

# VILLAGE OF ANTIOCH SPECIAL EVENT LIQUOR LICENSE APPLICATION

## APPLICANT INFORMATION

Name of Organization or Group to be issued License:

Address:

City:

State:

ZIP Code:

Phone:

Email:

Is the applicant requesting a waiver of fees for this license? ☐ Yes ☐ No

Type of Organization *(Please check one)*

- ☐ Religious
- ☐ Fraternal
- ☐ Civic
- ☐ Charitable
- ☐ Educational

- ☐ Veteran's Organization
- ☐ Labor Union
- ☐ Other (please explain):

- ☐ Not for profit fundraising organization organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as a result of an illness, disability, accident or disaster.

## CONTACT INFORMATION

Name of Contact Person:

Address:

City, State & Zip Code:

Contact Phone:

Contact Email:

## EVENT INFORMATION

Name of Event:

Date(s) of Event:

Address where event will be held:

Alcohol Sales Hours:

Anticipated Event Attendance\*:

## DOCUMENT REQUIREMENTS – YOU MUST INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- ☐ Copy of Certificate of Liquor Liability Insurance
- ☐ \*Special Events hosting more than 250 people must complete a Special Event Permit Application

## VERIFICATION BY CERTIFICATION

The Undersigned, under penalties as provided for by law pursuant to 735 ILCS 5/1-109, hereby certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief, and as to such matters, the Undersigned certifies as aforesaid that he or she verily believes the same to be true and correct.

Printed Name:

Signature:

Title:

Date:

