



NILES APPLICATION

Application for Temporary Liquor License

Name of Requestor (Individual's Name): _____

Legal Name of Organization: _____

Address: _____

Phone #: _____

Email: _____

Type of Event: _____

Location of Event: _____

Date(s) of Event: _____

Hours of Alcohol Service: _____

Type of Alcohol (Check all that apply) BEER WINE HARD ALCOHOL

- Request must be made at least ten (10) days prior to the event.
- Valid government issued identification must be included with application.

Signature _____ Date _____

Date Received by Village of Niles _____

Return completed form to pbb@vniles.com or fax: (847) 588-8051