



VILLAGE OF MOUNT PROSPECT SPECIAL EVENT LIQUOR PERMIT

(ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND
RETURNED TO THE LIQUOR CONTROL COMMISSIONER'S OFFICE)

I. BUSINESS/ORGANIZATION INFORMATION

Name:	_____
Address:	_____
Phone:	_____ Fax: _____
Website:	_____
Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Civic <input type="checkbox"/> Religious <input type="checkbox"/> Government <input type="checkbox"/> Other: _____
Employer Identification Number (EIN) or 501C3 Number	_____
Business License Number:	_____
Does your business have a Liquor License?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your license? _____

II. APPLICANT

(Applicant must be the owner, primary manager, or authorized agent of the business or organization.)

Name:	_____
Address:	_____
Work Phone:	_____
Cell Phone:	_____
Email:	_____

III. EVENT

Name:	_____
Purpose:	_____
Location:	_____ Outdoors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type:	<input type="checkbox"/> Civic (\$0) <input type="checkbox"/> Library (\$0) <input type="checkbox"/> Village (\$0) <input type="checkbox"/> Daily Sampling (\$25 per day) <input type="checkbox"/> Temporary Outdoor Entertainment (\$0) <input type="checkbox"/> Promotion (\$25 per day)
Start Date:	_____ Start Time: _____
End Date:	_____ End Time: _____
Type of Liquor Served:	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits
Live or Amplified Music?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. INSTRUCTIONS

1. **APPLICATION DATE:** Permit applications **MUST** be submitted at least seven (7) calendar days prior to the date of the event.
2. **INSURANCE:** In addition to this application, you must also submit proof of Dram Shop or Host Liability Insurance for the event. The insurance rider must specifically identify the location where the event is being held and the coverage must coincide with the dates of the event. If the event is being hosted on a liquor licensee's premises, no proof of insurance is necessary.
3. **PERMIT FEE:** Make you check or money order payable to the VILLAGE OF MOUNT PROSPECT and attach it to this application.
4. **STATE OF ILLINOIS SPECIAL EVENT PERMIT:** If an applicant is applying for a Civic Permit, then they must obtain a State of Illinois Special Event Permit after they obtain an approved Village of Mount Prospect Civic Permit.

V. AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, have read this application and the statements are true, complete and correct. The statements are made for the purpose of inducing the Village of Mount Prospect to issue a liquor permit for a specific event. I further understand that any misrepresentation or failure to notify the Liquor Control Commissioner of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the Liquor Control Commissioner to deny this permit application and/or to revoke any permit issued pursuant to this application.

Signature of Applicant/Authorized Agent

Title/Position

Date

OFFICIAL USE ONLY

Requirements

Insurance

Fee

NOTES

APPROVED **DENIED**

Signature of Local Liquor Control Commissioner

Local Liquor Control Commissioner

Date