



COUNTY OF FULTON STATE OF
ILLINOIS

APPLICATION FOR
CLASS C
LIQUOR LICENSE

FOR COUNTY BOARD OFFICE USE ONLY

Business Name: _____
Location of Event: _____
Dates of Event: _____
License Fee Paid: _____ Check #: _____
Application Signed: ☐ Yes ☐ No
All Documentation Attached: ☐ Yes ☐ No
Checked by: _____

***This license is for the sale of beer and all alcoholic liquors for consumption on the premises for a period of up to and including ten consecutive days. There is a fee of \$150.**

PLEASE PRINT OR TYPE ALL THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION MUST INCLUDE ALL REQUIRED SUPPORTING DOCUMENTATION AND THE REQUIRED LICENSE FEE.

SECTION 1

APPLICANT INFORMATION

All applicants must complete this Section.

Name/DBA: _____

Business Address: _____

Phone Number: _____ Email: _____

1. 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.
2. Has the organization had any previous liquor license suspended or revoked? ☐ Yes ☐ No
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.
3. Does the applicant have current Fulton County Class A/B Liquor License? ☐ Yes ☐ No

The local liquor control commissioner shall have the right to require fingerprints of any applicant for a local license or for a renewal thereof other than an applicant who is an air carrier operating under a certificate of a foreign air permit issued pursuant to the Federal Aviation Act of 1958

SECTION 1A

OWNERSHIP INFORMATION

All applicants must complete this Section.

a. Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Social Security #: _____

Driver's License or ID #: _____ Date of Birth: _____

Is interest holder a resident of Fulton County, Illinois? ☐ Yes ☐ No Is interest holder a U.S. citizen? ☐ Yes ☐ No
Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

b. Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Social Security #: _____

Driver's License or ID #: _____ Date of Birth: _____

Is interest holder a resident of Fulton County, Illinois? ☐ Yes ☐ No Is interest holder a U.S. citizen? ☐ Yes ☐ No
Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

c. Full Legal Name: _____

Title/Position: _____ Percentage Interest: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Social Security #: _____

Driver's License or ID #: _____ Date of Birth: _____

Is interest holder a resident of Fulton County, Illinois? ☐ Yes ☐ No Is interest holder a U.S. citizen? ☐ Yes ☐ No
Please attach written proof of age (e.g., copy of driver's license, state identification card, birth certificate, passport).

SECTION 2 EVENT DETAILS

All applicants must complete this Section.

Location of Event: _____

Type of Event: _____

Date(s) & Time of Event

DATE OF EVENT: EVENT STARTS (MONTH/DAY/YR)	EVENT TIME: TIME FROM (AM/PM)	DATE OF EVENT: EVENT ENDS (MONTH/DAY/YR)

No Licensee shall sell or allow to be sold any alcoholic liquor at any time other than as set out below:

Monday through Thursday: 6:00 A.M. to 1:00 A.M.

Friday and Saturday: 6:00 A.M. to 1:30 A.M.

Sunday: 12:00 noon to 12:00 Midnight

*New Year's Eve and New Year's Day: From 6:00 A.M. New Year's Eve
to 2:30 A.M. on New Year's Day*

Will liquor be on the premises before the start date of the event? ☐ Yes ☐ No

How much liquor will be on the premises during event? _____
Event Organizers Contact Info:

Name _____

Phone Number: _____ Email: _____

SECTION 3
DRAM SHOP LIABILITY INSURANCE
All applicants must complete this Section.

Please attach written proof of dram shop liability insurance in the form of a certificate of insurance issued by an insurance company licensed to do business in the State of Illinois.

SECTION 4
SIGNATURE, TITLE, AND DATE

All applicants must complete this Section. Please sign and date this application form.
An owner, an officer, a partner or an officially authorized agent of the business must sign this application.
The signature must be an original and notarized.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and accurate to the best of my knowledge; I have read the Fulton County Liquor Ordinance and am familiar with its terms and conditions; and the business for which I seek a license and its proposed operation are and shall be in compliance with the Fulton County Liquor Ordinance.

I further agree to promptly notify, in writing, the Fulton County Liquor Commissioner during the pendency of this application, or during the term of any license issued pursuant to this application, of any change in any of the information provided in this application or the occurrence of any event that is a basis for suspension or revocation of said license or fine under the Fulton County Liquor Ordinance.

Signature

Title/Position

Date

Signed and sworn to before me this _____ day

of _____, 20____.

