

City of East Peoria  
401 W. Washington St., East Peoria, IL 61611  
Phone: 309.698.4715 Fax: 309.698.4747

**APPLICATION FOR SPECIAL OUTDOOR LIQUOR SALES AND CONSUMPTION PERMIT FOR CONVENTION CENTER**

Current Date \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

City Liquor License Number \_\_\_\_\_ Date of Sale: \_\_\_\_\_

Proposed Hours of Sale \_\_\_\_\_ P.M. to \_\_\_\_\_ (Sales must end at the end of scheduled event or by 12:45 A.M. at the latest)

Type of Event: \_\_\_\_\_ Expected attendance: \_\_\_\_\_

Numbers of Employees who will be present: \_\_\_\_\_

Type of freshly cooked food to be sold:  
\_\_\_\_\_  
\_\_\_\_\_

Will there be outdoor music? \_\_\_\_\_ Live or Recorded? \_\_\_\_\_

ATTACH A SCALE DRAWING OF AREA INCLUDING PARKING AREA.

I, the undersigned, hereby declare that I have carefully read the Section of the City Code relating to this business; that I understand it thoroughly and will carry out every provision thereof. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license and/or prosecution.

\_\_\_\_\_  
(Signature of applicant) Date: \_\_\_\_\_

Fee \$ \_\_\_\_\_ Date Received \_\_\_\_\_ Accepted by \_\_\_\_\_

APPROVAL: POLICE \_\_\_\_\_ MAYOR \_\_\_\_\_ CITY CLERK \_\_\_\_\_