



200 E. Wood Street · Palatine, IL · 60067
Telephone: (847) 359-9050 – Fax (847) 359-9094
www.palatine.il.us

Village Manager's Office

APPLICATION FOR PRODUCT SAMPLING LICENSE

Name and Address of Licensee Holder: _____

Liquor License No. _____ Expiration Date: _____

Physical Address of Event: _____

Date(s) of Event: _____ Hours of Event: _____

Organization/Individual Sponsoring Event: _____

Contact Name and Phone Number for Licensee: _____

Contact Name and Phone Number for Event Coordinator: _____

E-mail Address of Event Coordinator _____

Description of Event: _____

Attachments Required:

_____ **Diagram must be submitted showing exactly where the event is to be held including bar or serving area.**

_____ **Names of all servers and copies of their BASSET application/identification cards**

_____ **List of Products to be sampled**

_____ **Insurance Certificate for outside event**

_____ **Additional items requested**

I/We hereby certify that the information in this application is true and complete.

_____ Date: _____

Signature of Liquor License Holder

Approved: _____ Date: _____

Reid T. Ottesen, Village Manager

NOTE: APPLICATION MUST BE SUBMITTED NO LATER THAN
14 DAYS PRIOR TO THE EVENT