

VILLAGE OF BROADVIEW

2350 S. 25th Avenue
Broadview, IL 60155
Phone (708) 681-3600

APPLICATION FOR A ONE-DAY LIQUOR LICENSE (§3-3-3H)

- ONE DAY LIQUOR LICENSE (CLASS H) FEE: \$100.00/DAY*
- CERTIFICATE OF DRAM SHOP LIABILITY INSURANCE (MAXIMUM LIMITS)
- CERTIFICATE OF GENERAL LIABILITY INSURANCE
- BASSET CERTIFICATION (MANAGERS ON SITE)

ORGANIZATION INFORMATION

NAME OF BUSINESS OR ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

CITY/STATE/ZIP: _____ PHONE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

EVENT INFORMATION

TYPE OF EVENT: _____

TYPE OF BEVERAGES TO BE SERVED (BE SPECIFIC): _____

ADDRESS WHERE ALCOHOLIC BEVERAGES WILL BE SERVED: _____

CITY/STATE/ZIP: _____ PHONE: _____

DATE & HOURS THAT BEVERAGES WILL BE SERVED: _____

OWNER AUTHORIZATION

IF APPLICANT IS NOT THE OWNER AT THE ADDRESS WHERE THE LICENSE IS REQUESTED PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF OWNER: _____

PHONE NUMBER: _____

HAS OWNER AUTHORIZED THE EVENT FOR WHICH LICENSE IS REQUESTED: YES NO
(PLEASE ATTACH PROOF OF OWNER AUTHORIZATION WITH APPLICATION)

INSURANCE INFORMATION

LIQUOR LIABILITY INSURANCE CARRIER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AMOUNT OF COVERAGE: _____

FOR SPECIAL EVENTS, DATES OF COVERAGE: _____

* PLEASE ATTACH CERTIFICATE OF INSURANCE. FOR SPECIAL EVENTS, THE ORIGINAL CERTIFICATE MUST BE ATTACHED AND MUST INCLUDE THE NAME OF THE APPLICANT, THE ADDRESS OF THE LOCATION WHERE LIQUOR IS BEING CONSUMED AND SOLD, AND THE DATE OF EVENT.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20_____

Seal

NOTARY PUBLIC

FOR VILLAGE USE ONLY

DATE APPLICATION RECEIVED BY THE VILLAGE: _____

*(Must be at least 30 days prior to the date of the event for which the license is sought)