



**CITY OF EDWARDSVILLE**  
**LIQUOR LICENSE APPLICATION**  
**CLASS E (SPECIAL EVENT LICENSE)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Owner/Manager** \_\_\_\_\_

**FEIN#** \_\_\_\_\_

**SPECIAL EVENT INFORMATION**

**Location of Event (w/address)**

\_\_\_\_\_

**Date(s) of Event** \_\_\_\_\_

**Time of Event (from \_\_\_\_\_ to \_\_\_\_\_)**

\_\_\_\_\_

**(signature)**

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**Official Use Only:** Application Approved \_\_\_\_ Denied \_\_\_\_

**Fee: \$50.00 per day** Amount Paid \$ \_\_\_\_\_

**Dram Shop Insurance Attached** \_\_\_\_\_

**By** \_\_\_\_\_

**(Finance Department)**

\_\_\_\_\_

**(Date)**