

**VILLAGE OF NORTHFIELD
TEMPORARY/SPECIAL EVENT LIQUOR PERMIT APPLICATION**

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

_____ **Not for Profit Event**

_____ **For Profit Promotional Event**

I. BUSINESS/ORGANIZATION INFORMATION

Name: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Type: Corporation/LLC Civic Religious Government
 Other: _____

Employer Identification Number (EIN)
or 501C3 Number _____

Business License Number: _____

Does your business have a Liquor License? Yes No If Yes, what class license? _____

Maximum number of permit days allowed per year, per organization = 12

II. APPLICANT

(If the requested permit is for a for-profit business promotional event, the 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? Yes No

All Permit costs are Per Day:

Type: Civic (TP1) (\$75) Government (TP2) (\$75) Promotional (TP4) (\$75) Daily Sampling (TP6) (\$25) Temp. Outdoor Entmt(TP7) (\$100) Caterer (TP3/5) (\$75)

Start Date: _____ Start Time: _____

End Date: _____ End Time: _____

Type of Liquor Served: Beer Wine Spirits Who is serving Liquor? Member Caterer Other

Live or Amplified Music? Yes No Alcohol being Sold Sold w/ticket Given Away

TOTAL COST OF PERMIT: # of Days _____ X Fee \$ _____/per day = Total Amount \$ _____

IV. INSTRUCTIONS

1. APPLICATION DATE: Temporary Liquor Permit applications MUST be submitted at least fourteen (14) calendar days prior to the date of the event.
2. INSURANCE: In addition to this application, you must also submit proof of Dram Shop Insurance (or the Commissioner may accept General Liability Insurance in the amount not less than \$1 million) for the event. The insurance rider must specifically identify the location where the event is being held and the date(s) and the coverage must coincide with the dates of the event. If the person who owns the building or premises where alcoholic beverages are served and/or consumed is not the permittee for the Temporary event, they also shall be required to carry host liability insurance or its equivalent in the amount of \$1 million.
- 2a. If the organization where an event is to be held and alcoholic beverages are to be served and/or consumed does NOT have a liquor license in Northfield, they shall be required to carry host liability insurance coverage or its equivalent in an amount of \$1 million and provide a copy with this application.
3. PERMIT FEE: A check or money order made payable to the VILLAGE OF NORTHFIELD is to be attached it to this application.
4. STATE OF ILLINOIS SPECIAL EVENT PERMIT: If an applicant is applying to the Village for a Temporary Liquor Permit, a State of Illinois Special Event Permit may also be required and can be obtained after receipt of an approved Village of Northfield Temporary Liquor Permit. By contacting the State at 312-814-2206 or go to www.state.il.us/lcc.

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 Northfield to issue a temporary 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

<u>Requirements</u>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
<input type="checkbox"/> Insurance	NOTES	_____
<input type="checkbox"/> Permit Fee		_____
<input type="checkbox"/> Caterer Lic.		_____
<input type="checkbox"/> Caterer Fee		_____

Signature of Local Liquor Control Commissioner

Local Liquor Control Commissioner

Date