

VILLAGE OF SUMMIT
7321 W. 59TH Street
Summit, Illinois 60501
708-563-4800/FAX 708-563-9340

**APPLICATION FOR
SPECIAL EVENT LIQUOR LICENSE**

DATE SUBMITTED: _____

The Liquor Commissioner hereby grants permission for the issuance of a Special Event Liquor License to the qualified fraternal, social or religious organization, as allowed by Chapter 5-2-6 of the Summit Village Code.

ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

CONTACT NAME: _____

PHONE: _____

DATE(S) OF SPECIAL EVENT: _____

LOCATION OF EVENT: _____

TIME OF EVENT: _____ **Beginning** _____ **Ending**

A CERTIFICATE OF INSURANCE MUST BE PROVIDED

APPLICANT SIGNATURE (All applications must be signed)

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For Office Use Only

FEE: \$100

LICENSE NUMBER: _____

