided to the City of Galena at least one week prior to the date of the event for which the license is applied for. Applicant being duly sworn on oath states that the facts set forth in the above application are true and correct and fully understands the above provisions according to the Code of Ordinances of the City of Galena.

Please note: Application must be signed in the presence of a Notary

**Printed Name of Applicant:** \_\_\_\_\_  
Last First M.I.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Notary's Signature Date Commission Expiration