



SPECIAL EVENT LICENSE APPLICATION

(24-48 Hours Special Liquor Permit)

ADAMS COUNTY, ILLINOIS

Adams County Liquor Commissioner / Chairman of the Board
C/O Adams County Clerk's Office
507 Vermont Street
Quincy, IL. 62301
countyclerk@adamscountyil.gov



SPECIAL EVENT LICENSE APPLICATION

For Official Use Only:

Date Received: _____
Permit Number: _____
Paid: _____

This request is submitted pursuant to the application for a Special Liquor License within the jurisdictional boundaries of Adams County, State of Illinois, under the express authority granted by Article IV of the Illinois Liquor Control Act of 1934 (235 ILCS 5/1 et seq.), as amended. The issuance of said license by the Adams County Liquor Commission is contingent upon strict compliance with all provisions set forth in the Liquor Control Act, as well as all applicable county ordinances and regulatory requirements.

In the event that the premises for which the license is sought are located within the corporate limits of any incorporated municipality within Adams County, the applicant acknowledges and agrees that jurisdiction for the issuance of the liquor license shall rest exclusively with the respective municipal liquor control authority. The applicant bears full responsibility for securing the necessary licensure from said municipal authority in accordance with local regulations.

Furthermore, all individuals, entities, or organizations granted licensure or permit authority by the Adams County Liquor Commission are hereby expressly bound to comply with all applicable local, county, and state laws and regulations, including but not limited to those codified in the Adams County Code of Ordinances, specifically Local Control Ordinance No. 2025-04-111-022, and Sections 5-4-7 and 5-4-35 thereof, as currently enacted or hereafter amended. Noncompliance with any such laws, regulations, or ordinances shall constitute sufficient grounds for the immediate suspension or revocation of the license or permit, as well as the imposition of any other remedies available under law.

EVENT INFORMATION

Organization's Name: _____

Organization's Address: _____

Type of Organization: _____

Event Name: _____

Event's Address: _____
(Street Address)

(City, State, Zip Code)

Event's Purpose: _____

Event Date: _____

Event Start Time: _____

Event End Time: _____



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RESPONSIBLE PERSONS INFORMATION

Contact Name: _____

Contact Title: _____

Contact's Home Address: _____
(Street Address)

(City, State, Zip Code)

Phone Number: _____

E-mail Address: _____

Date of Birth: _____

APPLICANT'S SIGNATURE

- 1. If this application is accepted and a special liquor license is granted, you are notified as to the advisability of obtaining Dram Shop Insurance. Section 135 of Illinois Dram Shop Act makes any person selling or giving alcoholic liquor as well as persons owning, renting, leasing or permitting the occupation of any building or premises with knowledge that alcoholic liquors are sold therein, liable to every person injured in person or property by any persons intoxicated by such selling of alcohol.*
- 2. I, the undersigned applicant, swear or affirm that the information provided in this application is true and correct to the best of my knowledge. I further agree to comply with all provisions of the Illinois Liquor Control Act, the rules and regulations of the Illinois Liquor Control Commission, and all applicable local ordinances. I also understand that any violations of these laws may result in disciplinary action, including suspension or revocation of my liquor license.*
- 3. I hereby authorize the Adams County Sheriff's Office to conduct a comprehensive background check, including but not limited to, a review of criminal history records, driving records, and any other relevant information deemed necessary for the purpose of evaluating my eligibility for employment, volunteer service, licensure, or other lawful purposes. I understand that this background check may include information obtained from various federal, state, and local law enforcement agencies.*

I acknowledge that the information obtained during this background check will be used solely for legitimate purposes and handled in accordance with all applicable privacy and data protection laws. I release the Adams County Sheriff's Office, its employees, agents, and any entities providing information from any and all liability for the release and use of such information as part of this background investigation.

By signing below, I confirm that I have read and fully understand this consent and disclaimer, and I voluntarily give my permission for the Adams County Sheriff's Office to conduct the background check as described.



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By submitting this application, the undersigned acknowledges receipt of, and affirms understanding of, the foregoing requirements, and agrees to be bound thereby.

Printed Name

Signature

Date

APPROVED _____ OR DENIED _____

Liquor Commissioner's
Name

Liquor Commissioner's
Signature

Date

Attest:

County Clerk's Name

County Clerk's Signature

Date