

VILLAGE OF WESTCHESTER

APPLICATION FOR AN EVENT LIQUOR LICENSE

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: _____

STREET ADDRESS: _____

CITY / STATE / ZIP CODE: _____

DATE OF INCORPORATION: _____ PHONE NO: _____

NAME OF PERSON RESPONSIBLE FOR SALE OF LIQUOR: _____

DATE WHEN LIQUOR WILL BE SOLD:

DATE(S): _____ HOURS OF SALE: _____
(From - To)

EVENT LIQUOR WILL BE SOLD AT: _____

DESCRIPTION OF AREA WHERE LIQUOR WILL BE SOLD: _____

I HEREBY SWEAR THAT I _____, AM THE _____
(Name) (Title)

OF _____: AND I FURTHER ATTEST THAT THE
(Name of Organization)

_____ IS A NOT FOR PROFIT ORGANIZATION.
(School / Club / Church / Etc.)

Signature

DATE OF APPLICATION: _____

FEE: \$50.00 PER EVENT OR \$200.00 FOR THE YEAR

NOTE: A COPY OF YOUR DRAM SHOP INSURANCE MUST BE ATTACHED.