SPEACIAL EVENT LICENSE APPLICATION

CITY OF KEITHSBURG, ILLINOIS

APPLICANT NAME _____

PREMISES TO BE LICENSED ADDRESS _____

BUSINESS MAILING ADDRESS _____

LOCAL CONTACT _____ CONTACT PHONE _____

LOCAL CONTACT MAILING ADDRESS _____

TAX IDENTIFICATION NUMBER (FEIN)_____

Date of Event(s) Event Starts - Event Ends (Month/Day/Yr)	Event Time: Time From (AM/PM)	Event Name:

_____ _____

Applicant Signature Date