

Village of Park Forest  
APPLICATION AND FEE FOR TEMPORARY LIQUOR PERMIT

**\*Nonprofit Organization\***

FRONT DESK:

ECO 019

Please return to  
A. Lotton

www.villageofparkforest.com

Please allow a minimum of 30 business days prior to event for processing.

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

This application will be filed with: Village of Park Forest, Economic Development & Planning Department  
350 Victory Drive, Park Forest, IL 60466 P: (708) 283-5617 F: (708) 748-4355

Fee for Consumption of Alcohol on Premises Only and NOT FOR SALE. \*\$5.00 Per Event Date (Non-Refundable)

\* If sale of alcoholic beverages or the sales of alcoholic beverages by the drink or the delivery/consumption of alcoholic beverages by a civic, charitable, or other nonprofit organization at an event at which the public is invited, a Temporary Liquor License application is required. DO NOT use this application.

If applying for multiple Temporary Permits, please note that each Temporary Permit will be issued only when event promotional notices are provided to the Village showing "Reception by Invitation Only" or "Public is Invited", which determines if a Temporary Liquor Permit or Temporary Liquor License is issued.

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

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.

Check Type of Organization:  Civic Organization  Charitable Organization  Nonprofit Organization

1 Name of Organization: [ ] Location of Event: [ ]  
Organization's Business Address: [ ]  
City: [ ] State: [ ] Zip: [ ] Name of Organization's Representative for Event: [ ]  
Driver's License #: [ ] State: [ ] (Include copy of representative's driver's license with application.)  
Representative's Date of Birth: [ ] Home Phone: [ ] Cell Phone: [ ]

2 Description of Event: [ ]  
(Please include promotional notice with application.)

Event Begins: [ ] A.M. or P.M. [ ] Event Ends: [ ] A.M. or P.M. [ ] Number of guests expected: [ ]

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. This application will not be accepted from an organization that is not in good standing with all of their Village accounts. 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: [ ]