

TEMPORARY LIQUOR LICENSE INFORMATION AND PROCEDURES
CITY OF CHAMPAIGN

The City of Champaign has three categories of Temporary Liquor License which permit the retail sale and/or service of alcoholic liquor at a special occasion for consumption on the premise or within an area, and for a certain date(s) which will be specifically designated on such license. Examples of legitimate occasions include customer or employee relations events, holiday parties, wine tastings, and art openings.

A copy of the Liquor Ordinance (Chapter 5 of the Municipal Code, Alcoholic Beverages) and a copy of the Rules of the Liquor Control Commissioner are attached for your information.

Please read Sec. 5-12, 5-31, and 5-32 of the Liquor Ordinance and Rule 14 of the Rules of the Liquor Control Commissioner for specific requirements and fees for temporary liquor licenses. Any person to whom a temporary liquor license is issued must comply with all requirements of Chapter 5 and applicable City ordinances and State statutes.

** An applicant for a temporary liquor license must submit the application form provided by this office to the Liquor Control Commissioner **at least thirty (30) working days prior to the date for which the license shall be issued**, along with a non-refundable application processing fee of \$30.00. There will be no exceptions to this rule.

In addition to the application and processing fee, the following items must be submitted at the same time and approved before a license shall be issued:

1. Proof of ownership or possession of the premise (including the area in which the event will be held [deed, contract for sale, lease, sublease, or assignment])
 - ** If the applicant is not the owner of the premise where the event is to be held, the owner of the property must join in the application and submit the Owner Authorization Form.
2. a. (For Corporations) – Copy of Articles of Incorporation and Secretary of State Certificate
b. (For Not-For-Profit Organizations) – Copy of Association Registration as a Not-For-Profit Organization
3. Copy of Public Health Permit
 - ** If the event is to be catered, we must receive notification from the Champaign-Urbana Public Health District that the applicant has notified them of the event and has provided verification that the caterer has a valid Health Permit.
4. Certificate of Insurance showing dramshop insurance in the required amounts [see Sec. 5-12.(b) and Sec. 5-31.(a)(1)] for the area and date(s) on which the event is to be held
5. Drawing showing accurate dimensions, all exits, and layout of all areas where alcohol will be served and/or consumed, including all furniture and fixtures that will be set up for the event.
 - ** For outdoor events, the drawing must show where fencing is to be placed and include all dimensions, showing distance from all rights-of-way and distance from buildings.

INFORMATION AND PROCEDURES FOR APPLICATION FOR TEMPORARY LIQUOR LICENSE

Page 2

Applications for temporary liquor licenses shall be routed as follows:

1. Planning Department (403-8800) – Zoning Administrator will review all zoning requirements
2. Police Department (351-4545) – Reviews criminal history, driver's record, and credit history
3. Legal Department (403-8765) – Assistant City Attorney reviews Corporation or Association documents, the application, the Owner Authorization Form, and dramshop insurance certificates
4. Fire Department/Building Safety Division (403-6100) – Inspector reviews drawing and inspects set-up of area to determine occupancy limit and Fire and Life Safety Codes compliance; issues tent permit if applicable.

In accordance with Rule 14, the inspection by the Fire Department/Building Safety Division shall take place at a prearranged time between the hours of 7:30 a.m. and 4:30 p.m., Monday through Friday (regular business days; not holidays) if a tent permit is to be issued. All other Fire Department inspections shall take place at a prearranged time between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday (regular business days; not holidays). If the applicant chooses to have an inspection made at a time other than those stated, the applicant must pay an additional fee, set currently at \$75.00, for an overtime inspection, and payment must be received by the Liquor Commissioner's Office at least 48 hours prior to the event. In any case, **the applicant is responsible for arranging a time for the inspection.**

ADDITIONAL REQUIREMENTS FOR OUTDOOR EVENTS

1. If a tent is to be used, a tent permit must be obtained from the Building Safety Division (403-6100) before a temporary liquor license is issued. All tents are required to be flame-proof and approved for use in the area in which the event is to be held.
2. Only paper or plastic containers may be used for serving beverages and food.
3. Fencing (or enclosing) the licensed area must be set up with at least two (2) means of ingress and egress [see Sec. 5-31.(g)(2)].
4. Applicant must monitor each exit so as to provide adequate crowd control and to prevent alcoholic liquor from being removed from the designated, licensed area.

If you have further questions, feel free to call the Office of the Mayor/Deputy Liquor Commissioner at (217) 403-8720.

City of Champaign
102 N. Neil St.
Champaign, IL 61820
Phone: (217) 403-8720
Fax: (217) 403-8725

CITY OF CHAMPAIGN
102 North Neil Street
Champaign, Illinois 61820
(217) 403-8720

APPLICATION FOR CITY OF CHAMPAIGN TEMPORARY LIQUOR LICENSE - **CORPORATION**

1. Class of license applied for _____ T-4 _____
T-1, T-2, T-3, T-4
- | | |
|-----------------|---------|
| Application Fee | \$30.00 |
| License Fee | \$50.00 |
- (please provide separate checks)
2. Registered name of applicant _____
(Corporation or Association)
- _____
- a. Address _____ Telephone _____
- b. Date of incorporation ___/___/___ State in which incorporated _____
- c. Employer Identification No. _____
- d. If foreign corporation, date qualified to do business in Illinois under the Illinois Business Corporation Act ___/___/___ Name and address of registered agent in Illinois _____

- e. Objects of corporation/association _____

3. Type of event for which application is made _____
Date(s)/Hours during which alcohol to be served _____
4. Address of property where event is to be held _____
- a. Is applicant owner of record of this property? _____ If applicant is not the owner of record, give name of owner and attached the Owner Authorization Form _____

