



## **SPECIAL CLASS "F" FORM**

### **Application for Liquor License**

Under the

LIQUOR CONTROL AND LIQUOR LICENSING ORDINANCE FOR McHENRY COUNTY

---

This application must be filed with the McHenry County Law & Government/Liquor Control Committee and must be accompanied by remittance of fee in proper amount, payable to the **McHENRY COUNTY TREASURER**.

1. Name of organization: \_\_\_\_\_
2. Address of local chapter: \_\_\_\_\_
  - a. Phone No. of local Chapter: \_\_\_\_\_
3. Location of Event: \_\_\_\_\_
4. Date of Event (MM/DD/YYYY): \_\_\_\_\_
5. Is property zoned for this use?  YES  NO
6. Proof of current not-for-profit status?  YES  NO
7. Description of event: \_\_\_\_\_
  - a. Estimated number of people attending event: \_\_\_\_\_
8. Name, address, and telephone number of each officer who will be responsible for event (attach additional page if needed).
  - a. OFFICER #1
    - i. Name: \_\_\_\_\_
    - ii. Title: \_\_\_\_\_
    - iii. Address: \_\_\_\_\_
    - iv. Phone #: \_\_\_\_\_
  - b. OFFICER #2
    - i. Name: \_\_\_\_\_
    - ii. Title: \_\_\_\_\_
    - iii. Address: \_\_\_\_\_
    - iv. Phone #: \_\_\_\_\_
  - c. OFFICER #3
    - i. Name: \_\_\_\_\_
    - ii. Title: \_\_\_\_\_
    - iii. Address: \_\_\_\_\_
    - iv. Phone #: \_\_\_\_\_
  - d. OFFICER #4
    - i. Name: \_\_\_\_\_
    - ii. Title: \_\_\_\_\_
    - iii. Address: \_\_\_\_\_
    - iv. Phone #: \_\_\_\_\_
9. Describe security plan for special event (if needed, attach additional documentation or send to [liquor@mchenrycountyil.gov](mailto:liquor@mchenrycountyil.gov)):  
\_\_\_\_\_  
\_\_\_\_\_
10. Describe measures that will be in place to prohibit underage drinking (if needed, attach additional documentation or send to [liquor@mchenrycountyil.gov](mailto:liquor@mchenrycountyil.gov)):  
\_\_\_\_\_  
\_\_\_\_\_

