

# City of Freeport, Illinois



## Application For Supplemental License – Outdoor Sales

*Fees for applicants: Each application shall be accompanied by payment to the City of Freeport for the applicable annual supplemental license fee. Fee is \$100.00.*

*Availability of License: A Supplemental License – Outdoor Sales may be issued only to a holder in good standing of a Class A, K, R, LR, or W License, who meets the specific requirements of Section 806.04(d)(3) of the Codified Ordinances of the City of Freeport, Illinois. Applicants are referred to the Codified Ordinances prior to application to ensure that their business complies with all of these requirements.*

*Special Note: Outdoor Service for Restaurants requires a Special Use under the City of Freeport Zoning Ordinance unless you are in the downtown business district and operating under a validly issued parklet and/or sidewalk cafe permit. this is not the same special use permit which allows sales of alcoholic liquor. If you have any questions in this regard, please contact the Community Development Department at 815.235.8221.*

**To the Liquor Commissioner of the City of Freeport, Illinois: The undersigned hereby applies to the City of Freeport, Illinois for a supplemental license to permit Outdoor Sales of alcoholic liquors pursuant to Section 806.04(d)(3) of the Codified Ordinances.**

Name of Licensee as shown on current license: \_\_\_\_\_

Sketch of Premises (NOTE: Sketch must show, at a minimum, location of all doors, points of sale, points of ingress and egress, and proposed physical barriers). You may use the space provided below or attach a separate sketch.

**Description of Proposed Physical Barriers:**

**Material(s):** \_\_\_\_\_ **Average Height:** \_\_\_\_\_

**Other Notes:**

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**CERTIFICATION**

By signing below, the undersigned certifies that he or she is the owner, or an authorized agent of, the licensee, has authority to submit this application on behalf of said licensee, and that the matters set forth herein are true and correct to the best of his or her knowledge and belief.

Dated: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

**For Clerk's Use only:**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Approval of Chief of Police:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval of Fire Chief:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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\_\_\_\_\_  
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