



Village of Winthrop Harbor  
830 Sheridan Road  
Winthrop Harbor, IL 60096

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## APPLICATION FOR LICENSE OR PERMIT

ORD.	97.01	PURPOSE	Special Event
TYPE	One Day		
FEE(s)	\$25 Fee		

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Group or Individual sponsoring event: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

Home Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated # of people: \_\_\_\_\_

Will your event include the serving of alcohol?     Yes                       No

Name & Address of the license holder of the liquor license that will be used to provide the alcohol:

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

Will you be providing security:     Yes                       No

If yes, please state the name and/or company name of the security service:

Name/Company Name: \_\_\_\_\_

I certify that all of the information is true and correct to the best of my knowledge.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date