

# Village of Maywood

40 Madison Street  
Maywood, IL 60153  
708-450-6360

*Mayor Edwenna Perkins*

*Viola Mims, Village Clerk*



**Class E**

**Liquor License Application**  
**(Temporary Liquor License – Sales or Transfers of Liquor)**  
*(Municipal Owned Property)*

## LIQUOR LICENSE REQUIREMENTS

- Submit completed application to the Clerk's Office
- Provide Certificate of Bassett Training
- Provide Dram Shop Insurance Certificate
- Provide Bond
- Provide a map of area where alcohol will be served
- Submit to fingerprinting and background check

**YOUR COMPLETED APPLICATION FOR A TEMPORARY LIQUOR LICENSE MUST BE SUBMITTED TO THE VILLAGE OF MAYWOOD LIQUOR CONTROL COMMISSIONER AT LEAST 45 DAYS PRIOR TO THE EVENT.**

**License Type: Class E**  
**Application Fee: \$75.00**  
**License Fee: \$125.00 (per day)**

The undersigned hereby makes application for the issuance of a temporary/special event permit for the possession, sale, and dispensing, of alcoholic beverages: \_\_\_\_\_

**(Date of Application)**

## APPLICATION INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE NO: (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_ (C)

E-MAIL: \_\_\_\_\_

## PRIOR LIQUOR LICENSE INFORMATION

A. Have you ever applied for and been denied a liquor license? Yes \_\_\_ No \_\_\_ If yes, please explain.

B. Has your License been previously suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, please explain. \_\_\_\_\_

**SPECIAL EVENT REQUIRED DETAILS**

- A. Provide the date(s) and time(s) the event will be held.
- B. Provide the name and address of the event.
- C. Provide the name/type of the event.
- D. Indicate the total number of calendar days for the event. (7 day Maximum)

START & END DATE(S) OF EVENT (MONTH/DAY/YEAR)	START & END TIME(S) OF EVENT (AM/PM)	EVENT ADDRESS (CITY/STATE/ZIP)	EVENT THEME (TYPE OF EVENT)

**DRAM SHOP INSURANCE**

You must submit proof that Dram Shop insurance to the maximum limit set by local ordinance has been secured for this event. Please ATTACH a photocopy of the insurance rider to this application. **Remember, it must cover the location where the special event is being held and the coverage must coincide with the date(s) of the event.**

**PAYMENT**

A non-refundable payment of a \$75 application fee is required. Upon approval of the application, an additional \$125 (per day) license fee is required.

**BOND**

You must furnish a bond with a corporate surety. Such bond shall provide against any violation by the principal, his agents or employees of any of the regulations for which may be in force in the Village. The penalty of such bond shall be \$2,500.00.

**SIGNATURE/DATE/TITLE**

The application must be signed and dated by the applicant or an authorized agent of the applicant along with the title/position of the person signing. The signature must be an original and be that of a resident of the Village of Maywood.

**AFFIDAVIT**

STATE OF ILLINOIS)  
COUNTY OF COOK)

**I, SWEAR (OR AFFIRM) THAT AS APPLICANT (OR AS REPRESENTATIVE OF THE APPLYING ORGANIZATION) THAT I (OR THE ORGANIZATION NAMES FORTHWITH) WILL NOT VIOLATE ANY ORDINANCES OF THE VILLAGE OF MAYWOOD OR THE LAWS OF THE UNITED STATES OF AMERICA, IN THE CONDUCT OF THE PLACE DESCRIBED IN THE FOREGOING INSTRUMENT AS BEING THE LOCATION FOR WHICH THE LICENSE IS SOUGHT, AND THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**\*\*\*ALL LIQUOR LICENSE(S) MUST BE POSTED THE DAY OF THE EVENT\*\*\***

\_\_\_\_\_ DATE: \_\_\_\_\_  
APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

VILLAGE PRESIDENT: \_\_\_\_\_ Date: \_\_\_\_\_

VILLAGE CLERK: \_\_\_\_\_ Date: \_\_\_\_\_

VILLAGE POLICE CHIEF: \_\_\_\_\_ Date: \_\_\_\_\_