

***City of Belleville, IL***  
***Special Event Liquor License Application***

**Applicant Information**

*Name of Not-For-Profit Organization or Business requesting a Special Event Liquor License:  
(Any business that is applying must already be a Retail Liquor Licensee)*

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*Address of applicant:*

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*Phone number of applicant:*

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**Event Information**

*Name of event:*

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*Location/Address of event:*

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*Date(s) of event:*

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*Hours liquor will be sold:*

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*12 hours/day or less=\$20.00 fee/day    Over 12 hours/day=\$30.00 fee/day*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Applicant's position within the Organization or Business*

***This Special Event Liquor License is in effect for only the dates and times specified above and is not transferable. Proof of DRAM Shop Liquor Liability Insurance must accompany this permit application.***

\_\_\_\_\_  
*Liquor Commissioner, City of Belleville, Illinois*

\_\_\_\_\_  
*Date Approved*

\_\_\_\_\_  
*\$ Amount Paid (Code: 013212)*