



CITY OF ROCKFORD 2010  
SPECIAL EVENTS APPLICATION

**APPLICATION FOR CITY OF ROCKFORD CLASS "S" OR "SP" LIQUOR LICENSE PERMIT**

<b>Non For Profit Information</b>	
Non For Profit Name:	
Non For Profit Address:	
Event Contact Person:	Event Contact Phone:
Event Contact Cell Phone:	Fax:
Non for Profit Registration #:	

**TYPE OF PERMIT REQUESTED:**

**S Permit for consumption of liquor on PRIVATE property. "S" Liquor Applications MUST be submitted at least 30 days prior to the first day of the event. The following items must accompany this application for an "S" Permit:**

1. A Certificate of Insurance showing coverage for dram shop (liquor liability) insurance for the listed location and listed charity and listing the City of Rockford, Legal Dept, 425 East State Street, Rockford, Il, as certificate holder.
2. Proof of not-for-profit status (i.e. articles of incorporation, tax exempt number).

**SP Permit for consumption of liquor on PUBLIC property. "SP" Liquor Applications MUST be submitted at least 60 days prior to the first day of the event. The following items must accompany this application for an "SP" Permit:**

1. A Certificate of Insurance showing coverage for commercial general or premises liability insurance and dram shop (liquor liability) insurance naming the City of Rockford as additional insured, and listing the City of Rockford, Legal Dept, 425 East State Street, Rockford, Il, as certificate holder.
2. A detailed plan or map showing the exact area where alcohol will be sold and consumed.
3. A description of security measures to control the area (i.e. fences, barricades, security personnel).
4. Proof of not-for-profit status (i.e. articles of incorporation, tax exempt number).

Event Contact: \_\_\_\_\_ Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**For Office Use Only**



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PROCEEDS OF THE EVENT WILL GO TO: \_\_\_\_\_

FEE: \$50.00 per day of the Event

WILL THIS EVENT INCLUDE ANY OF THE FOLLOWING?

- Casino Night     Outdoor sales or consumption  
 Concert     Dancing     Carnival  
 Tents     Barricades     Street closures

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- Fee     Certificate of Insurance     Proof of charitable status  
 Zoning     Building     Fire Dept.     Police Dept.     Legal

NAME OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

HOURS OF EVENT: \_\_\_\_\_

**For Office Use Only:**    Event Contact:    Event Name:  
Event Date:    Contact Phone: \_\_\_\_\_



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**Liquor License Authorization:**

S License

SP License

Reviewed by: \_\_\_\_\_

Date of initial review: \_\_\_\_\_

Approved:  Yes  No

**If no, please attach recommendations for remediation.**

Date of follow up review: \_\_\_\_\_

Approved:  Yes  No

**If no, please attach documentation.**

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

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

**Serving Limitations/Plan Required:**

Reviewed by: \_\_\_\_\_

Date of initial review: \_\_\_\_\_

Approved:  Yes  No

**If no, please attach recommendations for remediation.**

Date of follow up review: \_\_\_\_\_

Approved:  Yes  No

**If no, please attach documentation.**

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

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

**For Office Use Only:**

Event Contact: \_\_\_\_\_

Event Name: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_