

CITY OF PALOS HEIGHTS

7607 W. College Drive
Palos Heights, IL 60463
(708) 361-1800



APPLICATION FOR TEMPORARY CLASS C LIQUOR LICENSE

TO: Liquor Commissioner

Date: _____

Name of Business: _____

Person of Contact: _____

Address: _____

Phone: _____

Requests permission to obtain a temporary liquor license on:

(Date & Hours of Event)

for the event of _____

located at _____

(Address)

Please give a brief description of the event:

Signature of Applicant: _____

- Submit application along with proof of dram shop insurance to City Hall.

Office Use Only:

Approved by: _____ Date _____

Copy to: Applicant
 Deputy City Clerk