



City of West Peoria

2506 West Rohmann Avenue
West Peoria, Illinois 61604-5031
Telephone: 309/674-1993
Fax: 309/674-6010

Application Date _____

Fee Amount Paid _____

APPLICATION FOR TEMPORARY LIQUOR RETAILER'S LICENSE (Please Print)

1. Name of Applicant: _____
2. Contact Information: Cell _____ Email _____
3. Liquor License Establishment: _____
4. Type of Special Event: _____
5. Address of Special Event: _____
6. Date(s) of Special Event: _____
7. Times of Special Event: _____
8. Type of Alcohol to be Sold/Served: _____
9. Dimensions of Area to be Used (please include site plan): _____
10. Projected Attendance at Event: _____
11. Any Plans for Live Music or Entertainment? _____
12. Are You Requesting to Close Any Public Streets? Yes No
If so, which Street/s? _____

All outside events will require orange fencing to denote the area in which patrons are to be contained for the event and please be vigilant of patrons who are taking their alcoholic beverages outdoors. No open containers (glasses/bottles/etc.) are to be outside the established area at any time.

The undersigned hereby make(s) application for the issuance of a City of West Peoria Temporary Liquor Retailer's License for the Sale of Alcoholic Liquor as aforementioned.

Signature of Applicant

Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:

Received by: _____ Date: _____

Fee Collected: _____ Cash: _____ Check #: _____

cc: Public Works Dept _____ WPFD _____ Sheriff's Office _____ Administrator _____

Notes: _____

PROVIDE SITE LAYOUT ON REVERSE OR ATTACH