

CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



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.

