



City of Sycamore

City Clerk's Office
308 West State Street
Sycamore, IL 60178
T#: 815.895.4515
F#: 815.899.2054
www.cityofsycamore.com

For Office Use Only

Permit Fee: \$25.00 paid
\$200 Deposit Check #: _____
Date Received: _____
Reason Denied: _____
Permit No.: _____

Application for Catered Event Permit

(Print Clearly)

Application must be submitted a minimum of **14 days** before event date. *Incomplete application will **NOT** be accepted.*

1. EVENT INFORMATION

- a) Name of Event: _____
- b) Location and address of Event: _____
- c) Event Date: _____ Event Time: Start: _____ am/pm Finish: _____ am/pm
- d) Hours of: Entertainment: Start: _____ am/pm Finish: _____ am/pm
 Liquor Sales: Start: _____ am/pm Finish: _____ am/pm

Entertainment and Liquor sales must cease by 11:00pm

- e) Name of business providing alcohol: _____
- f) *Liquor License No.: _____.
- g) Out of town liquor licensee must provide copy of liquor license letter from issuing Liquor Commissioner
 **It is the liquor license holder's responsibility to comply with any State requirements.*

2. CONTACT PERSON /APPLICANT – PERSON RESPONSIBLE FOR THIS EVENT

Name _____

Address _____ City/State/Zip _____

Day Phone _____ Cell _____ Fax _____

E-Mail _____ Relationship to organization: _____

3. CONTACT INFORMATION OF ALL EVENT PLANNERS RESPONSIBLE FOR THIS EVENT

Name	Address	Phone/Cell #	E-mail

5. ATTACH THE FOLLOWING TO THIS APPLICATION

- a. **Permit Fee** for \$25.00 and a separate **Deposit Check** for \$200.00 made payable to the *City of Sycamore*.
- b. **Letters of permission or proof of lease** by the owner of premises.

6. ORIGINAL SIGNATURES REQUIRED – FACSIMILES OR COPIES WILL NOT BE ACCEPTED

I, the undersigned/applicant hereby state that the information contained in this application is true and correct to the best of her/his knowledge.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____