



APPLICATION for a SPECIAL EVENT LICENSE

CITY OF ALTON, ILLINOIS

Cameo C. Foster • Alton City Treasurer

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: cfoster@cityofaltonil.com

Fax: (618) 463-3520

Website: www.cityofaltonil.com

All indebtedness to the City must be paid in full before any Regulatory License will be issued.

PRINT OR TYPE ONLY

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

WEBSITE: _____

TELEPHONE: _____

TYPE OF EVENT: _____

LOCATION FOR EVENT: _____

DATES FOR EVENT: _____

Illinois Business Tax Number (IBT#): _____

BUSINESS OWNER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Telephone: _____

E-mail Address: _____ Cell Phone: _____

PROPERTY OWNER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Telephone: _____

E-mail Address: _____ Cell Phone: _____

LOCAL CONTACT INFO:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Telephone: _____

E-mail Address: _____ Cell Phone: _____

APPLICANT: Please attach a copy of Driver's License, information to be used by Police Department only

Date of Birth: _____ Place of Birth: _____ Race: _____

(City, State)

Social Security #: _____ - _____ - _____

Applicant's signature: _____

Title: _____ Date: _____



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AFFIDAVIT

I _____, d/b/a _____,
have completed and submitted an application for a Special Event License in the City of Alton, Illinois; I
acknowledge that this does not indicate that I have been licensed to hold a Special Event or to operate business.
A Special Event License will not be issued until all inspections have been completed and approved.

Signature: _____
Applicant *Date*

For office use only:

Signature

Date



APPLICATION for a SPECIAL EVENT LICENSE

ALTON POLICE DEPARTMENT

1700 E. Broadway Alton, IL 62002

Telephone: (618) 463-3505

Fax Administrator: (618) 462-3797

Fax Patrol: (618) 463-1967

Fax Records: (618) 462-3864

Website: www.altonpolice.com

Alton Police Department Jason “Jake” Simmons Chief of Police

In order to better serve Alton businesses, the Alton Police Department requests that you complete the Emergency Contact Information Form. This form provides emergency contact names and telephone numbers to be used after normal business hours. This confidential information will be maintained and used only by the Alton Police Department.

Contact with a representative of the business may be necessary in the event of alarm activation, unsecured business, or any criminal activity. If at a later date information needs to be updated, please contact an Alton Police Department dispatcher at 618-463-3505, ext. 249.

If you have any questions or concerns regarding this matter, please contact the Alton Police Department at (618) 463-3505, ext. 221.

Below is a link to the City code which contains information for: Special Event License.
http://www.sterlingcodifiers.com/codebook/index.php?book_id=461

A handwritten signature in black ink, appearing to read "Jason Simmons", written in a cursive style.

**Jason “Jake” Simmons
Chief of Police**



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BUSINESS EMERGENCY CONTACT INFORMATION

(This information is kept confidential and is for Alton Police Dept. use only)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS OWNER: _____

BUSINESS PHONE: _____

BUSINESS HOURS: _____

*** EMERGENCY CONTACT PERSON: Should have a minimum of two names. Only key holders should be listed. Please list for each: Name, Date of Birth, Home Address, Home Phone, Business Phone (if different from listed business), pager/other number, and/or Cellular phone number.**

1. Name: _____ DOB: _____
First, Middle, Last MM/DD/YY

Position: _____
Constituent-Owner/Manager/Employee

Home Address: _____
Street City, State ZIP

Home Phone: _____ Business Phone: _____

Pager/Other: _____ Cellular: _____

2. Name: _____ DOB: _____
First, Middle, Last MM/DD/YY

Position: _____
Constituent-Owner/Manager/Employee

Home Address: _____
Street City, State ZIP

Home Phone: _____ Business Phone: _____

Pager/Other: _____ Cellular: _____