



Date submitted: _____

CATERING LIQUOR LICENSE APPLICATION
Ordinance 4065, Class K, \$100

- 1. Establishment Name: _____
Business Owner: _____
- 2. Mailing address _____
E-mail: _____
Contact phone: _____
- 4. Attached Dram Shop insurance policy for off-site? Yes No
- 5. Current City of O'Fallon liquor license? Yes No
- 6. Attached State Caterer Retailer License? Yes No
- 7. Attached St. Clair County Health Department Food Establishment License?
Yes No
- 8. Is any person who is part of this application, or any other person – directly or indirectly interested in the business, a public official as defined in Section 2(14) Article VI of the Illinois Liquor Control Act?
Yes No

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear and affirm that the matters stated in the forgoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of inducing the City of O'Fallon to issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for.

The undersigned further covenants and agrees that any misrepresentations made by the applicant herein, or any violation of the terms and conditions of this application or any of the laws, statutes, ordinances, rules, regulations and covenants above described, shall be just cause for revocation of the license herein applied for by the Local Liquor Control Commissioner, after a hearing on said matter.

Signature of applicant or authorized agent

Print Name/ Title or position

Subscribed and sworn to before me this
_____ day of _____ 20__.

Notary Public