



**CITY OF EDWARDSVILLE**  
**LIQUOR LICENSE APPLICATION**  
**CLASS F (SPECIAL USE LICENSE)**

Name \_\_\_\_\_  
(current Liquor License Holder)

Address \_\_\_\_\_

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

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

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

Current Liquor License Classification \_\_\_\_\_

**SPECIAL EVENT INFORMATION**

Location of Event (w/address)  
\_\_\_\_\_

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

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

\_\_\_\_\_  
(signature)

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

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

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

By \_\_\_\_\_ (Finance Department) \_\_\_\_\_ (Date)

