

**CITY OF SPRINGFIELD, ILLINOIS  
APPLICATION FOR STATE FAIR PERMIT**

Business Name of Applicant: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

License: \_\_\_\_\_ License #: \_\_\_\_\_

Number of days permit will be used: \_\_\_\_\_

Date(s) for temporary outside permit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hours of Event (**note for each day**): \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.

Number of People Expected: \_\_\_\_\_

Will music be played outdoors?  YES  NO

**\*\*If YES, STOP - No music is allowed to be played outside.**

Number of outside sanitary facilities: \_\_\_\_\_ Will security be furnished?  YES  NO

Number of temporary permits issued this calendar year: \_\_\_\_\_

As licensee of above named business, I have received and read the rules and regulations governing a State Fair Permit.  YES  NO

**AFFIDAVIT**

The undersigned, being duly sworn, hereby attest, under penalty of perjury that I/we have paid all taxes or other debts owed to the City of Springfield. I/we understand that the commissioner shall refuse to issue this license until such time as all taxes and outstanding debts are paid.

**AFFIDAVIT**

The undersigned certifies that all information supplied in this application is true and correct and that I/We will advise the Liquor Commissioner, in writing, if any information supplied becomes invalid, or additional information is required by the Springfield Liquor Code now or as hereafter amended.

**Signatures required: Individual applicant, or all partners, or signature of officer of corporation authorized to bind the corporation according to its Articles of Incorporation.**

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

\_\_\_\_\_  
Notary Public

**WARNING: FILING OF THIS APPLICATION DOES NOT, IN ITSELF, AUTHORIZE APPLICANT TO ENGAGE IN THE SALE OF ALCOHOLIC LIQUOR. ISSUANCE OF THE REQUESTED PERMIT MUST PRECEDE OPERATION.**

**SPACE BELOW IS FOR OFFICE USE ONLY**

License is in order and is ready to be inspected: \_\_\_\_\_ (Manager initials) Date: \_\_\_\_\_

\_\_\_\_\_ **To the City Clerk:** Please process and complete the permit & send back to Liquor Commission office so that we may inspect and deliver permit to applicant on the same day. Thank you.

INSPECTED AND OKAYED: \_\_\_\_\_ (Initials) DATE: \_\_\_\_\_

**CITY OF SPRINGFIELD, ILLINOIS  
APPLICATION FOR STATE FAIR PERMIT**

Business Name of Applicant: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

License: \_\_\_\_\_ License #: \_\_\_\_\_

Number of days permit will be used: \_\_\_\_\_

Date(s) for temporary outside permit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hours of Event (**note for each day**): \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.

Number of People Expected: \_\_\_\_\_

Will music be played outdoors?  YES  NO

**\*\*If YES, STOP - No music is allowed to be played outside.**

Number of outside sanitary facilities: \_\_\_\_\_ Will security be furnished?  YES  NO

Number of temporary permits issued this calendar year: \_\_\_\_\_

As licensee of above named business, I have received and read the rules and regulations governing a State Fair Permit.  YES  NO

**AFFIDAVIT**

The undersigned, being duly sworn, hereby attest, under penalty of perjury that I/we have paid all taxes or other debts owed to the City of Springfield. I/we understand that the commissioner shall refuse to issue this license until such time as all taxes and outstanding debts are paid.

**AFFIDAVIT**

The undersigned certifies that all information supplied in this application is true and correct and that I/We will advise the Liquor Commissioner, in writing, if any information supplied becomes invalid, or additional information is required by the Springfield Liquor Code now or as hereafter amended.

**Signatures required: Individual applicant, or all partners, or signature of officer of corporation authorized to bind the corporation according to its Articles of Incorporation.**

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**WARNING: FILING OF THIS APPLICATION DOES NOT, IN ITSELF, AUTHORIZE APPLICANT TO ENGAGE IN THE SALE OF ALCOHOLIC LIQUOR. ISSUANCE OF THE REQUESTED PERMIT MUST PRECEDE OPERATION.**

**SPACE BELOW IS FOR OFFICE USE ONLY**

License is in order and is ready to be inspected: \_\_\_\_\_ (Manager initials) Date: \_\_\_\_\_

\_\_\_\_\_ **To the City Clerk:** Please process and complete the permit & send back to Liquor Commission office so that we may inspect and deliver permit to applicant on the same day. Thank you.

INSPECTED AND OKAYED: \_\_\_\_\_ (Initials) DATE: \_\_\_\_\_