



1200 Wilmette Avenue
WILMETTE, IL 60091

*Liquor Control Commissioner
Village of Wilmette, Illinois*

APPLICATION FOR VILLAGE OF WILMETTE CLASS E LIQUOR LICENSE*

* This application requests information pursuant to Chapter 11, Liquor Control of the Municipal Code of Wilmette, 1993 (as amended). Failure to provide any information will result in the automatic denial of a license.

Please attach a statement & drawing to the application addressing:

- how identification will be confirmed for serving alcohol to individuals over twenty-one (21)
- the bartender serving alcohol is BASSET certified
- site plan showing the area where alcohol will be served
- Certificate of Insurance when event on Village property

Date Application Submitted: _____	Fee Tendered: \$ _____
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FOR OFFICE USE ONLY	
Date Received: _____, 20__	
Disposition: _____ Denied	Date: _____, 20__
_____ Granted	License # _____
	Date License Issued: _____, 20__
	Date License Expires: _____, 20__

GENERAL INFORMATION

Applicant Name: _____

Address: _____

Phone#: _____

Fax #: _____

Web Site or E-mail Address: _____

Indicate whether this is your first application for a Class E Liquor license: ڤ Yes ڤ No

If you have ever had a Class E Application denied, please provide a separate written statement setting forth the reasons and circumstances.

STATUS OF APPLICANT

Club Date of Formation: _____

Association Date of Formation: _____

Church Date of Formation: _____

Charity Date of Formation: _____

Individual Date of Birth: _____

School Date of Formation: _____

Other _____

EVENT INFORMATION

ڤ Annual Event ڤ New Event

Name of Event: _____

Location: _____

Date(s): _____

Hours: _____ (am/pm) to _____ (am/pm)

Description of Event: _____

Estimated Number of Attendees: _____

Name(s) and Phone# of person(s) in charge of the Event:

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Does the Applicant maintain Comprehensive General Liability Insurance: ٢٢ Yes ٢٢ No

CERTIFICATION

I, the undersigned Applicant or authorized agent thereof, swear, affirm and certify that the matters stated in this Application are true and correct and are made upon my personal knowledge and information for the express purpose of obtaining a liquor license from the Village of Wilmette. Further, I swear, affirm and certify that the Applicant is qualified and eligible to obtain the license applied for and that the Applicant understands and agrees not to violate any of the laws of the United States of America, the State of Illinois or the Village of Wilmette.

Print Name of Applicant/Authorized Agent

Title/Position

Date

Signature