



VILLAGE OF VILLA PARK
20 South Ardmore Ave.
Villa Park, IL 60181
Phone (630) 834-8500 * Fax (630) 834-8967

**APPLICATION FOR A ONE-DAY LIQUOR LICENSE
(A/C 10.41022)**

- ☐ **SPECIAL EVENTS BY DAY (CLASS G) FEE: \$75.00/DAY**
☐ **TASTING OR SAMPLING (CLASS K) FEE: \$10.00/DAY**
☐ **ODEUM EVENTS (CLASS X) FEE: \$50.00/DAY**

*** PLEASE INDICATE TYPE OF LICENSE YOU ARE APPLYING FOR AND SUBMIT THE FEE WITH THE APPLICATION.**

ORGANIZATION INFORMATION

NAME OF BUSINESS OR ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

CITY/STATE/ZIP: _____ PHONE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

FOR TASTING APPLICATIONS, WHO AUTHORIZED THIS TASTING: _____

EVENT INFORMATION

TYPE OF EVENT: _____

TYPE OF BEVERAGES TO BE SERVED (BE SPECIFIC): _____

ADDRESS WHERE ALCOHOLIC BEVERAGES WILL BE SERVED: _____

CITY/STATE/ZIP: _____ PHONE: _____

DATES & TIMES BEVERAGES WILL BE SERVED: _____

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INSURANCE INFORMATION

LIQUOR LIABILITY INSURANCE CARRIER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AMOUNT OF COVERAGE: _____

FOR SPECIAL EVENTS, DATES OF COVERAGE: _____

* PLEASE ATTACH CERTIFICATE OF INSURANCE. FOR SPECIAL EVENTS, THE ORIGINAL CERTIFICATE MUST BE ATTACHED INDICATING DATE OF EVENT.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20_____

Seal

NOTARY PUBLIC