

**CITY OF HARVARD
SPECIAL EVENT LIQUOR LICENSE APPLICATION**

License Fee \$30

Business/Organization Name		Business/Organization Phone		
Business/Organization Address		City	State	Zip
Date & Hours of Event				
Location of Event				
Name of Person Responsible for Event	Home Address	City	State	Zip
Date of Birth	Place of Birth	Citizenship		
		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized Citizen		
If applicable, Date & Place of Naturalization				
Home Phone		Cell Phone		Primary E-Mail
Have you ever been convicted of a criminal offense or local ordinance?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, describe offense and penalties assessed:				
Has any previous license by the City or any jurisdiction ever been suspended or revoked?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

CERTIFICATE OF INSURANCE

Applicant must provide a copy of your Certificate of Insurance showing liquor liability insurance pursuant to the requirements in Section 25.10 of the Harvard Municipal Code.

SIGNATAURE/TITLE/DATE

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct. They are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Harvard to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the City of Harvard, the United States of America, or the State of Illinois, in particular Chapter 25, Alcoholic Liquor Dealers, of the City of Harvard Municipal Code Book.

Further, I agree to notify the City of Harvard within 30 working days of changes in any of the above information.

Signature of Applicant

Title/Position

Date

PAYMENT OPTIONS:

1. Mail completed form with payment to:
2. Attn: City Treasurer
3. CITY OF HARVARD
4. P.O. Box 310
5. Harvard, IL. 60033

OR:

Payments may be made online via **Credit or Debit Card** as follows:

1. Complete fillable form above
2. Print Form
3. Choose the PayGov link on our Home Page
4. Choose drop down arrow in the City of Harvard: **Licenses**
5. Choose **Liquor Tobacco** and proceed with payment information
6. Print payment receipt and mail in with completed form to the address above
OR scan form and receipt and email to bookkeeper@cityofharvard.org

PAYMENT OPTIONS:

1. Mail completed form with payment to:
2. Attn: City Treasurer
3. CITY OF HARVARD
4. P.O. Box 310
5. Harvard, IL. 60033

OR:

Payments may be made online via **Credit or Debit Card** as follows:

1. Complete fillable form above
2. Print Form
3. Choose the PayGov link on our Home Page
4. Choose drop down arrow in the City of Harvard: **Licenses**
5. Choose **Liquor Tobacco** and proceed with payment information
6. Print payment receipt and mail in with completed form to the address above
OR scan form and receipt and email to bookkeeper@cityofharvard.org