

**VILLAGE OF WEST DUNDEE
DAILY LIQUOR LICENSE PERMIT APPLICATION**

Date: _____

Name of Organization: _____

Address: _____

Name of Applicant/Contact: _____

Phone (day): _____ (evening): _____

Email Address: _____

Event Name: _____

Date(s) & Time of the Event: _____

Event Location: _____

Type of Alcohol to be served: _____

Description of the security measures you will be utilizing for both liquor services and the event:

Description of the area in which alcoholic liquor will be available for service and for consumption (attach map):

Applicant's Signature _____ Date _____

PLEASE NOTE: Request must be submitted at least 30 days prior to event date.

Submit this application to Village Hall, 102 S. Second Street, West Dundee, IL 60118

FOR OFFICE USE:

Date Received: _____ Fee Received (\$50.00 per day): _____

Date Approved: by Local Liquor Commission: _____

by Village Board: _____