

Kathy Michael, McLean County Clerk
115 E Washington Street, Room 102
PO Box 2400
Bloomington, IL 61702-2400
(309) 888-5190 Fax (309) 888-5932
E-mail: kathy.michael@mcleancountyil.gov Website: www.mcleancountyil.gov/countyclerk

Application for Class F Retailer's License

Pursuant to:
McLean County Liquor Control Ordinance
For the retail sale alcoholic beverages for consumption on such site and date in
connection with a one –day private social function.

(1) **Name of License Holder:** _____

D/B/A if different from above _____

a. ____ McLean County Liquor License Holder

b. ____ Town, City, Village License Holder
Name of issuing Town, City or Village

c. State of Illinois License # _____

(2) **Mailing Address:** _____

Address of Licensed premise if different from above: _____

(3) **Telephone Number :** (____) _____ **Fax Number :** (____) _____

Telephone Number of Licensed Premise: _____

Email Address: _____

(4) **Description of the One-Day Function:**

Type of Function: _____

Date to be held: _____ Hours: _____

Location: _____

(5) **Attach** to this Application a Certificate of Insurance issued in compliance with Section 160-19E of the McLean County Code.

(6) **Attach** to this Application a copy of Holder's Liquor License.

Additional Statements by Applicant: Please initial

_____ The applicant is not disqualified from receiving a liquor license by reason of any provisions of the laws of the State of Illinois.

_____ The applicant is completely familiar with the terms and provisions of the McLean County Liquor Control Ordinance, McLean County Food Services Establishment Ordinance.

_____ The applicant has not been cited for any violations of liquor control ordinances in McLean County or the issuing city, town or village within the past twelve months preceding the application.

_____ Applicant has Illinois Liquor Control Commission retail License and proof of application for a Special Use Permit License from the Illinois Liquor Control Commission.

_____ The function is by invitation only. There will be no fee charged for admittance.

IN WITNESS WHEREOF, the undersigned organization has caused the Liquor License Application to be executed in its name by _____ a duly authorized agent of the liquor license holder, attested this ____ day of _____, 20__.

(Title)

I, _____, a Notary Public do hereby certify that on the _____ day of _____, 20____, personally appeared before me _____ who declares _____ he/she is _____ of the organization executing the foregoing document, and being first and duly sworn, acknowledges that _____ he/she signed the foregoing document in the capacity therein set forth and declares that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

[SEAL]

(Notary Public)

This application shall be accompanied by \$116.00 - \$100.00 for the Application and \$16.00 Clerk Fee. Make Check payable to McLean County Clerk.

Issuance of a County License as a result of the application does not relieve the applicant from obtaining a Special Event License from the Illinois Liquor Control Commission.