

License No _____

SPECIAL CLASS F
Application For Liquor License

Receipt No. _____

Date Issue _____

Date: _____

Health _____

under the
LIQUOR CONTROL AND

Approved for License by
Liquor Control Commission

Taxes _____

LIQUOR LICENSING ORDINANCE
FOR MCHENRY COUNTY, ILLINOIS

by: _____

Dram Shop Insurance _____

to be filed with the
MCHENRY COUNTY BOARD

Date: _____

Fee Received: _____



This application must be filed with the Liquor Control Commission of McHenry County, Illinois, and must be accompanied by remittance of fee in proper amount, payable to the COUNTY TREASURER OF MCHENRY COUNTY, ILLINOIS.

1. Name of Organization: _____

2. Address & phone # of Local Chapter: _____

3. Location and date of event: _____

4. Is property zoned for this use? _____

5. Proof of current Not-for-Profit Status: _____

6. Description of event: _____

(A) Estimated number of people attending event: _____

7. Name, address, and telephone number of each officer who will be responsible for event: (Attach additional page if needed)

Name: _____ Title: _____

Address: _____ Phone #: _____

Name: _____ Title: _____

Address: _____ Phone #: _____

Name: _____ Title: _____

Address: _____ Phone #: _____

8. Describe security plan for special event: _____

9. Describe measures that will be in place to prohibit underage drinking: _____

