

## **APPLICATION FOR RESTRICTED TEMPORARY SPECIAL EVENTS LIQUOR PERMIT**

•		ee \$50; Retail Special Event - I-	·
Name of Organization:			
Date(s) of Event		Non-for-profit: Yes	No
Name of Applicant / Contact Per	son:		<del></del>
Applicant Address:			
Applicant Phone:	Cell Phone:	Email:	
Description of Event:			
Address / Location where Liquor	will be served and consur	med in conjunction with this event:	
Hours Liquor will be distributed (Hours limited to Sunday through Thursday	y – 10:00 a.m. to 11:00 p.m. and Fr	iday and Saturday 10:00 a.m. to 12:00 a.m. r	nidnight)
is present at all times who has b 5.08.365 of the village code, wit	een through training appr hin the last thirty six (36) a BASSET, TAMS or TIPS	oll events liquor licensee unless at le coved by the State of Illinois as pro months. The applicant or designa of program licensed by the State of —	vided in Section ated person has
• •	and the owner of the pr	evidence of liability and dram remises where the alcoholic liquord.	•
The Person having executed this forth herein is true and correct a		all Village ordinances.	information se
Signature of Applicant		Date	<del></del>
Subscribed and sworn to before	me this day of	, 20	
Notary Public			
Application approval and issuance o	of this temporary liquor perm	it are contingent upon applicant's com nces pertaining to liquor in the Village	•
Temporary Liquor Permit Approved	I	Date Approved	