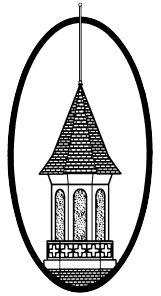


# APPLICATION FOR "DAILY" LIQUOR PERMIT



TO: The Liquor Commissioner of the Village of Algonquin, Illinois

(PLEASE TYPE OR PRINT ALL INFORMATION)

The undersigned applicant, being duly sworn on oath, makes application for a Liquor Permit in the Village of Algonquin, as follows:

1. The name of the applicant to appear on the permit is:

---

---

2. The address of the applicant is:

---

---

3. The name and address of officer or agent for the applicant is:

---

---

4. A. The applicant is presently: (Complete all applicable parts)

(1) Class \_\_\_ Licensee in the Village; License No. \_\_\_\_\_

(2) Nonprofit organization, registered with the State of Illinois

(3) Other type of organization: Please specify \_\_\_\_\_  
(i.e. Fraternal, Educational, Civic, Political, Religious)

(4) Provide Illinois Department of Revenue Tax Exempt Number and/or Illinois  
Business Tax Number assigned to your organization \_\_\_\_\_

---

B. The description and location of premises or place of business which is to be operated under the proposed permit is: \_\_\_\_\_

---

---

C. The date(s) and hours of operation requested under the proposed permit are:

---

---

---

The number of days shall not exceed what is presently allowed by ordinance.

5. The applicant hereby files Certificates of Insurance, certifying that the applicant has in force and effect insurance as follows:

- Liquor Liability Insurance of not less than \$1,000,000.00 per occurrence and \$2,000,000.00 annual aggregate and;
- General Liability Insurance in an amount not less than \$1,000,000.00 per occurrence and \$2,000,000.00 annual aggregate.

The Insurance Certificates must name the Village of Algonquin as Additional Insured.

“Host Insurance” shall not satisfy the requester defined above.

6. The applicant herewith submits the appropriate permit fee, in the amount of: \$ \_\_\_\_\_, as set forth in the Liquor Control and Liquor Licensing Ordinance of the Village of Algonquin.

The applicant agrees to comply with all ordinances of the Village of Algonquin and the Laws of the State of Illinois.

Applicant: \_\_\_\_\_  
Signed By: \_\_\_\_\_  
Officer or Agent: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Extension: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

SEAL