



**Mayor Mike Thoms  
Liquor Commissioner**

1528 3<sup>rd</sup> Avenue  
Rock Island, IL 61201  
Telephone: (309) 732-2012  
Fax: (309) 732-2055

## APPLICATION FOR CITY OF ROCK ISLAND SPECIAL EVENT LIQUOR LICENSE

**Definition:** The Special Event Liquor License authorizes the sale of alcohol at an approved designated site for special events, including festivals, markets, food truck events, and other approved events.

<b>FEE: \$50.00 (1 DAY ONLY)</b>	<b>PER EVENT LOCATION. EVENT DURATION MUST BE 1 DAY OR LESS AND THE APPLICATION MUST BE RECEIVED AT THE LOCAL LIQUOR COMMISSIONER'S / MAYOR'S OFFICE AT LEAST 14 DAYS PRIOR TO THE SCHEDULED EVENT.</b>
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<b>FEE: \$100.00 (2 - 3 DAYS )</b>	<b>PER EVENT LOCATION. EVENT DURATION CANNOT EXCEED 3 DAYS AND THE APPLICATION MUST BE RECEIVED AT THE LOCAL LIQUOR COMMISSIONER'S / CLERK'S OFFICE AT LEAST 21 DAYS PRIOR TO THE SCHEDULED EVENT.</b>
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<b>FEE: \$100.00 (2 - 15 DAYS )</b>	<b>THE FEE FOR A SINGLE THEMED EVENT SHALL BE PER EVENT. DURATION CANNOT EXCEED 15 DAYS AND THE APPLICATION MUST BE RECEIVED AT THE LOCAL LIQUOR COMMISSIONER'S / MAYOR'S OFFICE AT LEAST 21 DAYS PRIOR TO THE SCHEDULED EVENT.</b>
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**PLEASE RETURN COMPLETED APPLICATION, ALONG WITH A COPY OF YOUR DRAM SHOP INSURANCE, A COPY OF YOUR FACILITY RENTAL AGREEMENT OR PROOF OF APPROVAL BY THE POLICY BOARD/OWNER AND A CHECK MADE PAYABLE TO THE CITY OF ROCK ISLAND TO THE LIQUOR COMMISSIONER / CLERK'S OFFICE AT LEAST 21 DAYS PRIOR TO YOUR EVENT.**

**1. APPLICANT INFORMATION:** Provide the following information regarding your organization.

<b>ROCK ISLAND LIQUOR LICENSE NUMBER:</b>	<b>BUSINESS NAME:</b>
<b>APPLICANT NAME:</b>	<b>BUSINESS ADDRESS:</b>
<b>APPLICANT TITLE:</b>	<b>APPLICANT PHONE NUMBER:</b>

## 2. SPECIAL EVENT DETAIL:

**Please note: Only one location is allowed per application.**

- Provide the date(s) and time(s) that the event will be held.
- Provide the address / location of the event. If an address is not available, provide specific instructions to enable the City to find the event.
- Provide the name / theme of the event, i.e. neighborhood festival, Oktoberfest, etc.
- Only one theme / event type per application. Please use separate application for each theme / event type.

<b>DATE(S) OF EVENT</b>	<b>TIME OF EVENT:</b>
<b>LOCATION OF EVENT: Street Address</b>	<b>EVENT THEME: Type of Event</b>
<b>BRIEFLY DESCRIBE YOUR EVENT AND HOW YOUR ORGANIZATION WILL MONITOR UNDERAGE DRINKING - Wristbands, hand stamps, etc. (Use back of application if necessary.)</b>	

**I certify that the previous statements are true and that any untruths or omissions could be grounds for this temporary license to not be issued or to be revoked and may lead to sanctions taken by the Local Liquor Commissioner against your City of Rock Island liquor license.**

**I have read and understand the Ordinance concerning Special Event Liquor Licenses and realize that we are subject to any standards issued by the Liquor Commissioner and agree to abide by them and any amendments thereto.**

**I also understand that proof of issuance by the State of Illinois Liquor Commission of a State Special Use Permit License must be submitted to the Local Liquor Commissioner / Mayor's office at least 1 day prior to the beginning of the event or this local permit will become null and void.**

Date: \_\_\_\_\_

Printed Name : \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Date sent to Police Department: \_\_\_\_\_