Park Forest
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Village of Park Forest

APPLICATION AND FEE FOR TEMPORARY LIQUOR PERMIT

Please allow a minimum of 10 business days prior to event for processing.

FRONT DESK:
QC 019
Please return to
M. DeLord

PLEASE ANSWER ALL QUESTIONS, PRINT OUT THIS FORM AND SIGN AFFIDAVIT

This application will be filed with: **Village of Park Forest, 350 Victory Drive, Park Forest, IL 60466**

Fee for Consumption of Alcohol on Premises Only and NOT FOR SALE by Drink or Part of a Ticket Purchase
(This Includes Fundraising Events) ***$5.00 Per Event Date (Non-Refundable)**
** This fee/application is in addition to any other charges set by Southland Caterers for food or use of the Dining on the Green Banquet Hall.*

A copy of host liability insurance naming the Village of Park Forest, its officers, employees, agents and volunteers as additional insureds and must set forth the location of the premises where alcoholic liquors are being served in the amount of $1,000,000 is required with all Temporary Liquor Permits.
(This insurance can be purchased via the applicant's homeowner insurance or special event insurance through an outside party.)

Check Location of Event: ☐ Dining on the Green Banquet Hall ☐ Village Hall ☐ Other Location as Noted Below
☐ Aqua Center ☐ Freedom Hall ☐ Park Forest Library ☐ Public Parks

The undersigned applicant hereby submits an application for Temporary Liquor Permit for the DATE(S) (this calendar year) of and submits the following information: **1.** ____ **2.** ____ **3.** ____ **4.** ____ **5.** ____ **6.** ____

1

Full Name of Applicant: ____ Do you hold a Caterer's Liquor License with the State of IL? If yes, please include a copy with this application. ☐ **Y** ☐ **N**

Home Address or if a Caterer, Business Address: ____ City: ____

State: ____ Zip: ____ Applicant's Date of Birth: ____ Location of Event if Noted Above as Other: ____

Driver's License #: (Include copy of license.) ____ State: ____ Home Phone: ____ Cell Phone: ____

Email: ____ If Caterer, name of Liquor Supervisor for Event. (Include copy of their BASSET Certificate.) ____

2

Check type of event: ☐ Birthday Party ☐ Graduation Party ☐ Wedding/Reception
☐ Anniversary Party ☐ Convention ☐ Reunion ☐ Business Meeting ☐ Reception Number of guests expected: ____
☐ Other: Please Give Description. ____

*Time of Guest Arrival: ____ A.M. or P.M. ____ *End of Event: ____ A.M. or P.M. ____

*(*Please note Time of Guest Arrival is when liquor will start being served and not necessarily when rental at Dining on the Green begins. If required, a Village-owned facility will have a Park Forest Police Officer on site during event until it is closed for the night.)*

3

Has applicant or applicants named in this application ever been convicted of a felony or otherwise disqualified to receive a liquor license in Illinois by reason of any matter or thing contained in the Illinois Liquor Control Act? ☐ **Y** ☐ **N**

If so, name court of conviction: ____

Print Name: _____ Authorized Signature: _____

A background check will be conducted on all applicants for a Temporary Liquor Permit.
No application will be approved unless all the above questions are fully answered.

MATERIAL MISSTATEMENTS TO OR FALSIFICATION OF THE INFORMATION REQUESTED IN THIS APPLICATION ARE GROUNDS FOR DENYING AN APPLICATION. NON-COMPLIANCE WITH THE PERMIT IS GROUNDS FOR REVOCATION AND/OR FINES TO THE FULLEST EXTENT OF THE MUNICIPAL CODE. FUTURE PERMIT APPLICATIONS COULD ALSO BE DENIED.

AFFIDAVIT (Please read carefully before signing)
I (We) the undersigned, say that I (each of us) have read the above and foregoing application and that the matters stated therein are true and correct and are made upon personal knowledge and information. Further, I (we) say that I (each of us) will conduct this event consistent with all applicable requirements. **(Initial here)** _____

Print Name: _____ Authorized Signature: _____ Date: ____ Print Form