

CITY OF MORRISON, ILLINOIS

**APPLICATION
ONE-DAY SPECIAL & LIMITED USE PERMIT LIQUOR LICENSE**

Applicant: _____

Contact Name & Phone Number: _____

Current Morrison Liquor License #: _____

Expiration Date: _____

Date of Event: _____

Hours of Event: _____

Location of Event: _____

Reason for Event: _____

The applicant understands that this **One Day Special & Limited Use Permit Liquor License** is valid only for the applicant/date/times listed above and the establishment for which the above numbered liquor license was issued. Prior to issuance, the applicant must comply with all State of Illinois Liquor Control Commission requirements for such operation, and pay a fee of **\$100.00** to the City of Morrison.

Date: _____ Applicant's Signature: _____

Date Approved by City Council: _____

Approval: _____

Mayor