

Emergency Package Registration

Registration of Interest

Registering For: Sale of Packaged Alcoholic Liquor for Consumption Off-Premises

Liquor License Holder Information

Licensee

Business Name: _____

DBA: _____

Phone Number: _____ Email: _____

Licensed Address: _____

Requirements of Liquor License Holder

I certify the dramshop/liquor liability insurance related to the licensee is sufficient to fully cover the activity described above. The licensee further indemnifies the City of Bloomington and its employees and agents from any and all liability to any and all claims that arise directly or indirectly from Emergency Order 20-001 and any activities undertaken by the Licensee pursuant to the Order.

I understand that I remain obligated to comply with all other requirements of the City of Bloomington Code and State law, including those related to verification of identity and sale of alcohol to persons age 21 and over. I further understand that additional steps may need to be taken in order to undertake any action under the Order, including but not limited to securing the appropriate category or designation of State liquor license.

Name (Please Print)

Title

Signature

Date

Office Use Only

Date Received: _____ Staff Initials: _____ Licensee has Package: _____

If Approved:

Date of Approval: _____

Signature of City Clerk

If Denied:

Date of Denial: _____

Reason for Denial: _____

Signature of City Clerk