



Class G Liquor License Application Special Event

Date: _____

Liquor License Holder _____

Address _____

City

State

Zip

Phone/Cell _____ Email Address _____

Type of Event _____

Charitable/Educational/Civic Organization _____

Date of Event _____ From _____ A.M./P.M. _____ A.M./P.M.

The applicant agrees, if the license is granted, no law of the State of Illinois, the United States, or the City of Galesburg, will be violated in conducting such business.

Printed Name of Applicant: _____

Applicant's Signature

The following must be included with this application before it can be processed:

- ☐ Fee of \$100 for each day for which the license is issued.
- ☐ Copy of Certificate of Liquor Liability Insurance with the City of Galesburg listed as an additional insured.

Please submit completed applications and materials to:

Galesburg City Clerk's Office
Attention: Ericka Gugliotta, Deputy City Clerk
P.O. Box 1387
Galesburg, IL 61402-1387

Contact Information:
Phone: 309-345-3611
Email: erickag@ci.galesburg.il.us