5. Has applicant been issued a temporary liquor license in Champaign in the past 3 years? _____
If yes, give dates and locations _____
6. Corporate officer information
- a. Name – President _____ Date of Birth _____
Residence Address (include city & zip code) _____
Home Telephone _____ Social Security No. _____
Driver's License No. _____

b. Name – Vice President _____ Date of Birth _____
Residence Address (include city & zip code) _____
Home Telephone _____ Social Security No. _____
Driver's License No. _____ State _____

c. Name – Secretary _____ Date of Birth _____
Residence Address (include city & zip code) _____
Home Telephone _____ Social Security No. _____
Driver's License No. _____ State _____

d. Name – Treasurer _____ Date of Birth _____
Residence Address (include city & zip code) _____
Home Telephone _____ Social Security No. _____
Driver's License No. _____ State _____

Others owning more than 5% of the stock of the corporation or more than 25% of stock if publicly traded
(add additional sheets if necessary):

a. Name _____ Date of Birth _____
Residence Address (include city & zip code) _____
Home Telephone _____ Social Security No. _____
Driver's License No. _____ State _____

b. Name _____ Date of Birth _____
Residence Address (include city & zip code) _____
Home Telephone _____ Social Security No. _____
Driver's License No. _____ State _____

Applicants for temporary licenses MUST name two persons as managers, who shall be responsible for the sale and/or service of alcoholic beverages at the event.

a. Name – Manager 1 _____ Date of Birth _____
Residence Address (include city & zip code) _____
Home Telephone _____ Social Security No. _____
Driver's License No. _____ State _____

a. Name – Manager 1 _____ Date of Birth _____
Residence Address (include city & zip code) _____
Home Telephone _____ Social Security No. _____
Driver's License No. _____ State _____

7. Are any monies owed to the City by any officers, directors, or managers of the applicant, whether for bills, taxes, licenses, or otherwise? _____ If yes, amount and length of time owed _____

8. If the location for which application is made within one hundred (100) feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any naval or military station? _____ Yes _____ No (The 100 feet for a church shall be measured building to building, otherwise it is measured lot line to lot line.)

If yes, is the premise a hotel offering restaurant service, a regularly organized club, a food shop, or other place where the sale of liquor is not the principal business? _____ Yes _____ No / If Yes, how long has the place of business been in operation? _____

9. Has any officer, director, or manager of the applicant ever been convicted of any violation of any ordinance or statute or any City, County, State, or Federal government, other than for traffic violations? _____ Yes _____ No / If Yes, give date(s) and type(s) of offense(s) for each. _____

10. Has any manufacturer, importing distributor, or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such a person, or any other person, directly or indirectly interested in the ownership, conduct, or operation of the place of business? _____ Yes _____ No / If Yes, give particulars _____

11. Has any officer, director, or manager of the applicant been issued a Federal Wagering Stamp for the current tax year? _____ Yes _____ No / If Yes, list names. _____

12. Is any officer, director, or manager of the applicant a public official as defined in Sec. 2(14) Art. VI of the Illinois Liquor Control Act? _____ Yes _____ No / If Yes, list office held _____

13. Name of contact person regarding this license _____

14. Telephone number of above contact person (during regular business hours) _____

AFFIDAVIT

We, the undersigned officers of the above-named corporation or association, each first being duly sworn, say that each of us has read the above and foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose of inducing the City of Champaign to issue the license herein applied for.

We further swear that we are familiar with the liquor ordinance of the City of Champaign, the statutes of the State of Illinois, and we are responsible for the observance of all such ordinances, including Sec. 4-19 pertaining to temporary liquor licenses, and Secs. 4-31 and 4-33, pertaining to age of persons serving alcoholic beverages, and service to minors and intoxicated persons, and that we will not violate any of the laws of the City of Champaign, State of Illinois, or United States of America.

We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute this application for and on behalf of said applicant.

President _____

Vice President _____

Secretary _____

Treasurer _____

Subscribed and sworn to before me this _____
day of _____, _____.

(Notary Public)

CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

I authorize and empower the Liquor Commissioner of the City of Champaign or agent thereof or any other outside service company engaged by said Commissioner for this purpose, now or subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, criminal history information through correspondence, contact, or personal interviews with law enforcement agencies.

Upon written request, I understand that said Commissioner will provide me with information regarding the nature and scope of the investigation if one is made.

President (signature) _____

Vice President (signature) _____

Secretary (signature) _____

Treasurer (signature) _____

Manager 1 (signature) _____

Manager 2 (signature) _____

All others owning more than 5% of the stock, or 25% of the stock where public traded:

(signature) _____

(signature) _____

Document composed by:
City of Champaign Legal Dept.
102 N. Neil St., Champaign, IL 61820

OWNER AUTHORIZATION FORM

for a

TEMPORARY LIQUOR LICENSE APPLICATION

The undersigned Owner (or Agent), hereby joins in the application submitted by:

_____ for a Class T-_____ Temporary

Liquor License for the date(s) of _____.

The undersigned is the Owner (or the Agent thereof) of the property known as:

_____, Champaign, Illinois more

particularly described as: (Legal Description)

(hereinafter referred to as the "premises")

The undersigned understands that the premises must be cleaned up within twenty-four (24) hours after the event (or within the extension approved by the Local liquor Control Commissioner for good cause).

The undersigned further understands that any failure to do so may result in a lien being placed on the premises, if the City, after proper notice, must clean the premises, and after failure to pay the City's costs.

Dated this _____ day of _____, 200__.

(Individual or Partnership):

(Corporation):

By: _____

(Name of Corporation)

By: _____

By: _____

(Authorized Officer, Agent)

By: _____

Attest: _____

By: _____