

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

APPLICATION FOR SPECIAL USE PERMIT FOR ALCOHOLIC LIQUOR SOLD AT PUBLIC EVENTS OR SAMPLING EVENTS

Current Date _____

Name of Applicant: _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Phone Number: _____ - _____ - _____ Alternate Phone Number: _____ - _____ - _____

State Liquor License Number _____ Dates of Sale: _____

Proposed Hours of Sale _____ A.M. or P.M. to _____ P.M. (May not be served before 10 A.M. or later than 11 P.M.; no earlier than noon on Sundays.)

Numbers of Employees who will be present: _____

Type of alcohol to be served:

ATTACH PROOF OF ADEQUATE DRAM SHOP LIABILITY INSURANCE TO THE MAXIMUM LIMITS.

APPLICANT MUST OBTAIN A SPECIAL USE PERMIT FROM THE ILLINOIS LIQUOR CONTROL COMMISSION AND PROVIDE PROOF TO THE CITY.

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 \$ 50.00 Date Received _____ Accepted by _____

APPROVAL: POLICE _____ MAYOR _____ CITY CLERK _____