

LIQUOR CONCEPT COMMITTEE SPECIAL EVENT/TEMPORARY LICENSE FORM

Please download this application, complete, and return to the Community Services Department at NapervilleLiquorLicensing@naperville.il.us If you have any questions please email or call (630) 305-5300.

OWNERSHIP INFORMATION			
Event Organizer:	Event Name:		
Contact Person:	Phone:	Email:	
Event Location:			
Date(s) of Event and Times:		Annual Event: Yes	No
Expected Attendance:		Venue Type: Indoor	Outdoor
Please List Other Events the Org	ganizer Has Previously Produced	:	
	ORGANIZATION INFORMA	TION	
What Type of Organization Will Educational Fraternal Polit If "Other", please explain:	•	t-for-Profit Other	
Organization Name:	Organiza	ntion Phone:	
Organization Address:			
Organization Contact Person (if	different from event organizer):		
Website:	Is the Or	ganization 501(c)(3)? Yes	No
If "Yes", for how long?			
Were Any Other Liquor License	es Held by This Organization in th	ne Last Two (2) Years? Yes	No
If "Yes", please list event r	names and dates below:		

SECTION TWO – NAPERVILLE CONCEPT BUSINESS INFORMATION

1.	What activities or attractions will occur at this event?
2.	Where will liquor be sold? (Indicate locations on site plan provided for question 8.)
3.	What type(s) of liquor will be sold?
4.	How will liquor be sold and served?
5.	Who will be selling and serving the liquor? (e.g. volunteers, distributor's representative, other)
6.	Will the event issue wristbands, punch cards, or ticket systems? (Explain the proposed liquor sales process.)
7.	What security will be provided at the event?
8.	Provide a site plan for the event. (Attach the plan as a separate page to this application and include entrance/exits, tents, stages, food booths, liquor booths, and other activity areas.)