



VILLAGE OF RIVER FOREST  
Local Liquor License Application  
CLASS 5  
(Temporary License)

Organization Type:

- Not-for-Profit Organization** (must have been operating under the laws of this state and located within or adjacent to the Village of River Forest for a minimum of three years prior to applying for a liquor license and which are governed by a board of directors or similar body.)
- For-Profit Organization** - Annual application is also required.

**A fee of \$100.00 is required for each day of the event.** This application must be filed with the local liquor commissioner fourteen (14) days prior to the event for which this license is sought.

Pursuant to the provisions of Title 8, Chapter 5 of the River Forest Municipal Code regulating the sale of alcoholic liquors in the Village of River Forest, County of Cook, State of Illinois, and all amendments thereto now in force and effect, the undersigned hereby makes application for a CLASS 5 local liquor license for the period \_\_\_\_\_ through \_\_\_\_\_.

1. Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

2. Name of person submitting application: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

3. Describe the premises for which the license is applicable. Please include a description of the approximate area of the premises and whether the event will be held indoors, outdoors, or a combination of both.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List the date(s) and hours of operation for the event. (Please note that alcoholic liquor may only be served between 11:00 a.m. and 1:30 a.m.).

\_\_\_\_\_  
\_\_\_\_\_

5a. Name of the property owner where event is being held: \_\_\_\_\_

\_\_\_\_\_

5b. Attach a written statement of consent from the property owner or owners' agent (if other than applicant).

6. List the names, phone numbers and addresses of those persons responsible for conducting the event, and the times when they will be present at the event:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Time Present: \_\_\_\_\_ Time Present: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Time Present: \_\_\_\_\_ Time Present: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Time Present: \_\_\_\_\_ Time Present: \_\_\_\_\_

7. Provide a copy of a certificate of liquor liability insurance naming the Village of River Forest, 400 Park Avenue, River Forest IL 60305 as the certificate holder for the period during which liquor will be used and naming the Village of River Forest, its officials, employees, agents and volunteers as additional insured. The coverage shall be in an amount sufficient to cover the maximum amount of liability under the Illinois Liquor Control Act.

The applicant(s) swear(s) or affirm(s) that all of the foregoing statements are true and correct to the best of his/her (our) knowledge and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Additional Applicant Signature

\_\_\_\_\_  
Additional Applicant Signature

Subscribed and sworn before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

[Seal]

**ALL APPLICANTS PLEASE NOTE:** In addition to Village licensing requirements, State law mandates all applicants obtain either a State license for the sale of alcoholic beverages or a request for approval to allow the sale of beer and wine only from the Illinois Liquor Control Commission. Specific details and instructions can be obtained from the State Liquor Commission by calling (312) 814- 2206 or at <https://www.illinois.gov/ilcc/Pages/Forms-and-Applications.aspx>