

**CITY OF HARVARD  
SPECIAL EVENT LIQUOR LICENSE APPLICATION**

**License Fee \$30**

<b>Individual/Business/Organization Name</b>		<b>Business/Organization Phone</b>		
<b>Business/Organization Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Date &amp; Hours of Event</b>				
<b>Location of Event</b>				
<b>Name of Person Responsible for Event</b>		<b>Home Address</b>	<b>City</b>	<b>State Zip</b>
<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Citizenship</b>		
		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized Citizen		
<b>If applicable, Date &amp; Place of Naturalization</b>				
<b>Home Phone</b>		<b>Cell Phone</b>	<b>Primary E-Mail</b>	
<b>Have you ever been convicted of a criminal offense or local ordinance?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, describe offense and penalties assessed:</b>				
<b>Has any previous license by the City or any jurisdiction ever been suspended or revoked?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**A Special Event Liquor License Application must be received no later than 60 days in advance of the event, or said license will be denied by the Liquor Commissioner.**

**CERTIFICATE OF INSURANCE**

Applicant must provide a copy of your Certificate of Insurance showing liquor liability insurance pursuant to the requirements in Section 25.10 of the Harvard Municipal Code.

**SIGNATAURE/TITLE/DATE**

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 Harvard 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 City of Harvard, the United States of America, or the State of Illinois, in particular Chapter 25, Alcoholic Liquor Dealers, of the City of Harvard Municipal Code Book. Further, I agree to notify the City of Harvard within 30 working days of changes in any of the above information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date